

# Black Country Housing Group Limited

## New Bradley Hall

### Inspection report

Stream Road  
Kingswinford  
West Midlands  
DY6 9NP

Tel: 01384278689

Date of inspection visit:  
18 September 2019  
19 September 2019

Date of publication:  
24 October 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

People's care plans on most occasions reflected people's needs and preferences although there were some inconsistencies found. However, staff were able to explain how they provided appropriate safe care that reflected people's needs and preferences. People also expressed satisfaction with the care they received.

People were safe, and staff knew what to do to minimise risks to people as far as this was possible without infringing their rights.

People were supported by care staff that were caring and expressed interest in people and the support they provided them. People received person centred care and support based on their individual needs and preferences. Staff were knowledgeable about people, their needs and preferences and used this to develop good relationships with the people.

People were supported by care staff who had the skills and knowledge to meet their needs. There was some need for training refreshers, but this had been identified and training updates were on going. Staff understood, felt confident and well supported in their role. People's health was supported as staff worked with other health care providers when needed to support people's healthcare needs.

People were supported to have maximum choice and control of their lives and staff understood they should support them in the least restrictive way possible; the policies and systems in the service supported this practice. People's privacy, dignity and independence was respected by staff.

People enjoyed meals that reflected their preferences and there was access to a range of foods that met people's needs due to their health, or specific preferences.

We saw the service was responsive to information from people and relatives. People could complain, and concerns were listened and responded to by the staff. Complaints and comments were used as a tool to drive improvement of the service.

People, relatives and staff were able to share their views with management. People enjoyed living at New Bradley Hall and were able to follow their chosen routines and enjoyed access to activities at the service or in the community.

Quality monitoring systems included audits and regular checks on people's satisfaction with the service they received. The provider had systems in place to ensure they kept up to date with developments in the sector and changes in the law.

The registered manager and staff were approachable, organised, listened and responded to people and acted on feedback shared with them. The registered manager demonstrated they were not complacent and wished to improve the service further, for example developing care records further so they would be more

person centred and accurate.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was 'good' (report published 24 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# New Bradley Hall

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

New Bradley Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care

provided. Several people also completed and gave us CQC comment cards to tell us about their care. We spoke with 10 members of staff including the area manager, registered manager, deputy manager, care co-ordinator, two senior care workers, two care workers, an activities co-ordinator and the handyperson. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with a visiting health care professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust systems in place to safeguard people from abuse and the registered manager was able to demonstrate how these had been used. For example, there had been concerns as to the number of falls at the home and the registered manager had provided the local authority with regular updates to assist their analysis.
- Commissioners told us staff had not received falls prevention training at the time of their last visit to the home. The provider had planned this training in response to this recommendation.
- Staff at all levels were able to describe the systems in place to protect people from abuse. One member of staff told us, "Information on safeguarding is available in the office, on every floor and we have had training."

Assessing risk, safety monitoring and management

- People told us they felt safe at New Bradley Hall. Relatives also told us their loved ones were safe. One relative told us how their loved one had a fall the staff had taken steps by moving the bed and providing equipment to minimise the risk of their falling again.
- Risks to people were assessed by senior staff and care staff were aware of what these risks were and what they needed to do to mitigate them. There were some limited occasions where risk assessments contained gaps in information, for example not specifying the specific lifting sling and hoist staff should use for people.
- Despite any inconsistency in risk assessments staff were knowledgeable of how any risks should be addressed to keep people safe. The registered manager told us, and we saw examples where people's care records were under review and changes had been made to ensure any inconsistencies were addressed.

Staffing and recruitment

- Some people told us they did not think that there was always enough staff. For example, one person said, "The service here is good to very good, let down sometimes by shortage of staff, usually in the mornings." Other people we spoke with had no concerns about staffing. Based on the provider's dependency assessments, which we discussed with the registered manager staffing levels were in line with this tool. We did not see anyone waiting for assistance during the inspection.
- The registered manager told us staffing levels were under on-going review and changes had and would be made to reflect people's dependency levels and routines, for example, staff hours had recently changed to provide more coverage in the mornings. Staff told us there was sufficient staff. One staff member said, "It's quite well staffed, there are more staff on other floors and if we need help we call down (on the internal phone). Staff are always flexible with the floors they are allocated to."

- Despite some staff turnover, the provider had retained a core group of established staff which gave people consistency in respect of who cared for them, this especially important for people living with dementia.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

#### Using medicines safely

- Medicines were managed safely. People were supported with their medicines by trained staff.
- Staff recorded administration of medicines in accordance with the home's medicine's policy and medicines were stored safely.
- Where people had 'as required' medicines prescribed protocols were in place and staff were knowledgeable as to when people may need these.

#### Preventing and controlling infection

- People and relatives told us the home was always clean. One person said, "The rooms are always kept clean and tidy".
- The environment was visibly very clean and smelt fresh. Staff who were knowledgeable about protecting people from the risk of infection, for example, by use of disposable gloves and aprons when required.
- The home was recently awarded a five-star food hygiene rating.

#### Learning lessons when things go wrong

- Incident reports were detailed. Staff had clear guidance and understood how to report accidents and incidents.
- The registered manager reviewed all incident reports to identify where lessons could be learned and how they could improve people's care. They told us they were to have training with one of the provider's analysts to help them further improve identification of trends and learning from incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed to allow people's care to be planned and reflect their individual needs. The provider considered protected characteristics covered by equality legislation such as disability, and reasonable adjustments were in place.
- People and their representative were involved in the initial and ongoing assessment processes.
- Staff had information to allow them to provide care which reflected people's choices and needs. Staff understood what people's needs were and what was important for them as an individual.

Staff support: induction, training, skills and experience

- Staff completed an induction and training to help them effectively meet people's needs. One staff member told us, "I'm happy with the training but would like further dementia training. I had falls prevention training when I first started. The training is good as I'm new to care."
- The provider had progressed care training for staff and there was evidence of further planned training dates. The registered manager told us they were working with the provider to develop easier methods for monitoring training provision.
- Staff received supervision and appraisals and told us they were satisfied with the support this provided to them. One staff member said, "I have supervision every six to seven weeks. It has improved and its good."

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to choose the food and drink they wanted. For example, people were offered alternatives and shown examples of food and drink to enable them to make an informed decision. One person told us, "The food is lovely. There are choices, and even then, if you don't want what's on offer they will come up with some more alternatives."
- Staff engaged with people during meal times. This allowed staff to identify additional support people needed and we saw people were encouraged when they seemed reluctant to eat. Menus were displayed, and tables neatly laid out.
- People's weights were monitored, and people had access to appropriate professionals to support them with their dietary needs, this included where they may have difficulty with eating.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other social and healthcare services to ensure people received care which met their

changing needs. For example, a visiting district nurse told us staff always had time to ensure people had the care they needed and would listen to any advice they were given by them.

- People had access to a variety of health professionals to support them to live healthier lives. For example, people were able to access a range of health care professionals which included dentist and opticians.

Adapting service, design, decoration to meet people's needs

- The service had moved into a new building at the same location since our last inspection, which had been designed for purpose. People had an environment that met their needs and expectations. For example, the building was spacious with numerous communal sitting areas and wide corridors. All bedrooms had ensuite shower rooms and people were able to personalise their bedrooms if they wished to as we saw. Televisions and DVDs were provided in bedrooms as standard. There were outside areas that were easily accessible.

- People and relatives were very complementary about the design and standard of the building. One person told us, "My room is like a penthouse suite. It's got its own bathroom, and I've got a lovely view to the garden".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were.

- People had capacity assessments which were decision specific and reviewed when their needs changed. Staff understood the importance of ensuring people had informed consent and would support people to make their own choices regarding their care and support.

- Where best interests decisions had been made staff involved people's families and professionals.

- The registered manager had a good understanding of their responsibilities in relation to DoLS and understood when applications should be submitted to the local authority.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care that was kind and compassionate. One person told us, "Caring staff give me the respect I deserve." A relative told us, "There is an ethos here. It seems like it's a vocation more than a job for the carers. It's in the tone of voice they use, and the way they help people."
- Staff were knowledgeable about people's backgrounds and what was important to them. With staff knowing people well they were able to offer care that was personalised to the person.
- Staff supported people if they became anxious or distressed. One person told us, "Staff look after me. If I get upset, they come and cheer me up. They are very good to me."
- Staff had an awareness of how to support people from diverse communities although many of the people who lived at the home reflected the local community. People's cultural needs were fully considered for example, close links had been forged with the local church and people visited this church on Sundays or other days in the week for social events.

Supporting people to express their views and be involved in making decisions about their care

- Staff listened to what people had to say and provided care based on people's choices. One relative told us, "Staff are always trying to engage with residents and give them a choice."
- People, and if required their relatives, were involved in decisions around their care and support needs.
- No one had an advocate at the time of our inspection. An advocate is an independent person who represents another person's interests. The registered manager told us they would promote access, and said some people had support from an advocate if they were going through the DoLS process.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships which were important to them.
- People's privacy and dignity was promoted by staff. For example, staff would ask permission before entering bedrooms and doors were closed when people wanted privacy if this was their choice.
- People are encouraged to maintain their independence. For example, people were encouraged to eat independently where they were able and when people were able they could travel into the wider community as wished.
- People's right to confidentiality was respected. We saw staff were discreet when talking to people so no one else could overhear sensitive discussions.

- People felt they were treated with dignity. They told us staff were friendly and caring. One person told us, "The staff are nice, and they help me all they can."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found there was a variance in the quality of people's care plans and assessments, for example, a person's skin management plan did not reflect the care provided and some recording was inaccurate. However, a health professional had no concerns as to the person's care which we were told staff provided appropriately. Staff were also aware of the correct support the person needed.
- The provider was aware that people's care plans needed update and we found there was work on going where all care files were being audited and updated.
- People told us that staff knew their needs and they were able to make choices that reflected their personal likes and preferences. People were involved in reviews of their care.
- Staff demonstrated they were knowledgeable about people's needs and personal preferences and when interacting with people showed they knew people well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service was available to people in various formats to assist with communication. For example, information about the service, when needed was made available in larger print.
- People's individual communication needs were explored, and staff could tell us how individual people communicated, for example, through the way they responded in certain situations and what they communicated through facial expression and body language. This was acknowledged by management, with evidence seen of ongoing updates of care plan formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was evidence of people having access to numerous activities they enjoyed. People's comments included, "I'm having a wonderful day today. My friend has been to see me, and we are going to have a sing later", and "There's lots to do and get involved with. We have dancing; singing and we have a choir." A relative told us, "There are so many things. They have singers, fashion shows, garden parties, cooking and they have a choir which is fabulous."
- People were involved in numerous activities during our inspection and people were seen to be enjoying

these. For people who preferred more solitary activity the staff supported people with these and there was use of a computer-based system that allowed people to have single or group activity.

- There was open visiting and we saw numerous relatives and people's visitors were present at different times of the day.

Improving care quality in response to complaints or concerns

- People were confident they could raise concerns with the registered manager or staff.

- Relatives comments included, "I don't have any concerns, but I would definitely raise any issues if needed", and "I don't have any concerns. Quite the opposite. They keep us informed all the time."

- There were systems in place to respond to complaints and follow up on any actions identified if needed as a result.

- There was a copy of the provider's complaints procedure available within the home, this was accessible to people and visitors.

End of life care and support

- People's advance wishes were sought so staff were able to comply with these if a person should be at the end of their life. For example, a person had expressed their wishes as to when they should be admitted to hospital.

- People's advance wishes in respect of resuscitation were explored and when they did not wish to be resuscitated there were DNAR (do not resuscitate agreements) in place.

- A senior member of staff told us they would discuss specific end of life needs with the wider healthcare team, for example anticipatory drugs to manage pain.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives offered positive feedback about the registered manager. A relative told us, "Management are open to discussions and receptive to suggestions as a rule. I can talk to them and they do listen."
- The management team were experienced staff who were committed to the service, the people they supported and the quality of the care they provided.
- The service had a clear vision and strategy to help ensure they delivered high quality care and support and achieved positive outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us if there was any concerns they were able to raise these with the registered manager, and they would do their best to resolve them.
- The registered manager understood they were required to be open about anything that may go wrong with people who used the service and their relatives. The registered manager fed back to people about what actions they had taken following concerns which had been raised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were clear about their roles and responsibilities.
- The management team regularly reviewed the quality of the service. Quality checks were completed on various aspects of care such as the environment and medicines. The provider was aware some people's records could benefit from greater accuracy. We found audits of care records were in progress with inconsistencies being identified.
- The registered manager demonstrated they had a good understanding of their legal requirements. For example, they had ensured we were notified of events as required by the law and the previous CQC inspection rating was displayed at the home and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used various methods to gain people's feedback or share information, for example, surveys, meetings, monitoring of complaints and newsletters.
- People told us the registered manager and other staff were approachable and they were able to share their views. A relative told us, "I'm on first name terms with management. Their door is open, and I can go to them about anything and they come and have their lunch with residents at least a couple of times a week."
- Staff were given the opportunity to offer feedback during staff meetings or by approaching seniors. One staff member told us, "I Feel well supported and do get what I need if I come forward."

#### Continuous learning and improving care; Working in partnership with others

- Local authority commissioners made us aware of areas where the service was able to improve at the time of their last monitoring visit. The provider had commenced improvements to address these issues, with the areas relating to the consistence and accuracy of people's records.
- The provider had worked with other professionals to develop better monitoring tools to learn from incidents that may occur.
- Feedback from professionals we spoke with was positive. One professional told us there was a person with an infection and staff asked them for advice, which was followed. They said staff were, "On the ball."