

# Ideal Carehomes (Number One) Limited Bradley Hall

## Inspection report

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Date of inspection visit:  
10 January 2023  
11 January 2023  
12 January 2023

Date of publication:  
30 January 2023

## 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

### About the service

Bradley Hall is a residential care home providing accommodation for people who require personal care to up to 60 people. The service is purpose built, with facilities being provided over three floors, each floor providing communal facilities, adaptive bathrooms and bedrooms with full en-suite facilities. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 47 people using the service.

### People's experience of using this service and what we found

People's safety was underpinned by the provider's policies and processes. Action was undertaken to promote people's safety which included responding to people's feedback where they had expressed concerns regarding their safety in relation to other people living at Bradley Hall. Potential risks to people were assessed and measures put in place to reduce these. Lessons were learnt and improvements made through the analysis and reporting of accidents and incidents. People were supported by sufficient staff who had undergone a robust recruitment process and had undertaken training in topics to promote their safety. Medicine systems were managed safely. People lived in an environment which was well maintained and clean, with safe infection and prevention measures.

People's health and wellbeing needs were assessed, and their health and welfare monitored by staff. Staff liaised effectively with health care professionals to achieve good outcomes for people. Staff had the knowledge and experience to meet people's needs. People's dietary needs were met assisted by staff's commitment to create a positive dining experience for people and having access to snacks and drinks throughout the day. The environment was well-maintained and included facilities for people to relax and take part in activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in key decisions about their day to day lives. Staff provided support and care in a kind and compassionate way, ensuring people's privacy and dignity was maintained. Relatives were involved in key decisions and were kept informed about their relative's health and wellbeing.

People's needs were recorded in personalised care plans, considering all aspects of their care. The registered manager, activity co-ordinators and staff were committed to creating opportunities for people to take part in a wide range of activities. Staff were proactive and creative in encouraging community involvement to avoid social isolation. People and their relatives were aware of how to raise concerns, and in the main felt their concerns were addressed.

People and their relatives were in the main complimentary about the service they received. Staff told us they

were supported by the management team and spoke of the opportunities available to them through ongoing training and development, including career progression. The provider had systems in place to monitor and improve the quality of the service provided, which included good communication and recognising and celebrating achievement across the organisation. There was a proactive approach to establishing links within the local community to enhance the quality of life and experiences of people.

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 (published 7 August 2018). At the time of the previous inspection the service was known as Beaumont Hall. The location changed its name to Bradley Hall in April 2022.

#### Why we inspected

The inspection was prompted in part due to concerns being raised in relation to the management of the home and insufficient staffing numbers having an impact on the safety and quality of care people experienced.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors 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

#### Service and service type

Bradley Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bradley Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke in depth with 4 people using the service and 5 relatives. We spoke with 2 visiting health care professionals. We spoke with the registered manager, the care manager, the regional director, a deputy manager, a senior care assistant, 4 care assistants, the head of housekeeping, the maintenance person and an activity co-ordinator.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and a variety of records relating to the management of the service, which included quality monitoring and auditing, minutes of meetings, policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's views as to whether they felt safe at Bradley Hall were mixed. A few people told us other people living at the service had previously on occasions made them feel unsafe. The registered manager told us in some instances where people's needs could no longer be met as they placed themselves or others at risk, then alternative placements had been found. This was confirmed by some of the relatives we spoke with.
- People's comments showed their feelings of being safe were often linked to staff being present. A person told us, "I feel quite safe, it's all the people around me, they are kind and helpful."
- People were supported in being kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. A staff member told us, "We're [staff] asked about safeguarding in team meetings and in supervisions. Always asked if we have any concerns."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Potential risks to people were assessed and kept under review to promote their safety. People's care records provided guidance for staff on how to reduce risks. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility and the use of pressure relieving equipment to promote skin integrity.
- Processes and systems were in place to learn and improve people's care following an accident or incident. An analysis of falls showed where or when a person was most likely to fall, which enabled changes to be made to promote safety. For example, the timing of a person's personal care in the morning had been changed where the analysis had identified they often fell at a particular time.
- Personalised Emergency Evacuation Plans (PEEP's) had been undertaken for each person. The PEEP identified the level of risk, any individual factors which needed to be considered to facilitate an emergency evacuation, such as equipment to be used to assist with mobility.
- People's safety was maintained by staff and external contractors who undertook scheduled checks of systems and equipment to ensure they were in good working order.

Staffing and recruitment

- There were sufficient staff with the necessary training, skills and competence to support people's safety and meet their needs. Staffing numbers were kept under review and were based on the needs of people and the promotion of safety.
- Staff were observed spending time with people, encouraging them to take part in everyday tasks, which included helping with serving fruit and drinks, whilst other staff spent time talking with people, providing reassurance and engaging them in conversation.

- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported with their medicines in a safe and timely way. People's records detailed the prescribed medicine, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.
- People and their relatives were confident in how their medicines were managed. A relative told us, "[My family members] medication has changed, staff have been very good at keeping me informed."
- We observed medicine being administered. Staff were caring in their approach, providing an explanation as to the medicine, and took time to support the person to ensure all their medication had been taken before the medication administration record was signed.
- Medicines were received, stored, administered and disposed of safely by staff who had undertaken training in medicine management and who had their competency regularly assessed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Bradley Hall had no restrictions on visiting. Visitors who visited during mealtimes were requested to visit their family member/friend in communal areas other than the dining room or the person's bedroom, so as to provide a mealtime free from distractions for other people. Reducing distractions can help people to eat well.

# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. 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

- People and their relatives were involved in the assessment process before people moved into the service. This ensured staff had guidance on supporting people as soon as they moved in. A relative shared with us how staff had shown both kindness and encouragement to their family member as they had shown them around the service. A person told us, "I came in June last year. My daughter and I selected it. I'm glad I did. I'm very happy here, very comfortable."
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion or culture, staff could meet those needs.
- People were satisfied with the care and support they received, which we saw was delivered in line with current legislation and best practice guidelines. National alerts were regularly discussed in staff meetings to enhance staff knowledge of changes in care and guidance.

Staff support: induction, training, skills and experience

- People's needs were met by staff with the skills, knowledge and experience to deliver effective care and support, which included training to support staff in meeting people's needs. For example, falls awareness, dementia awareness and pressure area care.
- A comprehensive induction programme supported staff to undertake training prior to commencing their role. This included practical and e-learning, working alongside experienced staff and staff's competency being assessed. A staff member told us, about their recent induction training. They said, "It was lovely, I learned so much and asked questions." They went on to say how it had equipped them to undertake their role.
- Staff received supervision and appraisals which gave them an opportunity to discuss any issues and concerns and reflect upon their performance.

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

- People's nutritional and hydration needs were met and there was a strong emphasis on the importance of eating and drinking well. Meals were served regularly throughout the day, chosen from a menu with alternatives being made available and supplemented by the serving of snacks. 'Food stations' were placed around the home so people could help themselves to snacks.
- People enjoyed their mealtime experience in a calm and supportive environment. People were encouraged to let staff know what they wanted to eat and drink. People who were identified as being at risk of weight loss or dehydration were monitored and encouraged to eat and drink. A person told us. "The food is very good, they come around the previous day and get your lunchtime choice. There's always an alternative. I have plenty of drinks, I have tea as well, we have fresh fruit too."

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

- People's day to day health and well-being were monitored by staff with referrals being made to health care professionals where required, which included occupational therapists, dieticians, GP's and district nurses. We spoke with visiting healthcare professionals who told us staff were responsive in communicating any concerns and followed through on advice given.
- People and their relatives spoke of the support they received with their health, which included attending hospital appointments. A person told us, "I've been to the doctor for my chest, he comes here too. I've also been to the hospital for my eyes."
- Some people using the service had specific health conditions. Their care plans contained information about these, which included the role of staff in monitoring their health and wellbeing. This ensured staff knew when people's condition may be deteriorating and when to seek medical advice.

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

- The property was purpose built and designed around people's needs, maximising people's independence and quality of life and was decorated and maintained to a high standard with ongoing planned refurbishment.
- The property had facilities for people to take part in leisure activities and included a café area, a hair salon, a shop and a cinema room.
- Facilities included bedrooms with en-suites, whilst lounges and dining rooms with kitchenettes which provided space so people could spend time with each and gather to watch television or listen to music. Corridors and doorways were wide to support easy access of people throughout the service and included a passenger lift.
- There were assisted bathing and shower facilities, and toilets which provided equipment to support people with mobility difficulties.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care records contained mental capacity assessments that had been completed to record whether people were able to make decisions about their care. Where people could not make such decisions, best interest decisions were made. We saw evidence that DoLS applications had been submitted to the local authority.
- A relative spoke of their family member's DoLS and told us they had taken on the responsibility of its monitoring

# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. 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

- Staff were seen spending time with people, providing reassurance and support, engaging people in conversation, making them laugh and encouraging them to take part in activities. For example, a staff member supported a person to collect milkshakes and prepared fruit from the kitchen and to distribute these to others.
- Relatives spoke of the kind and caring approach of staff. A relative told us, "My [family member] is very happy with staff, they do a brilliant job. My [family member] never says anything negative, staff are great with them."
- People told us how they attended a local Church and took part in religious services held within the service. A person said, "You can go to Church next door, it's Catholic, I've been. A second person said, "They do have religious services here."
- Staff expressed and acknowledged their care for people in a number of ways. For example, staff had created a book of condolence following the death of Queen Elizabeth II. The book included photographs of the Queen throughout her Reign, and we saw residents had signed the book and recorded their thoughts and expressions of thanks to her.

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

- People's care records provided key information about who was important to them. A document 'This Is Me' was being reviewed so as to focus on a wider range of information to support staff in providing tailored support and care.
- A majority of relatives said they had been involved in developing and reviewing their family members' needs. Relatives said they were kept informed about their relatives' health and well-being, which included specific incidents. A relative said, "I feel very involved with [family members'] care, they are good at that. I was very active with their care plan initially and now." A second relative told us, "They always tell me if anything happens."

Respecting and promoting people's privacy, dignity and independence

- People told us there were no restrictions at Bradley Hall and that staff listened and respected their wishes. A person said, "There are no restrictions here, I've never known any. I do as I please. I do quite a lot of wandering to keep myself fit. I've got no objections to staff, always very helpful. A second person said, "I like to lie-in in the morning, they let me. I go to bed when I want to. Staff are very thoughtful when they shower me."
- People's dignity and privacy was respected by all staff. We saw a staff member respond quickly when a

person came out of their room not fully dressed. The staff member asked and explained to the person why they needed to return to their room. However, the person continued to walk along the corridor. The staff member went to the person's room and returned with the person's dressing gown, covering the person, until the person returned with them to their room to get dressed.

- People told us they had a key to their bedroom so they could lock the door if they wish. A majority of staff knocked on people's doors before entering their room and staff were aware of the importance of promoting people's dignity and privacy.

- Relatives spoke positively of the welcome they received when they visited. A relative told us, "I had Christmas dinner here with them, it was really nice. To be honest I wasn't looking forward to it at home, so it was nice to be here."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- The registered manager and staff were committed to providing people with opportunities to lead fulfilling and rewarding lives by avoiding social isolation and were proactive in creating opportunities for people to be involved in their local community. For example, 'Sydney Shakers' held on a Thursday. We watched a group of people laugh and spend time with a group of young children and their parents, taking part in a sing along, waving scarfs and blowing bubbles.
- Creativity was a key element in providing a wide range of activities and events for people to engage with. For example, 'A 'Scruff's' dog show' was held, where people awarded dogs with prizes in a number of categories, such as the dog with the 'waggiest' tail. People also took part in a 'bake off' competition with other local services owned by Ideal Carehomes. Various clubs and events were routinely held, which included the delivery of fresh flowers for flower arranging, knit and natter groups, and a dominoes club.
- A range of entertainers visited the service to provide a range of entertainments, which included 'Alfie' the therapy pony, and other visits involving owls, snakes spiders and a guinea pig. Each year the service supported 'chick hatching', where residents monitored the incubation of eggs, and waited for the chicks to hatch.
- Trips were organised which included visits to Bradgate and Abbey Park. A person said, "The activities are quite varied, I can do some of them. I went on a canal trip, very enjoyable. School children come in quite regularly." A relative told us, "Staff took my [relative] to a pantomime."
- Individual activities were considered to support people's hobbies and interest. For example, an activity organiser told us of the links they had with a local snooker hall, speedway bike racing and greyhound racing. They said a few people had expressed an interest in ballroom dancing and attended tearoom dances in the local area.
- People received person-centred care. Staff demonstrated their in-depth knowledge of people's histories, their likes and dislikes and the ways in which they wished to be supported. This knowledge was used to support people so that they felt valued as unique individuals and respected for who they were.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of the assessment process and were supported

by a communication plan, which included information as to whether the person required hearing aids or glasses.

- Communal areas within the service, which included lounges and the cinema room had an induction loop facility to support people with hearing difficulties.

#### End of life care and support

- People's care records included information in relation to advanced decisions, which included decisions as to whether resuscitation was to be attempted, known as DNACPR (Do not attempt cardiopulmonary resuscitation).

- End of life care was referred to in people's care records, which included information that relatives were to be consulted in any plans and decisions. However, the records we viewed did not contain any specific information as expressed by people with regards to end of life care. The registered manager and care manager told us the topic was explored and that they would continue to seek people's views and those of their relatives.

#### Improving care quality in response to complaints or concerns

- Concerns and complaints were recorded and responded to consistent with the provider's policy.

Complaint investigations were investigated with records kept, including the outcome which was shared with the complainant.

- People and their relatives told us they were confident to share any complaints or concerns they had. Family members confirmed where concerns had been expressed these had been listened to and action taken.

- Relatives told us they continued to express concerns with regards to the laundering of their family members clothes, which included items going missing and their relative wearing other people's clothes. The registered manager acknowledged there had been issues with the laundry, however an additional member of staff had been recruited to work in the laundry, which they hoped would lead to improvement.

# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. 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 received good quality care and support. People and relatives were in the main positive about the care at Bradley Hall and the management of the service, giving high scores out of ten when asked. A relative said, "No problem with the care its's excellent, 10/10. A second relative told us, "I can't think of anything to improve."
- Staff spoke with conviction of their role and responsibilities in enabling people to experience good quality care and lead a rewarding life. A staff member told us, "Staff really do care, they tend to go the extra mile. Lots of activities, if people are happy as well as getting good care it all comes together."
- Staff spoke positively of the openness and support provided by the management team, which created a positive environment in which to work.. A staff member told us, "I feel lucky, I feel supported, the management team are all supportive. I can always go to [care manager] or [registered manager], I feel confident to go and see them. They will sort anything out."
- Staff development and training, supervision and appraisal is a system by which the provider and management team equip staff with the necessary skills to provide good quality care, encourage career progression through the provider's academy and monitor and review work practices. A staff member told us. "I'm looking forward to more training and development. I know there are opportunities here."
- Staff spoke of the supportive relationships amongst the staff team and how this had a positive impact on the quality of care people received and the atmosphere in which they worked. A staff member said, "It's really fulfilling helping people, really rewarding at the end of shift knowing I've helped people. Made a difference." Another staff member told us, "You're guaranteed a laugh on every shift, spending time with the residents, their conversation and stories."

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

- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

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

- Governance and oversight of the service was well-embedded, which supported the registered manager and provider in the ongoing monitoring of performance and commitment to achieve good quality outcomes

for people through a cycle of continuous development and improvement.

- Development plans for the service were developed in response to audits and analysis of data, these were monitored by the registered manager, regional director and care manager to ensure improvements were actioned where required.
- A commitment to good communication enabled staff to understand what was working well, which included sharing the outcome of internal audits and information gathering exercises, along with the information as to the outcome of quality monitoring undertaken by external organisations.
- Daily handovers involving representatives from a range of disciplines, which included the management team, care staff, catering department, housekeeping and maintenance, enabled the staff team to identify key priorities for the day and plan and co-ordinate how to meet people's needs and ensure the smooth running of the service.

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

- Some people and their relatives told us they were asked for their views on the service. A relative told us, "I have a questionnaire, I haven't done it yet." We saw there was a residents committee where people regularly got together and discussed activities, menu suggestions and ideas for activities and events. A person told us, "I attend the residents meetings, they are useful. The minutes are on the notice board I think."
- Community links had been established to support good quality outcomes for people and raise the profile of Bradley Hall within the local area. Staff from the service worked with local schools and charities. Events were organised and held at the service with members of the local community being invited to spend time with people and take part in fun events.
- Social media and the provider's website were used to provide information, which included the celebration of staff attaining awards in recognition of their work. In addition, it provided information for relative about the activities taking part in the service.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to continually improving the service. This was achieved through the analysis of information recorded within the electronic care and monitoring systems, incidents and accidents, through feedback from people and their relatives, which included concerns and complaints.
- The provider as part of their commitment to drive improvement and as part of their quality assurance programme had commissioned an independent company to audit the service. An action plan had been developed based on the findings and incorporated into the provider's plan for continuous development and improvement.
- The provider through the Ideal Care Awards recognised and celebrated overall success of their homes as well as individual staff achievement. Bradley Hall won the category 'Large Home of the Year in 2022. The maintenance person had been recognised for reaching the finalists for the 'Maintenance Machine Award' of the year and the service as whole had reached the finalist for the 'Home of the Year award.
- The registered manager, care manager and senior members of staff liaised with partnership organisations, which include the local authority, safeguarding teams and health care professionals to support staff in the delivery of good quality care for people.