Wiltshire Council

Bradbury Manor

Inspection report

Nursteed Road
Devizes
Wiltshire
SN10 3AF

Tel: 01380732620

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26 June 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Bradbury Manor provides planned and emergency short term respite care for up to 10 people some of whom may have a learning disability and/or additional physical care needs. At the time of the inspection there were six people staying at the service for respite care. This inspection was unannounced and took place on 20, 21, 26 June 2017.

A registered manager was in post when we inspected the service but was not available at this inspection due to planned leave. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In the registered manager's absence the deputy manager had stepped up to be acting manager and was available to support our inspection. The county manager, who was an allocated manager from the provider Wiltshire Council was also present.

Previously the home had been inspected in February 2016 and was found to be in breach of three of the Regulations. At this inspection we saw that the provider had taken or made steps towards taking, the necessary action to no longer be in breach of two of these regulations.

We have made a recommendation to the provider about recording evidence at the service to show that the required recruitment documentation has been obtained. This was currently been held by the human resources department.

The service did not always manage internal security well in order to prevent any potential safety concerns and protect people's confidential information. This included access to the cleaning room which contained harmful chemicals, the medicines room with the keys available to the locked cupboards that the medicines were kept in and the office where people's care plans were kept.

We found that monitoring in the home was not completed effectively in order to reduce the potential of harm to people. This included temperature monitoring for the medicines room, bath temperatures in the communal bathrooms and the kitchen fridge and freezers.

Risks to people's personal safety had been assessed. Staff had received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported.

The service had made some improvements in the recording of peoples Mental Capacity and associated documentation. Further improvements are needed to obtain the appropriate consent for care decisions and the information recorded in people's Mental Capacity assessments.

People's care records showed relevant health and social care professionals were involved with people's care. Health action plan were in place which described the support people needed to stay healthy. One

health professional told us "They always contact us either by email/phone and make referrals for any changes. I have personally witnessed support for someone in an emergency admission to hospital, where they provided care and support for the individual during their admission."

People received care and support from staff who had got to know them well and were treated with kindness and compassion in their day-to-day care. There was a sense of calm in the service and people were not rushed by staff but supported at a pace suitable for them. Relatives spoke positively about the service and staff saying "We are very happy with the care, [X] is always happy to go for respite which is always reassuring. They listen to her and she feels safe. The staff are always there for a chat, so they are there for me too."

Although quality monitoring was in place, areas for improvement including internal security, temperature monitoring, employment checks recording and consent to care had not been identified in order for action to be taken prior to our inspection.

During our inspection we found that the service had not reported an event that affected the service providing the regulated activity to people living at the service at this time. We raised this with the management team to address. The acting manager told us in future all events of this nature would be sent without delay.

The service was in the process of updating their polices. We saw that the service did not currently have a policy on positive behaviour management despite supporting people with very complex behaviours at times. The acting manager contacted the provider's health and safety representative who is now taking steps to locate a policy which encompasses this.

There was a registered manager in post at Bradbury Manor, although they were on a period of planned leave during the inspection so we did not speak with them directly. The deputy manager had stepped into the role of acting manager and people, their relatives and staff praised the management team for their leadership in the service. When things were identified at this inspection the acting manager and staff team were responsive to these concerns and took immediate action to put things right or seek further advice and then reported back on what they had done.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The service did not always manage internal security well in order to prevent any potential safety concerns and protect people's confidential information.

The service did not have any recorded evidence that the necessary employment checks had been completed. We have made this a recommendation to the provider.

The service had made the necessary improvements to risk assessments, however had not always taken steps to reduce risks to people around temperature monitoring and medicine management.

Staff had the knowledge to identify and act on any safeguarding concerns to keep people safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The service had obtained consent from people's relatives around care and support decisions but they did not have the legal authority to make these decisions on behalf of the individual.

Mental capacity assessments had not always been completed appropriately and lacked information. However although the service still had further improvements to make they were no longer in breach of this regulation.

New staff completed an induction to provide them with an understanding of their role, and received good support during this time.

People received on-going healthcare support from a range of external healthcare professionals.

Is the service caring?

Good

The service was caring.

People and their relatives praised the kind and caring nature of staff. Staff were skilled in recognising what people needed and knew the preferences of people they supported.

People were encouraged to remain independent and care was provided in an unrushed manner.

Staff provided care in a way that maintained people's dignity. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good

The service was responsive.

Support plans were in place that accurately recorded people's likes and dislikes and preferences. Staff had information available that enabled them to provide personalised responses to people's specific needs.

People had access to activities that were personal and important to them. Staff supported people to attend activities of their choosing.

There was a system in place to manage complaints and comments.

Is the service well-led?

Requires Improvement

The service was not always well–led.

Although quality monitoring was in place, areas for improvement had not always been identified in order for action to be taken prior to our inspection.

The service had not submitted one notification to The Care Quality Commission that they are required by law to notify us about.

The service did not have a policy on positive behaviour management in place despite supporting people with very complex behaviours at times.

The management team provided good leadership. Positive comments were received from people, their relatives, staff and health professionals in relation to the management in place.

People and their relatives were encouraged to contribute to the development of the service and provide feedback.

Bradbury Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20, 21, 26 June 2017 and was unannounced. 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.

Previously the service had been inspected in February 2016 and the provider was found to be in breach of three of the regulations. The service was rated as 'Requires improvement'. Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. We spoke with and spent time with five people using the service. We contacted five relatives and five health and social care professionals about their views on the quality of the care and support being provided. The registered manager was on a period of planned leave from the service at the time of this inspection and the deputy had stepped up into the role of acting manager. The acting manager was present and available throughout our inspection. We also spoke with the county manager and seven members of the staffing team.

We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included seven care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We observed care and support in the communal lounge and dining areas during the day and spoke with people around the home.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2016 the service was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people had not always been assessed. An action plan was provided by the service which stated they would address this situation without delay. At this inspection we saw improvements had been made and the service had met these requirements, however they were found to be in breach of not doing all they could to mitigate some risks to people.

The service did not always manage internal security well in order to prevent any potential safety concerns. The cleaning room which contained harmful chemicals was consistently left unlocked and accessible to people at the service. We saw that although the medicines cupboards were locked, the door to the medicines room was propped open throughout the inspection. The keys to the medicines cupboard were not kept on a staff member or somewhere secure but left hanging up in the medicines room. This meant the keys were accessible to people. People's medicine administration records and medicine files were also in this room which meant their personal information was not being kept private. The office where care plans were kept was found to be unlocked during the inspection and the cupboard containing care plans was left open with the keys in it. This meant people could access records that held private information. We saw that a diary notes folder was left on the pool table in the games room which contained private information about individuals using the service. Although at this time most people were out attending activities it still left confidential information in an accessible place. We raised these concerns with the management team to address.

We found that temperature monitoring in the home was not completed effectively in order to reduce the potential of harm to people. We saw that in the communal bathrooms there were no temperature gages or monitoring temperature charts. We asked staff if this was being done and they told us no because the water temperature was regulated. We asked staff how they would know if there was a problem with this if they still did not check the temperature and they were unable to tell us. We saw the last time it had been recorded was in 2013. We saw that people's en-suite bath temperatures were being taken however a safe bath temperature should not be over 39 degrees celsius. We saw recordings ranging from 37 to 45 degrees celsius, with seven rooms recording temperatures above 39 degrees celsius. This had not been raised by staff as a concern and there was no information on the chart to indicate what the safe temperatures should be. This could increase the risk of scalding to people.

We saw that in fridge and freezer temperatures in the kitchen were not being consistently completed. There were seven days in June 2017 when this had not been checked despite needing to be done daily. In May 2017 there were 11 days where the freezer temperature had not been checked. We saw that a reminder had been put in the communication book for temperatures to be done on 13 June 2017, however a further three days after this reminder it was still not being completed.

Medicines had previously not been well managed. At this inspection we saw some improvements had been made however there were still things that needed putting in place. One person was receiving their medicine

in a covert manner (medicine is given covertly to a person in a disguised form). A pharmacist had given agreement to this. However it did not state on the person's medicine administration record (MAR) that it was to be administered covertly. The associated medicine risk assessment also had information missing about how this was to be administered covertly. Staff were able to tell us the correct procedures when we asked. The management told us after the inspection that this person no longer receives covert medicine and they are arranging a best interests meeting to further discuss this administration. A revised risk assessment had also been put in place. We saw that people had protocols in place for medicines to be 'taken as required'. For one person one protocol was not in place which we raised with staff. For another two protocols they had not been reviewed within the set timeframe to ensure they remained relevant. We raised this with the acting manager to address. We saw that one protocol described how the person would communicate if they were in pain. This enabled staff to monitor the person effectively and offer PRN medicine in a timely manner.

Two staff administered medicines to ensure safe practice and use as an opportunity to check appropriate administration procedures were followed. When medicines were received into the service two staff would count them and record the total and then keep a running total so they knew the amount they then signed back put when the person left. This allowed any errors to be identified and reduced. One relative told us "Staff manage medicines well, they all get trained to people's specific needs." The medicines room was very warm and staff informed us this was why the door was left open. There was no air cooler in this room to maintain the temperature appropriate for storing people's medicines. We asked staff to see the temperature recordings of the room to ensure they were not above a safe level; however staff told us they did not record the medicines room temperature. This could have a potential impact on the effectiveness of people's medicines if not stored at the correct temperatures. We have raised with the management team to address without delay.

This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Previous concerns had been raised for people who were not at the service when we visited on this occasion but were continuing to use the respite service throughout the year. For this reason we viewed their care plans to ensure the provider had taken action to address the concerns raised for people with specific health conditions and needs including epilepsy, risk of pulmonary aspiration and people that needed to eat through the use a percutaneous endoscopic gastrostomy (PEG) (medical procedure in which a tube is passed into the stomach, to provide a means of feeding when oral intake is not adequate). We saw where someone had a PEG in place appropriate risk assessments had been completed and information was available for staff to follow on supporting and managing this for people. Clear guidance was recorded on how to administer nutrition and medicines through the PEG and how to clean it and staff were made aware of who had a PEG in place through clear guidance available in the medicines room and kitchen as well as in the care plan.

For people requiring their fluids to be thickened we saw that information was recorded in line with Speech and Language Therapist recommendations (SALT commonly used to help people with communication difficulties, or with difficulty swallowing, eating or drinking). We saw that information on people's associated risk assessments such as eating and drinking or hospital passports, did not always record the exact consistency the person needed their fluids to be, instead would just record that the person required their drinks with thickener. Staff were able to tell us the consistency people needed, but we spoke with management about the importance of ensuring this information was documented.

For people with epilepsy and at risk of seizures clear guidance had been put in place for staff to follow. This included when leaving the building to ensure a fully charged phone was taken, the person's epilepsy profile

and any other information on managing the person's health needs so staff had this available at all times. Staff had signed care plan to show they were aware of the actions to take and that they had received bespoke training in epilepsy. One health professional told us "I was approached by one support worker recently who had noticed an individual's epilepsy had changed. We agreed to meet with the next of kin and conduct an epilepsy review. This was useful as it informed the client's neurology/epilepsy appointment a few days later with their consultant. I think this was a good example of Bradbury Manor staff being proactive and flagging up concerns immediately."

We saw risk assessments in place to support people with road safety awareness, medicines, money management and specific health conditions such as epilepsy. One person's risk assessment for road safety was very detailed explaining, what the person wanted to achieve, why they needed to take the risk, what the possible risks were and how they would be supported to manage them. One person had requested that they wanted their bedroom door open despite it being a fire door. A risk assessment had been constructed which demonstrated the person was aware of the consequences and had made this decision. The service had then supported this person to remain safe whilst respecting their choices by fitting the door with a door stop alarm that in the event of fire would activate and close the person's door automatically. When people had accidents, incidents or near misses an incident form was completed and a body map to monitor any marks or injuries the person had obtained. Staff also recorded these in the person's daily records and about the action taken.

An emergency disaster and fire evacuation plan was displayed in the entrance which gave details on what to do and who to contact. Fire procedures were also shown in a pictorial format in case anybody needed information presented in this way. Each person had a personal evacuation plan in place which recorded the level of support they would require to safely evacuate the building in an emergency.

We saw that staff files did not contain any recorded information that staff had received Disclosure and Barring Service criminal records check (DBS) to make sure people were suitable to work with vulnerable adults, previous employer references, proof of identification documents or health declarations. There was also no photo identification on staff files. The acting manager explained how the provider's human resources department oversaw the recruitment process but agreed they had nothing in place to show that it had been completed. The acting manager told us staff files were one aspect they planned to develop but this would now be made a priority. After our inspection the acting manager informed us that the provider's recruitment team had responded saying all these clearance checks are kept on the employee's personal file held electronically and DBS checks are recorded on our DBS system. The Recruitment team are responsible for obtaining all clearance checks prior to confirming appointment to post.

We recommend that the provider works with the appropriate internal department to document or evidence at location level that the required recruitment documentation has been obtained. The manager needs this to assure themselves as a registered person that individual staff members are suitable to work.

The service had a separate area that could be secured from the rest of the building and was catered with a kitchen, bedroom and bathroom. This was in the event someone with high levels of aggressive or unpredictable behaviour needed to use the service. This room was not in use at the time of our visit. The separate area also contained a safe space room which could be used to help prevent someone going into a mental health hospital and instead be supported within the service. The acting manager explained they had not needed to use this room previously and had been thinking about turning it into a sensory room for everyone to enjoy.

We saw that people had individual behavioural management plans with a pictorial format. These described

what anger was and that it was alright to feel this way, but not to lose your temper in the process. The plans were tailored to individuals and looked at what made them upset, and how they knew when they were becoming upset by something and what worked for them in helping to calm down. This had been devised by the person themselves and a behavioural nurse.

The service had been working with The Community Team for People with Learning Disabilities (CTPLD) to support one person who had been having frequent incidents around displaying unpredictable behaviours. We saw that 27 incidents had been recorded over a period of six months. A risk assessment had been put in place but this was not clear on the action to take or any indications the behaviour was likely to occur and did not link in with the behavioural management plan. We saw that staff were keeping a record of how many times certain behaviours were being displayed in order to identify any patterns or specific triggers and then offer support at an earlier stage. One staff member told us "I have had training in managing behaviour and feel confident as long as I have read up on their notes and know how to help them individually. We would help a person to be in a space that will help them calm down, there is no restraint done, we talk with people, take a step back and leave them for a bit." Another staff told us "I am confident in managing behaviour, I have had training and bespoke individual training is given if required. Staff are given support to help people confidently." One health professional told us "My intervention has been around behavioural support and the manager and team have been keen to be included in planning visits. They have made time to be involved in training I have delivered."

People were kept safe because systems were in place reducing the risks of harm and potential abuse. Staff had received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported. Safeguarding flow charts were displayed around the service offering information to staff on what to do and who to call if they suspected anyone was at risk of abuse. A safeguarding checklist was in place to be completed by staff following a safeguarding and whistleblowing training presentation. One person told us "I can talk to someone and I feel very safe, there are lots of nice people here, they are my friends." Relatives commented "I have no concerns about safety", "[X] feels safe there, she wouldn't want to go otherwise" and "My relative is safe, I'm happy with the home."

Staff told us "It's about my knowledge of the person as an individual and anything that needs to be flagged up. We have safeguarding charts up that we can follow. I would go to the manager if I wasn't comfortable or go higher", "It's about making sure people are safe and if you see something report it, report to the shift lead, the manager. If people can't speak. look for behaviour signs, changes, we get to know people well so can see if there is a change", "One person tells us they feel very safe here, which is nice to think we make a difference" and "Safeguarding is for people and yourself, we report anything to the senior and manager. I would be happy to take higher. If people can't verbalise we look for bruising and behaviour changes."

There were sufficient staff to meet people's needs and the service planned staffing in advance dependent on who they knew would be staying at Bradbury Manor. The acting manager told us "With the staff rota we try to run four weeks in advance so staff know their rota. The rota depends on the needs of people at that time, whether they need two staff to one person support or one staff to one person support, if they need monitoring checks at night, and which staff work best with certain people and have good rapport. We staff really well generally, the staff are really flexible."

At night two members of staff would be on duty and a third staff would be on a sleep in at the service, to be called upon in an emergency. The acting manager completed an afternoon shift during one day of our inspection and told us they would cover shifts when needed but also liked to still work on the floor from time to time with people. One relative said "I have no concerns about staff levels." Two new employees had recently been recruited to the service to complete the staffing levels needed. Staff told us "The staffing levels

are really good, we know the plan months in advance so can allocate staff. We have a strong team and regular relief staff who have good knowledge", "There are always enough staff, they rely a lot on relief, I have never felt they are short. People aren't just a number here, we get to spend time with them" and "There are enough staff, always somebody about to call if needed."

We found the service to be very clean and homely. An external cleaning company provided cleaning staff during the week and at weekends Bradbury Manor staff would clean. We saw on several occasions that the cleaning trolley was left unattended in the corridors with chemicals accessible to people. Mops and buckets were also left in the middle of corridors as a potential hazard to people. We raised this with the cleaning staff who told us that this had previously been pointed out by the registered manager and would take it on board. A comments book was kept in the office for anyone to record in about the cleaning but there were no cleaning checklists in place to document what areas of the service had been cleaned. The cleaning staff told us cleaning schedules had previously been in place and would raise with the manager about implementing this again.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in February 2016 the service was found to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's capacity to make specific decisions had not been properly assessed or the appropriate action taken to support people who lacked capacity. An action plan was provided by the service which stated they would address this situation without delay. At this inspection we saw that the service still had further improvements to make, but they were no longer in breach of this regulation.

The CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

Consent to care decisions had not always been obtained by people who had the legal authority to consent on a person's behalf. For example we saw that relatives had signed to give permission for photos to be taken, for the service to manage people's money and what action they want taken if their relative becomes ill or is injured. There was no lasting power of attorney (LPA) in place authorising these decisions to be made on behalf of people (LPA is a legal document that lets you (the 'donor') appoint one or more people (known as 'attorneys') to help you make decisions or to make decisions on your behalf).

We saw that one person was being weighed by staff at the service at the request of their family member. This person did not have the capacity to consent to this decision. We saw this person had a Mental Capacity assessment and a DoLS application in place, however they did not refer to any decisions discussed around weighing this person. The acting manager explained that this person was weighed due to specific health concerns that needed to be monitored but understood that this should have been decided through a best interests decision process. The acting manager was proactive in seeking further advice from a community nurse specialist who advised that this person's capacity should be assessed in regards to being weighed on each respite stay and then they could proceed to best interest if required. The community nurse specialist further highlighted that based on their knowledge of this person and their limited cognitive ability and communication it would be unlikely they would have capacity to consent to being weighed. The involvement of this person's GP and consultant psychologist and family would also be established to reach a best interests decision.

The Mental Capacity assessments we viewed were not always clear or contain information on how the decision had been reached, or who had been involved. Multiple decisions were often recorded in one overarching assessment despite there been elements of their own care that people could make choices around. We saw that these assessments did not always have a date on and were not been reviewed to

ensure they remained relevant and that staff continued to support people in the least restrictive way. The acting manager told us "I'm aware that our capacity assessments need to be updated."

We saw at times there was contradictory information recorded around if people lacked capacity or not. We asked the staff about one person's capacity and were informed that previously they had not thought this person lacked capacity but after further insight and understanding on the subject they realised this person did lack capacity and were going to make the necessary DoLS application. One person was being checked regularly through the night despite their being no medical need for this person to be checked. We saw this person had not been consulted as to whether they wanted to be checked.

After the last inspection the provider sourced Mental Capacity training for staff to attend. One staff member took the lead in improving this area within the service. The training at this time was proven to be insufficient to equip staff with the appropriate knowledge and skills to manage Mental Capacity effectively. The service had undertaken Mental Capacity assessments and put documentation in place which they thought was correct as a result of this training. However the service had recently been working with the Wiltshire Council's DoLS lead who is supporting the service and staff to understand what is expected of them and what should be in place to support people who may lack capacity. We spent time with staff and the DoLS lead during this inspection to discuss how they were going to address the concerns identified effectively.

The service has since sent us an example of the new Mental Capacity assessments they planned to roll out in the service and these demonstrated a coherent understanding of how they would assess, approach and ensure they supported people appropriately who lacked capacity to make decisions.

During our observations we saw that staff supported people appropriately enabling and encouraging people to make choices. Staff told us "People can make choices, we show them visually the choices", "When you get to know a person you understand them, when we have a new person we take time to read their care plan and share information between the staff team", "We read individual's care plans, you need to spend time with people, get to know them and not just read their information. We document, inform and recognise any changes", "Some people can sign, so I show them choices visually, or if they can not say some have good eye contact to show choice", "Staff have had further training on DoLS and are having more specific training from the DoLS team lead on how to deliver capacity assessments around the wording and improving terminology." One health care professional told us "I believe some of the staff have knowledge but I feel the understanding of the MCA is variable across the staff team. I was involved last year with some of the staff completing MCA assessments and the staff I worked with on these I felt understood mental capacity". Another health care professional said "Managers and staff all understand and take their responsibilities under the Mental Health Act very seriously, they have a good knowledge of the Mental Capacity Act and if they have any queries, they are very good at seeking advice."

New staff were supported to complete an induction programme before working on their own. We saw that checklists were in place which recorded the things to be covered during the induction and had been signed off when completed. This included an awareness of the work role and essential polices and procedures. Staff spoke positively about their induction commenting "I did some shadowing of senior staff. We used to have seniors but now we are all on that level. I had a tour and went through the polices and procedures", "The induction was fine, coming here was lovely", "We went through stuff, shadowed some shifts, I was happy with it" and "My induction was quite in-depth, the registered manager did it. I shadowed and felt very supported. I did my mandatory training but we are constantly offered and asked if we want more training and to refresh it." During our inspection we observed a new member of staff receiving an induction from an experienced staff member and saw they were being told and shown everything relevant to the service including fire procedures, a tour and work practices. The experienced staff was detailed in their explanations

and took time to share relevant information with the new staff member.

Staff told us they received regular training to give them the skills to meet people's needs. There was mandatory training of core skills and then specialised training available when required. We saw some gaps on the training log but the acting manager told us the training had been booked. We saw notices displayed reminding staff of future dates that training had been booked for. Staff told us "We have external training and I have been to a lot internally also. We do as much face to face training as we can and then some is online. In August I have epilepsy and PEG and stoma care specific training. I have done safeguarding and updated recently, food hygiene, dementia, mental capacity and fire training" and "I had medicines training and manual handling recently, the last first aid trainer was brilliant and the refreshers are useful that we have." One relative said "I have complete confidence in the staff abilities, they've known my relative a long time and they look out for her."

Health and social care professionals that regularly visited the service praised the staff's skills commenting "The staff know the people they support really well and are all very good at making sure that any training they should have is up to date", "If any training needs are identified then they will contact the community team to provide these", "Staff attend all relevant training provided by our team, when I have been involved in care plans it appears staff are knowledgeable about individuals needs including risk assessing and manual handling" and "The home is currently working with the respiratory team to ensure all staff are trained in it's use and they are also investigating health and safety implications to be able to store the oxygen and take it with people when accessing the community. This is all being done so a person is still able to access respite."

People were supported by staff who had supervisions with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. The meetings had previously been conducted in a one to one meeting but were now being done as a group supervision and documented. Staff told us "We have monthly group supervisions and then can have a one to one if we are not comfortable to raise things in the group. We can see the manager at any time", "I feel well supported definitely, it's good management, if there's a problem I would feel at ease to raise it", "We are doing group supervisions, but we would be happy to have a word at any point if had a concern" and "We have a group supervision coming up, but if had any problems I would go to management." The acting manager explained that appraisals (evaluation of individual performance and time to reflect) would continue to be offered annually for staff on a one to one basis.

People were supported to have a meal of their choice. Twice a week staff and anyone who wanted to go, would visit the supermarket and purchase the menu choices that people preferred. The menu was done weekly so it could reflect the preferences of different people coming into the service. One staff said "We have a menu and ask people if there is anything they want on the menu, dependent on gluten free, preferences and anyone on a soft diet. The menus are done weekly, we change it so it's different for people." We saw a menu was recorded on a whiteboard in the kitchen but not in the dining area for people to view. We raised this with the acting manager who took immediate action in re-instating the pictorial menus that were meant to be in place. The acting manager informed us further that a system had been put in place for staff to initial on the whiteboard when the menu had been completed and put up for people to view. This was communicated to staff that were present and recorded in the communication book.

We saw that people were able to enter the kitchen freely and make their own drinks and help themselves to fresh fruit or snacks. The staff told us that if they had someone staying at the service who the kitchen posed a risk for, they would secure it off and put drinks and snacks out in the dining areas so people could still access these. One staff said "We always have fruit for people try and keep healthy options available and

drinks. Some people make their own drinks and we put all those bits in the customer kitchen when more able customer's are in, others we check regularly for drinks." Mealtimes were relaxed and during our inspection we saw people had chosen to go out for lunch and staff accompanied them to the place of their choosing.

People's dietary needs, food allergies and preferences were documented and known by staff. A kitchen log was kept of what meals had been served that day and any concerns that had been raised were recorded. Staff told us "We listen to people, we get to know what they like, and look at their preferences", "There is a good choice of food, the service is good at managing people's dietary needs" and "It's good here, we have a menu plan for the week and try to work the menu around the people coming in, but if they don't like it we will offer them something else, we can cater for any needs." One person told us they were able to choose almost anything they liked and confirmed there were plenty of snacks available if wanted. One relative stated "All I know is she is fussy and I know they are accommodating." Another relative said "She generally eats well, they give her many choices."

People's care records showed relevant health and social care professionals were involved with people's care. Health action plan were in place which described the support people needed to stay healthy. If a person needed to attend hospital, a 'hospital passport' was available to go with them which recorded their specific needs and important information to ensure their needs would be met across different settings. One health professional told us "People access the correct health care. Staff at Bradbury Manor will always seek advice if they are unsure or have any concerns around accessing other healthcare agencies. Last year a lady went to Bradbury Manor straight from a hospital stay, the staff noticed bruising and sores and sought medical advice immediately and on my advice, raised a safeguarding alert." Another health professional commented "They always contact us either by email/phone and make referrals for any changes. I have personally witnessed support for someone in an emergency admission to hospital, where they provided care and support for the individual during their admission."

The service afforded spaces where people could spend time together or have quieter time away from others if they wished. There were four separate garden areas with seating areas for people to enjoy. One garden area included a swing suitable for people who used a wheelchair and the acting manager told us they were also about to purchase a trampoline for people to enjoy. Another garden was named the 'sensory garden' and included a water feature, different trees and plants and benches for people to sit and relax. Some bedrooms had patio doors that led onto the gardens so people could enjoy having their doors open and access the gardens freely. We saw that the lounge and dining room also opened out onto the garden and doors were open enabling people to move around the service freely. The management told us the gardens needed some maintenance and they had been trying to secure a gardening contract after the previous one had been stopped. On the second day of our inspection a basic garden maintenance contract had been sourced and were working in one of the gardens to clear some of the weeds and tidy it up.

The corridors and bedrooms were spacious and light with en-suite facilities. Although the service appeared to have been maintained well internally the acting manager told us "We would love a re-decoration as had not had one since been open." The county manager told us "We have put in for painting and are awaiting a response."

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well and were treated with kindness and compassion in their day-to-day care. There was a sense of calm in the service and people were not rushed by staff but supported at a pace suitable for them. Staff were seen to take their cues from people about what they would like to do and when they were ready to receive support. We saw that staff had time to sit, chat or sing with people and hold their hand in reassurance if they were anxious. For people that required one to one staffing we saw that this was offered in a respectful manner and the person was given time and space to navigate around the service with staff support. We saw staff leaving at the end of the shift seeking people out to say goodbye or to tell them when they would be back on shift.

There was a variety of different types of stays that the service catered for, some people stayed a handful of times during a year, whilst others used the service on a more regular basis. The county manager told us "It's important how people are welcomed into the building, you can make it or lose it in the first five minutes. Staff have a hard job, when emergency placements come in they are faced with all situations." Staff told us they enjoyed their role and it was a nice service to be a part of commenting "It's nice to spend time with people here. I am very happy since being here with what's being done for people and the staff, we work well as a team", "It's like how a home should be, they have choices, a lot of choices" and "This is the nicest, purpose built service with en suite rooms and a sensory garden which is beautiful. It's about enablement here. The staff are all conscientious with a great team feeling. I choose to work here."

The service had an information guide for people to read when they came to stay which explained what they could expect from the service in terms of support, care and promotion of independent skills. The guide documented that they would strive to meet people's individual cultural needs and preferences to ensure their needs were met. One person told us "I am fine here." Relatives spoke positively about the service and staff saying "We are very happy with the care, [X] is always happy to go for respite which is always reassuring. They listen to her and she feels safe. The staff are always there for a chat, so they are there for me too", "Staff know [X] well and joke with him, they offer him a choice of activities" and "We have been using the service for a few years on a regular basis, they are so important to me and my family. If it wasn't for them I would not be able to cope, they are a lifeline, they are so understanding. Everyone is so clued in to my relative."

People's dignity was respected by staff. We observed one member of staff discretely offering support to one person who came out of the bathroom and assisted them to straighten their clothes. Staff told us how they maintained people's privacy during personal care commenting "We make sure curtains are shut, change people discretely, and talk to them whilst helping to distract from it", "I shut the doors, I ask them if they would like a shower, it's about how you would want to be treated. I would want modesty" and "I know people's files as in depth as I can, I know how they like things. I let them know everything, if they prefer a female or male carer, it's about what people are comfortable with." Health care professionals told us "All people who go to Bradbury manor are treated with dignity and respect" and "I have not observed anything other than respectful treatment of clients when I have been at Bradbury Manor. I see staff having very positive interactions with the clients."

Staff told us that people were encouraged to be as independent as possible commenting "If people can wash themselves, we encourage this, we encourage people to make their beds and take their clothes to the laundry", "We jog people's memory to do things for themselves" and "We try to get people to go out and do things, one person uses a walker but needs special shoes, and we have been supporting them when walking." The service had a training kitchen for people if they were more independent and wanted to utilise these skills. We saw one bedroom had a safe space in it for people at risk of having seizures. The room afforded people private time to be independent without the visual supervision of staff needed to remain safe. One relative said "The most important thing is that my relative loves it there."

The county manager told us about one person who used to access the service and they supported this person to move into independent living accommodation and now they employed this person. We were able to meet this person during our inspection. One relative said "[X]'s eyesight holds her back but the staff make sure they leave everything where it is so she knows where she is. Her health needs are very well catered for there." Another relative said "They're brilliant there, they encourage [X] to use the walker and say come on let's try first, they even help me fill out forms when I get stuck."

Health and social care professionals told us "Staff positively encourage the people they work with to do as much as they can for themselves to maintain their independence but are always willing to help if they need to", "They involve the individual in any physiotherapy programmes, positive behaviour plans, healthy eating and maintaining all self help skills such as personal care, meal preparation and accessing the community", "I have witnessed staff supporting service users at meal times, sitting back and allowing the person some space to eat uninterrupted. Other individuals need more support but this is reflected in care plans" and "The Team have worked in a way that offers [X] choice at all times. They also tailor their support to maximise his independence which is crucial in reducing the likelihood of behaviours that challenge."

Good

Is the service responsive?

Our findings

At our last inspection in February 2016 the service was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because support plans were not always developed on how staff should meet people's changing needs. An action plan was provided by the service which stated they would address this situation without delay. At this inspection we saw that the service had made the necessary improvements and were no longer in breach of this regulation.

Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them. Each person had a person centred profile in place with a photo and information recorded of what was important to them, what they enjoyed and how they could be best supported. For example one person's profile stated for staff to 'Be patient and give me time to do the task I am doing' and 'If I go out to new places, I need support to learn new routes and buildings'. A circle of support page documented who was important to the individual, who they lived with, how they communicated and any specific routines people had such as 'I like to choose my own clothes' and if they liked a particular drink at night, or any supper. We saw that staff had signed to say they had read people's care plans so they could offer appropriate support in line with the person's wishes.

Information had been recorded on what worked well and what did not work as well for people. For example one person's care plan stated that what worked well for them was 'Having a choice of activities, not to be rushed and speaking to their parents whilst they were on respite a stay. It further recorded what did not work well for them was 'Being rushed'. A page named 'My stay at Bradbury Manor' recorded things that people liked to happen during this time. One person's page stated that 'On arrival I like to find out what room I'm staying in and say hello, I like to have a milkshake or squash when I settle down, I like help to unpack my bags'. We saw that staff had recorded in this person's daily records that they had offered the person a milkshake and supported them to watch their favourite television programme which was recorded in the care plan. This meant staff had taken the time to read about people's preferred routines and were supporting them to continue following this to ensure their stay was comfortable.

For people that had specific health conditions such as epilepsy these had been made clear in the care plan and guidance recorded for staff to follow. We saw epilepsy profiles in place which detailed signs to recognise if the person was likely to have a seizure, what happened during it and action to take such as staying with the person up to 30 minutes after until they are fully recovered and how to record their seizures. Emergency epilepsy management plans were in palce which included who to contact in the event of this happening. One relative told us "They know them almost as well as I do. They always make me feel involved and part of the decision making, I have every faith in them."

Health care professionals commented "I have worked with some of the staff on updating an individual's file as they have complex needs so it was a lot of detail that needed to be included. I offered advice and suggestions and these were listened to and acted on. We have recently completed annual reviews for two individuals who access Bradbury Manor and part of our review process is to look through the individuals file. The person who completed this process was very impressed with the documentation Bradbury Manor had

in place for both individuals and provided the link workers with feedback via a letter about this" and "One person's parents had requested particular care and support needs for continence, which appeared above and beyond the routine. A meeting was arranged with Bradbury Manor and health professionals. A detailed care plan was implemented by the senior support worker taking into consideration the parents' wishes and the actual needs of the individual."

We saw that one person was having their food and fluid intake monitored by the service. The forms for this however did not allow all of the necessary information to be included. For example there was no recommended fluid amount that this person should be drinking daily in order for staff to ensure they reached this target. The recordings taken were not specific but measured in terms of a small cup, few sips or large cup. The daily totals were not being added up and recorded many days across one sheet making it hard to assess this information or use it as an effective monitoring tool. We saw staff had not been consistent in their recordings and on some days there were very few or no entries. On the food intake monitoring sheet there were also inconsistency's in the recording and it did not state what meal size portions the person had received or if all of the meal had been consumed. We raised this with the acting manager who told us this would be addressed and the forms reconsidered to ensure they were appropriate.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. One health care professional told us "We have been working together on completing a behaviour support plan for one person engaging with their service for the first time and they contribute fully to discussions about the person's needs after each visit."

At the front of people's support plans it recorded any amendments or updates to people's needs and the support plan and a box to tick if staff had been informed of these changes. The acting manager told us "We have some families who we contact prior to their relative coming in and discuss any changes to their health or new medicines so we can get things put in place before they arrive." A staff member said "We have a handover with relatives if they wish on arrival and on departure."

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff told us "We have handovers at the start of a shift and know what's happened, who is in and out of building and who we are supporting", "The senior will have a handover with me and on the fridge is our allocation list", "It's a supportive team, we have a handover, go through all the people any health issues, allocate staff to people on account of how they work together", "A handover file is completed daily and information passed over to the staff" and "The staff doing the sleep in is always the shift lead and will look at who can work with who and who will do the cooking and who will do medicines." We saw a noticeboard displayed with important information for people and staff to view such as a heat wave warning, reminding people to take care and for staff to be aware to help people keep safe. We saw that fans had been placed around the home to keep people cool and staff supported people to apply sun cream before heading out.

People were able to choose what activities they took part in and were supported to maintain hobbies and interests, with staff support provided as required. On the first day of our inspection most people went out to attend activities. One person went to a day centre, another went to college and other's went to a local farm or out for lunch and ice-cream. People in the service had access to a range of things including a games room with a pool table, a piano and various games, crafts and DVD's, an exercise bike, a lounge with television and games and the different outside spaces to enjoy. The home had recently been donated a floor projector screen which had many interactive games that people could take part in. We observed the staff exploring this with people and it created a lot of amusement as people participated. One person told us "It's my favourite."

Activities in the service were not fixed, there were some group events that were pre arranged and offered to people but staff took their cues from what people wanted to do each day and this also depended on who was present in the service at that time as people liked to do different things. We saw staff supporting people to attend activities by asking them and offering suggestions. If a person chose to stay at the service staff respected their wishes and would then attempt to engage them in some activities inside. We observed one person and member of staff playing the piano and singing in the games room. The person appeared happy and content. Another person came and joined in with them singing and it was a relaxed atmosphere for people.

One staff told us "We do some group planning, go out somewhere local and then plan in other trips, we are planning to see 'Wicked' at the theatre in Bristol. We ask people daily what they want to do, where they want to go, no fixed activity plan as some people don't want to leave the building and it depends on who is staying at that time." Other staff said "We take into account any appointments people have, the weather, sometimes one person wants to do something different but staffing doesn't always allow, we sit down, discuss and decide" and "We do cooking activities, crafts, painting, pamper days, bingo. People have enough to do it's important that they do." One relative said "They do go out for lunch, out for trips, go food shopping, clay modelling, to garden centres, they do loads of different things."

People had information available to know how to make a complaint or raise concern should they wish to do so. We saw that where a complaint was received a complaint monitoring form would be put in place to record what action was taken and the knowledge and learning that would be taken forwards from this complaint. One relative told us "I have never had any concerns with the home or the staff, they know they can call me, it's a lovely place." Staff told us "We try to resolve any issues straightaway. It could be food, the menu, what they want to see in the games room" and "We meet with people to turn it around, it's about standing up and saying we got it wrong and putting it right."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at Bradbury Manor, although they were on a period of planned leave during the inspection so we did not speak with them directly. The deputy manager had stepped into the role of acting manager and people, their relatives and staff praised the management team for their leadership in the service. When things were identified at this inspection the acting manager and staff team were responsive to these concerns and took immediate action to put things right or seek further advice and then reported back on what they had done.

Although quality monitoring was in place, areas for improvement including internal security, temperature monitoring, employment checks recording and consent to care had not been identified in order for action to be taken prior to our inspection.

The acting manager told us monitoring was done mostly at an individual level as they did not always provide continuous care to people over long periods of time but instead people returned for shorter respite stays. The service worked with other external professionals if there were concerns so these could continue to be monitored across the different settings a person may access. If a person experienced several incidents the service would put support in place, involve the person's social worker, and record a timeline for the person. It would also be considered if Bradbury Manor was the right place to meet an individuals specific needs. Any falls a person had were recorded and the staff would consider if there were any health concerns that may have contributed to this. If necessary an occupational therapist may come to the service to assess the immediate environment and look at any specific equipment that could be put in place to support the person.

We saw that where incidents had occurred staff completed an incident form and these would then be further signed off after any management comments and put on an electronic system. We saw the incident forms did not always have the manager outcomes or measures put in place available to view as this was only done on the online version. The acting manager told us any learning from accidents or incidents was shared with the team through the communication book and in their group supervision. If necessary a risk assessment was also put in place to further manage any concerns. The acting manger told us she looked through the daily records to check that people were receiving their preferred daily routines and attending activities of their choosing. The acting manager would work some shifts on the floor alongside staff and the registered manager completed walk arounds of the service but these had not yet been documented for us to review. People and those important to them had opportunities to feedback their views and quality of the service they received through questionnaires and phone calls.

Services are required by law to send us statutory notifications about incidents and events that have occurred at the service and which may need further investigation. During our inspection we found that the service had not reported a structural building event that affected the service providing the regulated activity to people living at the service at this time. We raised this with the management team to address. The acting manager told us in future all events of this nature would be sent without delay.

The service was in the process of updating their polices. We saw that the service did not currently have a policy on positive behaviour management despite supporting people with very complex behaviours at times. The acting manager contacted the provider's health and safety representative who is now taking steps to locate a policy which encompasses this. The service further took action by speaking with The Community Team for People with Learning Disabilities (CTPLD) who are going to forward information regarding positive behaviour management for the service to refer to in the meantime.

The acting manager had a good understanding of people's needs and was able to chat easily about people's preferences and individual characters during our inspection which demonstrated she spent time learning about the people the service supported. One person told us "The Manager is very nice, I can talk to her. I like it here, it is like being on holiday and I like my bedroom, it is my favourite." Relatives commented "The management are very approachable. They ask if people are happy with the care, they pick up on any concerns", "It's very well run, my relative loves coming here" and "The vital support they give us, they are so brilliant for parents with children with complex needs. Trust is so important, they are always happy to listen, they are so professional."

Health care professionals spoke positively about the management of the service saying "The service is well led, the management are available and approachable at all times", "I have always found the manager to be informative and ensures the staff team attend all appropriate training requirements. They are easily contactable either by phone or email" and "The managers have supported me in my work making staff available. I have observed shift leaders too where tasks are delegated down and although on just a couple of occasions, I got a sense that that the shift was set up in such a way that tasks were allocated and service users included in the planning."

Staff told us they felt valued by the management team and were able to attend regular team meetings to find out about events relating to their role and the service as a whole. One staff member told us "I love it, it's the best job I have ever had, no one brings problems to work we all muck in." Other staff comments included "I feel supported, the management are very supportive to me, I can speak to them, they have helped me a lot with things. Management are about on the floor and will sit and have tea with people", "We are a service high in demand and constantly get positive feedback, it's the one and only place that staff genuinely care about people", "We have a very good manager and can go to her, she has an open door and is on the floor a lot" and "I see the manager, she's often about and you can always talk to the manager, I don't feel that anything is too small or silly to ask them." The county manager explained there were awards every month for staff to be recognised across the services and nominations could be put forward by other staff, people using the service, relatives and external professionals

People and their relatives were encouraged to participate in the service and we saw that the service had received thank you cards for the care and support they had provided to people and their families. One relative told us "They keep me informed, they are a super team, I can't compliment them enough. I was able to take my first holiday whilst [X] was being looked after, it was a huge thing they did." Another relative said "I haven't attended a relatives meeting but I attend events at the home. I send in a communication book and they are good at completing it." We saw staff making courtesy phone calls to relatives and then updating people's care plans. One staff told us these were done every two to three months to relatives of people they did not see a lot or one's that had stayed recently to address any concerns or find out about any changes ahead of the next planned stay.

Staff were encouraged to be accountable within their role and take responsibility to ensure people received safe and effective care. The County manager told us "My bottom line for staff is that you have to be accountable of the care you provide." We saw that where a medicines error had occurred, advice was sought

to ensure the person wasn't at any risk, an incident form completed and further training for the staff member was arranged.

The acting manager had stepped up into the role whilst the registered manager was away and spoke positively about the support they had been given to manage this role commenting "My support from staff has been fantastic, [X] (County manager) is also good, he has a regular presence here." The county manager told us they visited the service most days to check everything was alright and completed audits and an action plan where necessary saying "The manager lets me know things that are happening in the service. I work alongside the manager to ensure care is being given in the right way. We have regular management meetings so they can share information."

The management and staff spoke of the importance in maintaining partnerships and links with external health and social care professionals and where appropriate would work alongside other professionals to meet people's needs. We spoke with some health and social care professionals who regularly worked with the service and received positive feedback about the home from them which included "Managers and staff are all very approachable and act quickly with any concerns that I may have. All staff are very good at sharing relevant information and will seek advice if needed. I have always found staff and management at Bradbury Manor very friendly and helpful, they have always been open and honest with and questions or queries and will always contact our team if they have any concerns", "I have always found the whole team very approachable, they will respond to concerns, in particular we raised the quality of some of the Health Action Plans, we have now provided training to the staff team, and these plans are now sent to the team for checking", "I have been able to contact them by phone, email and in person and at all times there is a prompt response" and "I find all staff open to new ideas. I gave advice to the team regarding a medication protocol for one person who accesses the service which I understand was followed."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had not always taken necessary steps to reduce the risk of harm to people around temperature monitoring and medicine management Regulation 12 (2) (b).