Leonard Cheshire Disability

Bradbury House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected this service on 19 and 26 November 2014 and our visit was unannounced. This meant the staff and provider did not know we would be visiting.

Bradbury House provides care and accommodation for up to 24 people, two of the beds are used to provide a respite care service. The home specialises in the care of people who have a physical disability who require nursing care. On the day of our inspection there were a total of twenty two permanent people using the service and one person in receipt of respite care.

Summary of findings

The home had a registered manager in place. '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.'

During our inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a very friendly and respectful manner.

We spoke with care staff who told us they felt supported and that the registered manager was very approachable. Throughout the day we saw that people and staff appeared very comfortable and relaxed with the registered manager and staff on duty.

Care records contained risk assessments, which identified risks and described the measures in place to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health professionals as appropriate. We saw people were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We found people's care plans were very person centred and written in a way to describe their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for service users to understand by the use of plain English and everyone had a copy of their care plan in their bedroom. We saw lots of evidence to demonstrate that people were involved in all aspects of their care plans.

The staff that we spoke with understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes and we viewed records that showed us staff were enabled to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended training and development activities to maintain their skills. They told us they had regular supervisions with a senior member of staff where they had the opportunity to discuss their care practice and identify further training needs. We also viewed records that showed us there were appropriate recruitment processes in place.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

During the inspection we saw staff were attentive and patient when supporting people. We spoke with people who used the service and their relatives. We were told they were happy with the service the home provided. Comments received included "The staff treat me well," "The staff are lovely. If I didn't like it here I would ask to be transferred. The staff always knock on my door, they never just come in."

We observed people were encouraged to participate in activities that were meaningful to them. For example, we saw staff spend time engaging people with arts and crafts in the designated activity area. We also saw how people were supported to achieve their lifetime goals. For one person this meant completing the Great North Run. We saw the care home had won an award given by the organisation for providing personalised care.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered choice and if people required assistance to eat their meal, this was done in a dignified manner.

We found the building met the needs of the service users. For example, corridors were wide and spacious for people who used a wheelchair and there was overhead tracking from everyone's en-suite toilet to their bed which meant people's personal space was maximized to the full therefore promoting people's independence.

We saw a complaints procedure was displayed in the main reception of the home. This provided information on the action to take if someone wished to make a complaint. We saw an audio version of this was also available to people called a 'talking tin'.

We discussed the quality assurance systems in place with the registered manager. We found the way the service was run it had been regularly reviewed. Prompt action had been taken to improve the service or put right any

Summary of findings

shortfalls they had found. We found service users were regularly asked for their views. We saw the registered manager had been nominated for an award from the provider for 'outstanding leadership'.

Summary of findings

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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

Staffing was also arranged to ensure people's needs and wishes were met promptly.

There were arrangements in place to ensure people received medication in a safe way.

Good

Is the service effective?
The service was effective.

Staff received training and development, formal and informal supervision and support from the registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

People's needs were met by the adaptation and design of the building, which was purpose built for people with a physical disability.

Good

Is the service caring?
The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

Staff encouraged people to maintain their independence and offered support when people needed help to do so. People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs. Relatives told us they were involved in their family member's care and we saw documentation reflected individual needs and wishes.

Outstanding

Is the service responsive?
The service was responsive.

Good

Summary of findings

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure, which was available in an audio version, making it easily accessible to everyone who lived at the home.

Is the service well-led?

Good

The service was well led.

The home had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Service users were also regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

Bradbury House - Care Home with Nursing Physical Disabilities

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 was 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.

The inspection took place on 19 and 26 November 2014 and was unannounced. Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We also met with the local authority safeguarding team and commissioners on 18 November 2014 and used the information we gained about the service to plan our inspection.

On the first day of the inspection, one adult social care inspector and a specialist advisor, who had knowledge about the needs of people with a physical disability, were present. On the second day of the inspection, one adult social care inspector was present.

We spoke with seven people who lived at Bradbury House and one relative. We did this to gain their views of the service provided. We also spoke with the registered manager and five care staff.

We carried out observations of care practices in communal areas of the home.

We looked at four care records, three medication administration records and also four personnel files. We looked at all areas of the home including the lounges, people's rooms and communal bathrooms.

Before the inspection, the provider completed a 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.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "I feel safe here. If I didn't I would say. Another person said "I use an overhead hoist to help me get in and out of bed and I have a special mattress, it's comfortable. The night staff make sure I get my medication on time." A relative said "I definitely feel [name of person] is safe. They check him every half an hour to change his position; there always seem to be enough staff."

During this inspection we spent time in all areas of the home. We saw the environment and equipment was well maintained. For example, we saw every hoist had clear records of servicing and the date of the next service. We also saw clear servicing records for ceiling track hoists. The registered manager showed us records of the monthly health and safety checks which were carried out which included the environment, equipment in use and the maintenance of the home. All of these measures ensured people were cared for in a safe and well maintained environment.

We asked care staff what systems were in place to ensure people were protected from the risk of harm and abuse. They told us that risk assessments were carried out to ensure people's needs were identified and care and treatment was planned to meet those needs. We viewed care records which contained risk assessments in areas such as skin integrity, nutrition and choking. We saw that if a risk had been identified, the care records contained information for staff on how to support people safely.

The registered manager told us there was a safeguarding policy in place and that staff received training in this area. This was to make sure they were knowledgeable about the action to take if they had any concerns. The staff we spoke with were able to describe signs and symptoms of abuse, and the action they would take to ensure people remained safe. One member of staff told us "There is a strong team culture. It would be very difficult to ignore a staff member being hostile or neglectful within the home. I would have no qualms about reporting an incident to the manager." Another member of staff said "I have no issues about confronting staff if necessary. This hasn't happened in a while but I remember speaking to a staff member in the past who wasn't using bed rails safely." We saw there was also a whistleblowing policy available to staff. The procedures in place helped ensure service users were kept safe from harm and people knew which agencies to report concerns to, to enable investigations to be carried out as required.

The service managed incidents, accidents and safeguarding concerns promptly. During our inspection the registered manager was in the process of dealing with a safeguarding concern. We saw this was being dealt with in an open, transparent and objective way. We also found the registered manager reviewed any incidents and accidents. We were told by the registered manager they would complete an investigation of every accident and incident and the outcome of this would be recorded and improvements made if required to ensure people's safety.

We saw in each person's care records a 'personal evacuation plan' which provided staff with guidance on the support people required in the event of a fire. In this way the provider could demonstrate how they responded to emergencies keeping people safe from harm.

We saw records that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home. We asked the registered manager to describe the recruitment process. She told us that prior to being employed by the service potential employees were required to attend an interview and satisfactory references and disclosure and barring checks obtained. We saw documentation that showed us this took place. This helped to make sure only suitable people, with the right experience and knowledge, were employed to provide care and support to people who lived at the home.

We asked the registered manager how she made sure there were enough staff on duty to meet the needs of people using the service. She told us before any one was admitted to the home a full assessment of their needs was carried out to make sure adequate staffing levels were maintained. On the day of our inspection we saw there were two nurses plus six care staff on duty for twenty three service users. During the inspection we saw staff responded promptly to people if they required support or assistance. We observed staff being patient when helping people to mobilise or supporting people with their meals and people were not rushed or hurried in any way. None of the staff we spoke with expressed concerns regarding the number of staff available to support people and we saw documentation that showed us staffing was arranged in advance to ensure

Good

Is the service safe?

sufficient numbers of staff were available to meet people's needs. This included arranging staff cover in the case of planned leave. A person using the service said about staffing levels "Yes there are enough staff. In an emergency I pull the buzzer and they come. I only need to pull it once."

The home had a medication policy in place, which staff understood and followed. We spoke with a member of staff who was able to describe the arrangements in place for ordering and disposal of medication. We were told, and we saw, that each person had a lockable storage area in their bedroom. We checked one person's storage area and saw this was locked with their individual medication within. We checked people's Medication and Administration Records (MAR). We found they were fully completed, contained required entries and were signed. We saw that where people required prescribed creams or ointments, and where they needed support with this, staff used a body map diagram to show where they should be applied. We saw there were regular management audits to monitor safe practices. Staff had received medication training. This showed us there were systems in place to ensure medication was managed safely.

Good

Is the service effective?

Our findings

People who used the service told us "I was the first one to move here. The food is very nice. We have a new cook," and "I love it here. The staff are lovely." A relative told us "I feel the staff have the right skills and knowledge. [Name of Person] has regular access to a multiple sclerosis nurse and a multiple sclerosis consultant on a regular basis. [Name of person] uses one blink for yes, the staff are really good with him and understand him. I can't fault them at all."

From the sample of care records we looked at we saw documentation that showed us people's needs were assessed before they moved into the home. We also saw people's care was reviewed on a monthly basis and if people's health needs changed, referrals were made to other health professionals to ensure people's needs were met. We saw people had regular access to dentists, chiropodists and other primary health care professionals as well as specialists in the area of multiple sclerosis, continence and tissue viability. People we spoke to confirmed they were fully involved with and had consented to their care and treatment.

The registered manager demonstrated an in-depth knowledge and understanding of the risks associated to people with a physical disability and their associated conditions. For example, a number of people in the care home, as a result of their condition, had a percutaneous endoscopic gastrostomy (PEG) feeding tube. PEG feeding is used where people cannot maintain adequate nutrition with oral intake. We found there was detailed information, guidance and instructions written in people's care plans which guided staffs practice and enabled them to undertake this task effectively in line with current best practice guidelines 'Nutritional Support For Adults Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition, National Collaborating Centre For Acute Care, February 2006.' Commissioned by the National Institute for Clinical Excellence (NICE).

We saw people were supported to eat sufficient amounts to meet their needs. We observed people eating their midday meal and saw they were offered a choice. If a meal was declined staff offered alternatives and encouraged people to eat. We saw a healthy option was always available. One person described to us how, because of their condition, they needed to eat a healthy diet and that salads were always available as an alternative for them. We saw people were encouraged to be as independent as possible. Meals were attractively presented and there was a relaxed and sociable atmosphere. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs. When people had finished their meal they were asked if they wanted second portions and these were provided to people who requested them.

We observed people coming and going throughout the day and food was made available as required. This showed that meal times were flexible. We could see from the people's care records that other professionals had been involved with people who were at risk of weight loss risk assessments and care plans were in place to support them.

We asked staff to describe the training and development activities they had completed at Bradbury House. The staff we spoke with told us they had received an induction when they started to work at the home and they completed training in areas such as safeguarding adults, infection control, Mental Capacity Act, moving and handling, working in an empowering way, communication, health and safety, control of substances hazardous to health. We saw that specialist training in the area of acquired brain injury, dementia awareness and PEG training had been provided. One member of staff described how she had had additional training to become a moving and handling facilitator. She told us it was her responsibility to train new staff and then assess their competency following this training. The staff we spoke with also told us they received supervision and appraisals to enable them to identify their training needs. The staff we spoke with were positive regarding the training and development activities they completed. Staff said "They are very hot on training." This meant staff were being supported to complete training and development activities that would assist them in delivering effective care to people who lived at Bradbury House.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. At the time of this inspection we were informed by the registered manager that four DoLS applications had been made and authorisation for this had been received. The registered manager was aware of the recent Supreme Court judgment about people who lived in care homes or supported living arrangements who received 24 hour support and did not go out unsupervised. We saw

Good

Is the service effective?

documentation within the care records that showed us the correct processes were followed to ensure people who did not have the capacity to make significant decisions had their rights upheld.

We saw staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. We saw there was information displayed in the home about accessing external advocates who could be appointed to act in peoples' best interests.

Bradbury House is a purpose built building for people who have a physical disability. We saw that corridors and passing areas were very spacious and accessible to people who used a wheelchair. We found bathrooms had been adapted to meet the needs of people with a physical disability. For example, they were spacious with adapted baths. There were ceiling track hoists from people's en-suite toilets to their bed which meant people's personal space was maximized to the full promoting their independence. Some people had bedrooms and some people had a flat with an additional kitchen facility. We saw thought had been given to the provision of lower taps on the front of sink units in these areas so they could be easily used by people who used a wheelchair. There was also a specially landscaped garden that was accessible to people with disabilities.

Outstanding ☆

Is the service caring?

Our findings

One person told us, “Oh yes they treat me with privacy.” Other comments received from people using the service included “The staff treat me well” and “The staff are lovely. If I didn’t like it here I would ask to be transferred. The staff always knock on my door, they never just come in.”

A relative told us “They were really good with [name of person] when he came out of hospital. I can’t fault them [the staff] at all. They always ask [name of person] if he wants to get up in the morning.” Everyone we spoke with told us they had a care plan and had been involved in writing them. We saw everyone had a copy of their care plan in their bedroom. A member of staff who had worked in Bradbury House for seventeen years said “The staff and residents keep me here.”

Over the two days of the inspection there was a calm and relaxed atmosphere in the home. Throughout the day we saw staff interacting with people in a very caring and professional way.

We found the service was caring and people were treated with dignity and respect and were listened to. We spent time observing care practices in the communal areas of the care home. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately. We saw staff communicating well with people, understanding the gestures and body language people used and responded appropriately. The registered manager and staff knew how people communicated their choices, for example by their eye movement, such as one blink for yes, two for no, and their body language and speech. We observed this take place during our inspection. We saw communication plans were in place and speech therapy involvement had been sought in order to support people with their communication. We also found the home had a ‘communication lead’ whose role it was to facilitate communication between the service users and staff and any visiting professionals.

Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. We saw all of these details were recorded in people’s care plans. We spoke to one member of staff who told us she often volunteered to support one service user, in her own time, to help him maintain his personal friendships and relationships.

We heard staff address people respectfully and explain to people the support they were providing. Staff were friendly and very polite and understood the support and communication needs of people in their care. We saw and heard staff knock on people’s doors and wait for a response before entering. Staff waited for people to make decisions about how they wanted their care to be organised and closely followed people’s way of communicating. For example, we observed people being supported to eat their lunch time meal. We saw staff engaged with them and conversation was respectful and positive. People were encouraged to choose where they wanted to sit and who they wished to sit with. The atmosphere was relaxed and calm.

We saw staff interacted with people at every opportunity. For example, saying hello to people by name when they came into the communal areas or walking with people in an unhurried manner, chatting and often having a laugh and joke with them. We saw staff knelt or crouched down when talking to people so they were at the same level. We saw staff had been provided with chairs they could raise or lower so that they were always at the same level with people when they were supporting them with their meals or engaging people with conversation or activities.

We saw people had been fully involved in making decisions about their care and that a positive approach was adopted to people taking risks, with a ‘can do’ attitude, promoting people’s right to independence. For example, staff had fully supported and respected one person’s wish to shower independently despite the risk of having a seizure and another person’s wish to continue to eat a normal diet despite the risks associated with choking.

The registered manager told us how important it was to have information available to people in a range of different formats so people could make decisions and take control of their lives. We saw how talking tins were used to provide audible information on a range of topics such as DoLS and Advocacy. This meant people were supported by a range of innovative communication techniques to keep them informed of important information or things that mattered to them.

During our inspection we saw one person was involved in the staff recruitment process. We also saw that people using the service were regularly involved in health and safety meetings. This ensured people’s views were

Outstanding ☆

Is the service caring?

respected and they were fully involved in the management of the home. When we spoke with people they confirmed that they were involved and that they felt listened too and valued.

The registered manager described to us how, when required, people had in place an end of life care plan that described the care they wanted to receive before and in their last days. This was called 'the provider's preference'. These included their physical and emotional needs and how they wanted these to be met, their comfort and wellbeing and pain control attended to and their wishes to be respected following their death.

The service had achieved an award from Durham County Council on 30 September 2013 for "Best example of personalised service nominated by health or social care." All of this demonstrated how a caring service was provided at Bradbury House.

Good

Is the service responsive?

Our findings

People described to us how they felt able to complain. One person said "I would complain. If I didn't like it I would complain." Another person said "I feel they listen to me. If I was unhappy I would go to Teresa (the registered manager) or [name of staff]. I know they would put it right."

We looked at the care records of people who used the service. We saw people's needs had been individually assessed, and where necessary plans of care drawn up. We saw detailed information had been supplied by other agencies and professionals, such as the person's care co-ordinator. This was used to complement the care plans and to guide staff about how to meet people's needs. We saw personalised risk assessments were in place to support people with activities. These included showering and bathing independently, as well as detailed care plans in respect of the support each person required with their PEG feeding. The care plan format was easy for service users to understand by the use of plain English. This demonstrated how the provider ensured every effort was made to meet people's individual needs and promote their independence.

The care plans we looked at included people's personal preferences, likes and dislikes. We also found there was information covering people's life histories and personal statements about their hopes for the future. We saw how people had been supported to achieve their life time goals, for one person this meant completing the Great North run in 2014.

We saw staff write down the support provided to people each day in the 'daily records.' The daily records we looked at were very detailed and were used to monitor any changes in people's care and welfare needs. This meant the service was able to identify changes and respond to those changes. Relatives told us they were involved in their family members care. One relative said "The staff always keep me in touch with me and keep me up to date."

We looked at people's bedrooms/flats and saw that these areas were personalised with people's belongings. We saw that even where people required the use of a profiling bed the rooms felt domestic and personalised rather than institutional. In one person's room we saw a range of religious symbols and memorabilia which were important and personal to them. The registered manager described the ways in which people's spiritual needs were respected. For example, how a priest regularly visited the home to give three people holy communion.

Staff were able to describe how they provided personalised care. For example one member of staff said "[name of person] prefers a bath and likes to soak. [Name of person] is transferred into the bath via a hoist and then given five to ten minutes to soak, immerse, whilst one member of staff stays in his room."

Activities were personalised for each individual. We also saw there was a weekly activities plan and a range of daily activities were available for people to take part in. Examples of regular activities included race nights at Catterick race course and art and IT classes. One person described how a member of staff supported him on trips to the theatre, which he thoroughly enjoyed. Another person said "I go in the activities room. I enjoy needlework and sewing which I can do. [Name of member of staff] is coming here on Wednesday to teach me how to read" and a third person described a weekend trip to Kielder. We saw that major monthly events had been planned for 2015 including Chinese New Year, National Sandwich Week and a Mexican day. We saw that if people participated in activities this was recorded within the care documentation. The staff we spoke with told us people who lived at the home were asked if they wanted to be involved. This further demonstrated how the service provided personalised care.

We checked complaints records on the day of the inspection. This showed that procedures had been followed when complaints had been made.

The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw the complaints procedure was available in an audio format for people to help them understand the information. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager.

Good

Is the service well-led?

Our findings

Staff told us "There is a transparent culture here. Teresa, (the registered manager), does encourage staff to be assertive and speak out. I feel that the culture is to put the residents needs central to their care," "It's a big friendly atmosphere", and "Management are great, Teresa is responsive, nothing is a problem."

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the Care Quality Commission. We saw the registered manager had recently been nominated for an award from the provider for 'outstanding leadership'. The registered manager was supported by a number of national teams within the organisation including a property team, human resources team as well as advisors in safeguarding and nursing and health professionals.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at Bradbury House. From our conversations with the registered manager it was clear she knew the needs of the people who lived at Bradbury House very well. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the service users they supported. We saw documentation to support this.

The registered manager told us she encouraged open, honest communication with people who used the service, staff and other stakeholders. We saw this was achieved through regular meetings where staff and service users were provided with feedback and kept up-to date about any changes within the service. We saw the registered manager worked in partnership with a range of multi-disciplinary teams including tissue viability and multiple sclerosis specialist nurses in order to ensure people received a good service at Bradbury House.

We saw the registered manager had in place arrangements to enable service users, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw service users were asked for their views in regular meetings and also by completing service user surveys. We saw service users also attended health and safety meetings were their views were further listened to. None of the staff wore a uniform at Bradbury House. The registered manager explained that this was in response to feedback from the people living in the service who felt uniforms were institutional.

We saw there were procedures were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The quality assurance systems in place for self-monitoring included regular internal audits such as infection control, medication, care plans and health and safety issues. We saw the registered manager carried out an unannounced out of hours visit to the service four times each year to ensure good standards of care had been maintained outside of office hours. Records were maintained of each visit including any actions identified as a result of this.

There were also audits carried out by personnel external to Bradbury House, such as by a service delivery auditor employed by the provider. We viewed the report of their last visit carried out in November 2014 which included talking with people using the service and staff. This visit focused upon service user participation, quality of care, quality of staffing, the environment and staffing. Actions made following this visit were clearly recorded with a target date for completion. We saw a scoring system was used to rate the service. The registered manager and her staff were congratulated by the service delivery auditor on their rating which was the highest rating he had given to a Leonard Cheshire service. All of this meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.

The management team at Bradbury House had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.