

Mr Neil Bradbury

Bradbury House

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?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out this inspection on 17 October 2015 and this was an announced inspection. The registered manager was given short notice of the inspection because we needed to be sure senior staff would be available to assist with the inspection process. When Bradbury House was last inspected in April 2014 there were no breaches of the legal requirements identified.

Bradbury House provides accommodation and personal care for up to 15 people. 11 people are accommodated in the main house and there is a smaller property with places for four people. The service provides support to

people with learning disabilities and to people who have a diagnosis which falls within the autism spectrum. At the time of our inspection there were 10 people using the service.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People were safe and relatives felt people using the service were safe. Staff understood how to identify and report actual or suspected abuse and were aware of external agencies they could contact. Safe recruitment processes were completed and staffing levels met people's assessed needs.

Risks to people's safety were assessed and appropriate guidance was produced to ensure people could be as independent as possible. The provider had systems to monitor the environment and incidents and accidents were reviewed to establish patterns or trends. People received their medicines on time and medicines were stored correctly. Medicines records had been completed accurately.

People received effective care from staff at the service. There were reviews of people's health and people could see healthcare professionals when required. The registered manager spoke of a good relationship with people's GP and explained how this helped provide co-ordinated care. People were supported to eat and drink and prescribed nutritional supplements were received by people where required.

Staff understood their obligations under the Mental Capacity Act 2005 and training had been provided. The registered manager was aware of their legal

responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and some DoLS applications had been made. Staff received appropriate training and were supported through a regular supervision process. An induction period was undertaken by new staff when they commenced employment.

Staff cared for people well and there were positive interactions observed during the inspection. People had the opportunity to be independent and their privacy was respected by staff. Staff understood people's needs well and people's relatives spoke positively of the staff at the service.

The service was responsive to people's needs and people made choices about their daily lives. People discussed the level of support they required from staff and where possible, some people were actively involved in helping around the service.

People took part in a variety of activities in the home and in the community on a regular basis. Care plan reviews were completed and the registered manager had introduced an innovative way to involve people in their care reviews. The provider had a complaints procedure available.

Staff spoke positively about the registered manager and there were ways to communicate key messages to staff. An auditing system to monitor the service provision and safety was in operation. The provider had plans to undertake renovation work for the benefit of the people at the service.

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.

People were at ease with staff and relatives felt people were safe.

Staff could identify and respond to actual or suspected abuse.

Staffing levels met people's assessed needs and recruitment procedures were safe

People's medicines were stored and administered safely.

Good



Is the service effective?

The service was effective.

People's healthcare needs were met and regular health reviews were completed.

Staff received training and a regular supervision programme was in place.

The registered manager was aware of the requirements of the Deprivation of Liberty Safeguards.

Staff understood the principles of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

We observed caring relationships between people and staff.

Staff provided personalised care through keyworkers.

People's privacy was respected.

People's relatives spoke positively of the caring staff at the service.

Good



Is the service responsive?

The service was responsive.

People made choices about their daily lives and the support they received.

People took part in a variety of activities in the home and in the community on a regular basis.

Care plans clearly showed what actions to follow to support people with their range of care needs.

The provider had a complaints procedure available.

Good



Is the service well-led?

The service was well-led.

People spoke positively about the registered manager.

Staff were positive about their employment and had the opportunity to express their views.

The manager communicated with staff about the service.

Good



Summary of findings

There were quality assurance systems in place to monitor the service provision.	
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Bradbury House

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 was planned to check 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 was carried out by one inspector. When Bradbury House was last inspected in April 2014 there were no breaches of the legal requirements identified.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with three people who lived at Bradbury House, the registered manager and three staff. This included the registered manager and support staff. Following the inspection we spoke with two people's relatives. We were unable to speak with all of the people in the service as some people did not communicate verbally and one person was away for the weekend with family. We used a number of different methods to help us understand people's experiences of the service which included undertaking observations. We reviewed four people's care and support records.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

From our observations we saw that people were at ease in the company of staff. One person's relative said, "We know [service user name] is in a safe environment. Another relative commented, "I'm happy [service user name] is looked after well."

Staff demonstrated an awareness of local safeguarding procedures and gave an explanation of the action they would take in the event they had any concerns over the welfare of people. Staff told us they would report matters internally to senior staff or the registered manager, however they were also aware of external agencies they could approach. This included the local safeguarding team, the Commission or the police. Staff had received training in safeguarding adults and the provider had supporting safeguarding and whistleblowing policies.

The provider had ensured there were sufficient staff on duty to meet people's needs and support them safely. There were sufficient staff to support people and we saw that staffing numbers incorporated the assessed 'one to one' care time people received. We saw from the staffing rota that staff numbers were also calculated to ensure sufficient staff were available to support people with their different activities. Staff felt that staffing levels met people's needs and told us they felt the current staffing levels enabled them to support people safely. The registered manager told us that staff shortages due to holiday or sickness were covered by existing staff or a dedicated member of bank staff to ensure that continuity of care was provided.

Staff files showed that safe recruitment procedures were followed before new staff were appointed. There was an application form, employment and character references and photographic evidence of the staff member's identity. A Disclosure and Barring Service (DBS) check had been completed for all staff. The DBS ensures that people barred from working with certain groups such as vulnerable adults are identified.

People's medicines were managed safely. All of the people at the service were supported by staff with their medicines and there were systems to ensure medicines were managed safely. We reviewed the systems in operation for the ordering, retention, administration and disposal of medicines together with the supporting records. Medicines

were stored safely and the temperature of the medicines storage area was monitored and recorded. Open liquid medicines had the date of opening recorded which helped ensure they were only administered in accordance with the manufacturer's guidelines. People's medicine administration records had been completed accurately and showed that people received their medicines in line with their prescription. Where people required medicines on an 'as required' basis such as paracetamol, the dosage given was clearly recorded when the administration amount could be variable. Staff had received training in the safe management of medicines.

Risks to people were assessed and we saw examples of when people's independence was promoted. Nobody using the service was able to access the community independently. However, the service had ensured where possible that people's independence could be promoted when assessed as being safe to do so. For example, one person was supported by staff at a supermarket to shop independently and then attend the café for a drink afterwards. Other examples of risk management were noted within people's records, for example how to manage when travelling in vehicles and when out in the local community. This ensured that people could be supported safely whilst both in the service and the local community.

Incidents and accident forms were completed when necessary and reviewed. The registered manager completed monthly accident and incident evaluations. We saw that following an incident, staff submitted a report form. This showed the details such as the place and time of the incident, a description of the incident and any intervention required by staff. This was then reviewed to establish if there were any triggers in the event a person displayed behaviour that may be challenging and feedback from staff and the person was sought if possible. This was then documented and a monthly evaluation produced to establish patterns or trends.

Environmental health and safety risks were identified and suitable actions put in place to minimise the likelihood of harm and to keep people safe. The provider had completed fire risk assessments at the service and a monthly health and safety checklist was completed by the registered manager. This ensured that the fire safety folder was completed correctly, the accident book had been

Is the service safe?

appropriately completed and vehicle safety forms had been completed by staff. In addition, first aid boxes were checked to ensure equipment was present and within its 'use by' date.

Is the service effective?

Our findings

People received effective care and were positive about the staff that supported them. We explained the purpose of our visit to one person and asked them if the staff looked after them. They replied to us, “Yes, yes they do.” One person’s relative told us, “They are hot on [service user name] health issues, they have been good.”

People were effectively supported to use healthcare services where required. People had an annual care review and were supported to see their GP if they were concerned about their health. We discussed healthcare professional access with the registered manager. They explained the service had a very good relationship with a local GP with whom all of the people at the service were registered. The registered manager explained how this relationship assisted them with co-ordination care and support. For example, before any health review, liaison with the local GP would be completed. This ensured that should people require a blood test, arrangements were made for the phlebotomist (specialist clinical support worker who takes blood samples) to attend the service. This co-ordinated care was planned sufficiently in advance to ensure people were well prepared and to limit any anxiety or disruption.

At the time of our inspection no one was at risk of malnutrition, however some people at the service were prescribed supplements to ensure their weight was maintained. People were involved in choosing their food and some were able to be involved in food preparation with support of staff. People all ate independently using different methods. People’s weights were recorded regularly and where required there was a nutritional risk assessment in place to ensure people’s assessed needs were met. Where people were assessed as requiring additional supplements to increase their calorific intake, this was correctly recorded on people’s medicine administration records. This showed people had received nutritional support in line with their assessed needs.

Staff had completed Mental Capacity Act 2005 (MCA) training and understood how the MCA was important in their role. Staff told us how they encouraged people to make decisions and promoted their independence in their daily lives. We saw examples of where people at the home had made certain lifestyle choices in relation to furniture and decoration. The staff had ensured they had completed

a best interest decision with the appropriate people in relation to the choices made. They had also ensured the person had made an informed decision by supporting them in research of furniture.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and it is in their best interests to do so. At the time of our inspection the registered manager had submitted two DoLS applications and was awaiting the local authority to conduct the appropriate assessments. Nine further applications were shorty due to be completed and submitted to the relevant local authorities. There was national guidance on DoLS available together with an ‘easy read’ document for people in the service. The provider was in the process of finalising a new DoLS policy, a draft of which was sent to us following the inspection.

Staff received training from the provider that enabled them to carry out their roles. We spoke with staff who told us they felt they received sufficient training. We reviewed the training record sent to us by the registered manager. This showed that staff completed training in key subjects such as emergency first aid, food hygiene, safeguarding and medicines. Additional training specific to people’s needs was provided. For example training in mental health, autism and epilepsy was delivered to staff. Staff received Non-abusive Psychological and Physical Intervention (NAPPI) training to support people safely should physical intervention be required.

Staff felt supported by the registered manager. Staff told us they received supervision to discuss their work and performance every six to eight weeks. We saw the supporting records for these supervisions. The registered manager explained that all of the provider’s registered managers and team leaders had just completed training for a new supervision and appraisal system that is to be introduced in 2016. During supervisions, staff members discussed matters such as performance, people’s care needs, keyworker roles, training needs and colleague relationships. Annual appraisals would be commenced again in 2016 following the implementation of the new system.

New staff undertook an appraisal before starting work. The provider had an induction for staff that had recently been replaced with a new induction aligned to the Care

Is the service effective?

Certificate. The registered manager produced the new induction documentation to support this. The Care

Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.

Is the service caring?

Our findings

People said they were cared for by the staff. One person commented, "I'm happy here." One person's relative said, "Staff will go the extra mile." Another relative described the staff as, "A good caring team."

We observed positive interactions during our inspection. People were relaxed, calm and comfortable speaking and being in the company of staff, and staff interacted with people in a caring way. There was a calm environment within the service, with some people spending time alone in their rooms and others spending time with staff in the kitchen or communal areas. All of the observations between people and staff were positive, and with the support of the registered manager one person was able to tell us about things they did in the community. It was evident there was a strong bond between the registered manager and this person.

Staff we spoke with had an excellent understanding of the people they cared for and were aware of people's care and support needs. The care and support at the service was personalised and unique to people and this was achieved through the staff team's knowledge of the people they cared for. All of the staff we spoke were able to provide an in depth knowledge of people, their personalities and behaviours.

Staff explained people's communication abilities, how people chose to communicate and what activities they preferred at different times. The registered manager told us that although some people in the service used Makaton (recognised signs and symbols to aid communication), people had created their own variances on these

recognised signs and symbols and staff had learnt this. This showed that staff understood the needs and communication abilities of people which would reduce anxiety and distress created by poor communication skills.

People in the service had a keyworker. A keyworker is a member of a staff who provides extra support to people and to help people become better at helping themselves in their daily lives. We saw from monthly care reviews that people discussed their care and support with their keyworker. Care plans reflected these discussions, and showed people were involved in deciding what sort of care and support they received and what goals they would set themselves for the next month. We saw that with the support of their keyworker and other staff, some people had achieved their goals of things like cooking a meal with the support of staff.

Staff respected people's privacy. The registered manager explained that people had their own bedrooms and all had been offered the opportunity to have a key for their room to increase their independence and privacy. During the inspection we spoke with one person who was alone in their room in the morning, however went out with staff to the local community in the afternoon. This showed that people had choices in their daily lives as to whether they spent time alone in the service or went into the communal areas.

Each bedroom was a single room which also promoted people's privacy. Each person's bedroom was personalised with people's own possessions, photographs, artwork and personal mementoes. This helped to make each room look personal and homely. The registered manager explained how people were involved in choosing the colour of their rooms and where possible the furniture within it.

Is the service responsive?

Our findings

People were supported and encouraged to take part in social and therapeutic activities they enjoyed. Each person was able to contribute to the weekly activities they wanted to take part in. For example, some people went to a farm, to the gym or completed life skills in the house such as housekeeping and cooking. They also went to some community based events and activities of their choosing such as arts and crafts. On the day of our visit, a small group of people went out into the community for a drive and a take-away meal was being arranged for the evening. Staff at the service had access to two vehicles to support people with trips to the local community.

Some people were actively involved in assisting around the service and in the provider's farm area. This was in line with the person's preferences and we discussed this with one person and the registered manager. The person explained how they were involved in helping around the service with administrative jobs. They also told us they were very happy to be involved in supporting staff during the testing of the fire alarms, and showed us the high visibility jacket the service had provided to make them feel part of the team when doing this. This demonstrated that although people were not currently able to actively undertake employment in the community, the service had ensured where possible being given roles that made them feel involved in the service.

Care records were personalised and described how people preferred to be supported. People's individual needs and preferences were highlighted and specific personalised information was documented. For example, people's records showed risks associated with the person and how to manage identified risks. There was a positive behaviour support plan in people's records. These showed what may make a person anxious or distressed and how staff should approach the behaviour to support the person in the least restrictive way possible. This meant staff were aware of personal information about the person that may help to reduce or eliminate distress or anxiety.

People were involved in reviews of their needs to ensure they were happy with the support they received. In addition to the monthly review people received with their keyworker, people had a more in depth review every six months. The registered manager had recently introduced an innovative new method to completing these reviews which they told us had a positive effect on people using the service. During the reviews, people discussed things such as what they like in the service, what they disliked, what support they wanted and what was currently working well for them.

As part of these reviews, the person's relative or representatives would be present, with staff from the service and a reviewing officer from the local authority. Prior to the review, staff sat with the person and created a review album. Through the use of photographs and communicating with the person, the album was put together under the different headings of what people liked and what was working well for them. The review album was then created into essentially a photo album and where possible, people could explain at the reviews what they did and if they liked it. The registered manager told us this had resulted in a very positive outcome for people during reviews, with people communicating and being engaged throughout the review. They also explained how the use of photographs had resulted in family members learning new things about their relative, as some things they observed about their relative in the photographs were unknown to them.

The service had a complaints procedure. We reviewed the complaints policy and saw that guidance on how to make a complaint was available together with information on who people could escalate a complaint to if required, for example the local government ombudsman. The complaints procedure was also available in an 'easy read' format for people at the service. The service had not received any complaints from people or their relatives for a significant period of time.

Is the service well-led?

Our findings

People's relatives commented positively about the way the service was run. They told us communication with the registered manager was good and they felt informed of matters important to them. One told us, "They are good for communication, I'm happy with that." Another said, "The manager there is really good, I'm really pleased now with Bradbury House."

We received positive feedback from the staff team about the registered manager. All of the staff we spoke with commented on the commitment of the registered manager and told us they had a positive impact on the service. One staff member we spoke with told us the registered manager was, "Good to gain experience from." Another staff member said they were, "Very professional, things here get done as they need to be." Another said, "She's a very good manager." All described how the registered manager was visible and 'hands on' with people's care and support.

Staff felt valued and supported by the management team and spoke positively of their employment. All of the staff we spoke with were happy with their employment in relation to the role they performed. All told us they received the support they needed in relation to training and supervision and told us the registered manager was approachable should they require any additional support or guidance. Staff had the opportunity to feedback their views via a survey in February 2015..

The provider had surveys to monitor the quality of care provided. People completed the survey with support from staff. The survey was in an 'easy read' format and asked people if they liked living at the home, if they were happy with their keyworker, if they liked their bedroom and if they had choices and felt safe. We saw the results from the surveys were positive, with only one comment made by a person who wanted some repairs done to a wardrobe and blind. These repairs were completed for the person following the survey. Additional surveys were sent to

healthcare professionals however only one response was received. The survey asked for views on quality of care and staff at the service. The feedback in the survey from July 2015 was positive.

The management communicated with staff about the service. The registered manager told us that team meetings were held monthly and also incorporated training where required. We saw that during the meetings, matters such as people's needs and development, medication, care records, infection control and staff training were discussed. We saw that where training was provided, records were all maintained. The last training session held with staff focused on the provider's protocols and processes. For example, staff were reminded of absence and sickness procedures, medicine procedures and safeguarding reporting procedures.

The provider had a management auditing system to monitor the service. A monthly audit was completed by the operations manager. This reviewed all aspects of the service including care delivery and the management of the service. Where required, an action plan was produced by the operations manager to ensure any areas that required improvement were addressed. We saw from recent audits and action plans that staff supervision completion, staff file audits, new policy implementation and ensuring accurate cleaning record completion was identified.

The registered manager told us they received support when required from the provider. The registered manager told us they received regular performance supervision and said this was constructive. They explained how the provider was currently planning a large refurbishment to create a sensory room for people and provide some people with en-suite facilities. Additional work was being done to the 'workshop' on the premises to create additional areas for arts and crafts, a new kitchen and living area and a computer station to provide additional facilities for video calls and internet use.