

Livability

Livability Bradbury Court

Inspection report

65-77 Welldon Crescent
Harrow
London
HA1 1QW

Tel: 02089012990
Website: www.livability.org.uk

Date of inspection visit:
02 February 2022

Date of publication:
11 March 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Livability – Bradbury Court is a care home that accommodates up to 21 people across two floors, each of which has separate adapted facilities. At the time of the inspection 18 people lived at the service. People who used the service had physical disabilities. Five people living at Bradbury Court had a diagnosis of a learning disability as well as a physical disability. Most people lived there permanently, and some people spent short periods there to receive respite from their main carers.

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

People's experience of the service was positive. They were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks. Medicines were managed safely, and care staff had been recruited safely. Feedback from people showed there were no issues with the number of staff deployed.

People's needs were assessed, and care plans reflected their needs. Meals provided were discussed with people who used the service and where people required support to eat this was done appropriately. Staff were skilled and knowledgeable about people's needs and had access to an extensive training programme to learn new skills and update their knowledge. The environment was well maintained and decorated and suitable to people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had a range of quality assurance processes, including systems necessary to maintain safe environments. The registered manager and their deputy ensured policies and procedures met current legislation and were up to date. People who used the were asked of their views about the quality of the service.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximised people's choice, control and Independence. For example, people were encouraged and empowered to make their own decisions. Care staff ensured that people were supported and gave people daily choices which were appropriate to their needs and level of understanding and ability.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights. Staff knew people well and established positive relationships with them. Peoples dignity, privacy and human rights were maintained. While people were treated and supported as an individual and we saw that the service had made improvements around providing individual stimulating activities.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. People who used the service accessed the local community for activities and day to day tasks such as shopping for personal items independently or with staff support. People were put first, and activities and facilities were tailored towards peoples wishes and needs. The new leadership team was open and transparent and easy to talk to. They listened to people who used the service, staff and visitors to discuss concerns and improve the service for people who used the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update - The last rating for this service was requires improvement (published 24 December 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

We carried out an unannounced comprehensive inspection of this service on 25 September 2019. We found breaches of legal requirements during this inspection. The provider completed an action plan after the last inspection to show what they would do and by when to improve the management of medicines and the effectiveness of the quality monitoring of medicines administration

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bradbury Court on our website at www.cqc.org.uk.

Follow up

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

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Livability Bradbury Court

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Bradbury Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

We used all this information to plan our inspection.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with five staff this included the registered manager, the deputy manager and care staff.

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

After the inspection –

We continued to seek clarification from the provider to validate the evidence found. This included quality assurance documentation and training information.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines for people who used the service were managed safely.
- We assessed progress with any areas for improvement identified in our last inspection of September 2019 to determine if medicines were managed safely. We found examples of good practice in relation to the management of medicines, including storage, disposal, completion of medicine records (MARs), and the administration of medicines.
- The service had improved their systems around the administration of medicines. All medicines were counted and audited following each medicines round to ensure that they had been administered correctly and people received their medicines as prescribed. As a result of this medicines errors reduced.
- Staff received regular medicines training and their competency was assessed to ensure they followed the agreed practice around administration, recording, storage and disposal of medicines.
- All people had a medicines profile and risk assessment to provide clear guidance to staff of how people were supported around their medicines.
- The registered manager audited peoples medicines in regular intervals to respond to any irregularities swiftly and safeguard people against their medicines being administered inappropriately.
- People who used the service told us that they had no concerns around how they received assistance around their medicines. One person told us, "They [staff] help me with my tablets, they explain what tablets they give me."
- The service adheres to STOMP (stopping over medication of people with a learning disability), autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the overuse of these medicines.

Learning lessons when things go wrong

- The service ensured that accidents and incidents in relation to people who used the service were audited and analysed to minimise the risk of them happening again.
- During our inspection in September 2019 we were concerned how the service was dealing with incidents of medicines errors. During this inspection we found that the service had made improvements. For example, the registered manager had introduced a robust medicine monitoring system and any incidents in relation to the administration were analysed and an action plan was put into place to reduce the risk of such incident happening in the future again.
- Accidents and incidents were monitored. There was a system for managing accidents and incidents to reduce the risk of them reoccurring. There were clear records to show how the service had managed incidents to make improvements to the service. For example, incidents were discussed with staff during team meetings and supervisions, Staff understood their duty to raise concerns and report incidents and near misses.

Systems and processes to safeguard people from the risk of abuse

- Robust systems and processes were in place safeguarding people who used the service of the risk of harm and abuse.
- People told us they felt safe in staff presence. One person told us, "I am very safe, they [staff] look after me very well." Another person said, "I am very safe here, the hospital is near, the GP just around the corner, I like living here."
- The registered manager showed over the past twelve months that the service responded to any safeguarding allegations and reported them swiftly to the appropriate authorities and undertook in-depth investigations. For example, a recent concern raised by a family member had been investigated in-depth and an action plan had been put into place to reduce the risk of similar events from happening again in the future.
- External health and social care professionals confirmed that the number of concerns they received had reduced, and overall, they were satisfied with how the service dealt with any concerns.
- Staff received training in safeguarding people from abuse and what action to take if they were concerned about people's safety. Staff we spoke with understood how to protect people from harm. They told us, "I would always report anything to the registered manager or a senior member of staff on shift."

Assessing risk, safety monitoring and management

- There were effective systems and processes in place to minimise risks to people. Risks to people had been identified, assessed and reviewed.
- Care plans provided information about how to support people to ensure risks were reduced. This included risks arising from medical conditions such as diabetes and environmental hazards. The environment was free from visible hazards.
- Each person's support plan was personalised to them. Care staff were aware of the triggers to specific behaviours that may challenge the service and used the least restrictive way to make sure people were safe.
- Where people were not able to contribute to their risk assessments due to communication difficulties the service ensured that relatives and advocates were involved in this process and their views and contributions were sought.

Staffing and recruitment

- There were sufficient care staff deployed to keep people safe. The service did not experience any workforce pressures due to the COVID 19 pandemic. People told us that staff responded to their needs swiftly. One person said, "If I ring the bell staff come fairly quick. There are enough staff around to help me."
- Appropriate recruitment checks had been carried out for all care workers. Their personnel records showed pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). These checks helped to ensure only suitable applicants were offered work with the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting care homes

- The service supported relatives to visit people who used the service. They set aside a spare room which can be used by people and relatives. The service also supported people to visit their relatives and friends in the community or local parks.

Vaccinations as Conditions of Deployment

- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.
- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed regularly to ensure the care was provided in line with their preference and the service was meeting their needs.
- People's assessed needs formed part of their support plans and risk assessments. Agreed goals of care were delivered in line with standards, guidance and the law.
- People's assessments covered a wide range of areas including their choices and preferences. People told us they received the care they needed, and their choices and preferences were responded to. One person said, "They [staff] talk to me about I need and we would look at things how we can improve this."

Staff support: induction, training, skills and experience

- Care staff had the appropriate skills and training. They demonstrated good knowledge and skills necessary for their role. We were able to view training documentation that confirmed the required competencies had been achieved.
- New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
- The registered manager told us newly employed care workers also shadowed experienced members of staff until they felt confident to provide care on their own. This ensured they were prepared before they carried out their first visit to people's homes.
- We saw records confirming that supervision and support were being provided. Care staff who had been at the service for longer than a year also received an annual appraisal.

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

- People who used the service were appropriately supported to eat and drink and maintain a healthy and well-balanced diet.
- People who used the service told us that they enjoyed their meals and were able to choose what they wanted to eat. One person said, "I am safe, the food is fine it has improved, I can make a choice of what I want to eat."
- We observed mealtimes and noticed that they were relaxed and if people required assistance to eat their meals staff supported them appropriately.
- People who required to have a specific diet due to their health care conditions had support guidance and risk assessments formulated which ensured staff supported them in accordance to their needs.

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

- People's health needs were met. The management and staff were knowledgeable of people's physical and mental health needs. They knew when to seek specialist input and how to obtain it. People's support plans identified their needs and input from a range of professionals, including GP, speech and language therapists and occupational therapists.
- Each person was registered with a GP and had an annual health check. An annual health check provides an important means for routinely checking the general health status of adults with learning disabilities.
- People with learning disabilities and autistic people had a health action plan (HAP) that was reviewed regularly. Each HAP included as a minimum a health checklist, including COVID 19 vaccination, health professional contacts and details of medication and other treatments.

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

- Bradbury Court is a well-adapted and designed home suitable for people's needs. Communal areas were spacious and easy to access independently by people using wheelchairs. While Bradbury Court was a larger than usual care home for people with learning disabilities and autistic people it still maintained attributes required for people to use the home independently. For example, throughout the home were signs and pictures helping people getting a better understanding what each room was used for. Activities provided were suitable for people with or without a learning disability and tailored to individual needs.
- All rooms had en-suite facilities and a small kitchenette which allowed people to prepare small meals independently and store personal food items if they wanted to.
- People who used the service personalised their rooms and decorations reflected their wishes and choices as well as any cultural preferences. For example, we saw in rooms posters of the football team they supported or pictures of their families and holidays they took part in before or while they lived at Bradbury Court.
- People at Bradbury Court had access to a sheltered and enclosed courtyard and the registered manager told us that they were currently in the process to seek funding for a BBQ area and sensory garden which can be accessed and used by people.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Where people lacked capacity to make some decisions the service applied for a DoLS authorisation from the placing authority. Currently five people had a DoLS authorisation in place. The registered manager had a clear system in place to ensure that the authorisations were reviewed and renewed within the given time scale.

- People told us that they were able to make their own decisions and staff would ask them if they wanted to have support and assistance.
- The service had a service user champion, this was a person using the service, who will advocate for the people living at Bradbury Court and attends meetings with the wider organisation.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- During our inspection in September 2019 we found the service was not well-led and we rated the provider as 'Requires Improvement' in this key question. This was because further improvements were required. The provider's systems and processes did not enable improvement. At this inspection we found that progress had been made.
- We found that the service had implemented robust quality monitoring systems for a wide range of issues. This include regular infection control audits, medicines audits and Health and Safety audits. Records viewed were robust and effective and demonstrated evidence that actions were documented and followed up until they were completed.
- The culture and vision of Bradbury Court was to engage and involve people in the service. They demonstrated this by having a champion elected by people who used the service to advocate and speak on their behalf.
- The registered manager and her deputy were passionate and committed to providing quality care. They were knowledgeable about regulatory requirements and issues relating to the quality of the service. People who used the service spoke positive about the home and told us that the service had improved since our last inspection.
- People who used the service described the managers in complimentary terms. For example, one person said, "[Name] is always around and her door is always open."

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

- People confirmed care was planned to meet their needs, preferences and interests. One person told us, "I am happy with my care, staff come around to talk to me about it, but I can't remember how often. I am happy with what is written in my care plan it is relevant to me."
- There was a range of formal systems to ensure people had choice and control over their care. People participated in regular meetings and a person appointed by people who used the service attends meetings with the provider to raise any issues relevant to people living at Bradbury Court. For example, some people at Bradbury Court expressed the wish for the service to become a supported living service and this had been discussed with the registered manager and registered provider.

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

- The leadership was open and honest with people when things went wrong. We had been notified of notifiable events and other issues.

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

- Staff felt involved and empowered to raise concerns. One member of staff said, "We have regular team meetings where we can raise any issues with the manager. If we don't want to wait until the team meeting, [Name] is always available for a chat and her door is open."
- People told us that they had regular meetings to discuss what they want to do and what activities they want to take part in. We saw minutes of these meetings which confirmed this. For example, some people said that they would like the service to change to a supported living service and this had been escalated to the senior leadership for further discussion.
- Relatives were invited to take part in care plan reviews and their views were sought and included if people lacked verbal communication skills. Documents were provided in pictorial format to support people with learning disabilities to understand them better.
- The registered manager told us that they did a staff survey in January 2022. However, the analysis of this survey had not been completed at the time of our inspection. The registered manager said on initial assessment feedback received was generally positive.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010.

Continuous learning and improving care; Working in partnership with others

- There was evidence the service maintained a good working relationship with all health and care services to enable multi-disciplinary teamwork. The registered manager and her deputy knew when to seek professional input and how to obtain it. For example, they took part in regular meetings arranged by the local authority to discuss COVID 19 pressures.
- The service worked in partnership with a range of health and social care agencies to provide care to people. These included GPs, psychologists and district nurses. There was also ongoing work with the local authority.
- There were quality assurance systems to assess and monitor the quality of the service. One of those was an accidents and incidents system to check for a common cause, trend of incidents and learning points.
- Accidents and incidents were appropriately investigated and escalated. This supported effective decision making and allowed for action where performance was not meeting standards. There was evidence improvements had been made in relevant areas, such as the administration of medicines.