Leonard Cheshire Disability

Bradbury House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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?	Outstanding ☆

Summary of findings

Overall summary

About the service
Bradbury House is a care home providing personal and nursing care to 23 younger adults, under the age of 65, with physical support requirements, The service can support up to 25 people.

People's experience of using this service and what we found
The provider's vision and values to promote a highly person-centred culture and place people at the heart of the service, at Bradbury House, was driven by the exceptional leadership of the registered manager.

The whole staff team were incredibly enthusiastic and passionate about the services they provided. They were highly motivated and said they were proud and inspired to deliver a high quality, caring service. A relative commented, "As a family we cannot believe how lucky [Name] is to have these wonderful people in their life. The care is beyond exceptional."

Staff at Bradbury House demonstrated that they were extremely committed to making a positive difference to people's lives. They were exceptionally caring and often went the extra mile to support people to a more fulfilled life.The service was entirely flexible and provisions were changed and adapted to meet people's current needs and choices. There was excellent communication with external professionals to ensure services achieved positive outcomes for people.

People were extremely well-cared for, relaxed and comfortable. A staff member said, "Staff and people are friends, people see us more as friends rather than carers." Care was completely tailored to each individual. Staff demonstrated an excellent understanding of each person's support needs and their personal preferences. They knew people and their histories very well.

Strategically the provider highlighted and influenced national policy to bring about a more inclusive society for people who were disabled. They supported children and adults overseas and in this country to ensure equal opportunities; the right to education, work, accessible transport, suitable living support and digital technology.

Staff training at the service was up-to-date and bespoke training was provided. The management team supported staff and encouraged them to become highly skilled and knowledgeable The registered manager had ensured resources and skilled staff were available to support people.

People and their relatives were involved and supported in decision making. 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 building was very well-designed, accessible, light and spacious for the comfort and inclusion of people. A relative said, "The fact [Name] is allowed to personalise their own room exactly how they want it is

fantastic. It's like living in a five-star hotel."

A range of activities were arranged to maintain people's links with their local community and provided further opportunity for social interaction with family and friends. Risks were very well-managed. People, relatives and staff were confident about approaching the registered manager if they needed to.

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

Rating at last inspection
The last rating for this service was good (published 20 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our effective findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Bradbury House - Care Home with Nursing Physical Disabilities

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.

Inspection team
An inspector and an Expert-by-Experience carried out the inspection. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Bradbury House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, two registered nurses, two team leaders, three support workers, the activities co-ordinator and one relative. We also spoke with four volunteers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from a relative.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. They all said they were safe living at the home. One person commented, "I feel quite safe here, the staff are brilliant."
- Staff had a good understanding of safeguarding. They had received safeguarding training and had access to a whistle blowing policy which detailed how to report any concerns. One staff member said, "I have received safeguarding training, if I had concerns I'd speak with a senior."
- The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.

Assessing risk, safety monitoring and management

- Systems were in place to assess and monitor risk and to keep people safe.
- Information from risk assessments was transferred to people's care plans to ensure people were supported safely, including positive risk talking. Risk assessments were reviewed regularly.
- The provider helped ensure people received support in the event of an emergency. Managers were able to be contacted should staff require advice or support.

Staffing and recruitment

- There were enough staff to support people, including people who received 1-1 support. Staffing levels were flexible and were determined by the number of people using the service and their needs.
- Effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- People received their medicines safely. Where people were prescribed 'when required' medicines, this was supported by a separate protocol for staff to follow. Staff were trained in handling medicines and a process was in place to make sure each worker's competency was assessed.
- Systems were in place for the ordering, storage, administration and disposal of medicines.

Preventing and controlling infection

- The premises were very clean and there was a good standard of hygiene. The kitchen hygiene latest rating was grade five. A relative told us, "The home is always clean, tidy and smells lovely." Staff received training in infection control to make them aware of best practice.

Learning lessons when things go wrong

● A system was in place to record and monitor incidents to ensure people were supported safely.
● Any incidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.

● Safety issues were discussed at meetings to raise staff awareness of complying with standards and safe working practices.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act 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.
- The registered manager had submitted DoLS authorisations appropriately. When authorised these were monitored and reviewed.
- Staff ensured that people were involved in decisions about their care. They knew what they needed to do to make sure decisions were made in people's best interests.
- Where people did not communicate verbally, staff had a good understanding of people's body language and gestures and only supported people when they were sure they were happy.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Before people received care a detailed assessment took place to check if their needs could be met, including their oral care needs.
- Staff used nationally recognised tools and guidance to assess areas of risk and people's individual needs. Care interventions were completed consistently, to ensure needs were met safely and effectively.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. A relative told us, "The level the staff are trained to is amazing."

Staff support: induction, training, skills and experience
- Staff received training including any specialist training to ensure people were supported safely and their needs were met. One staff member commented, "We get lots of training, including for any specialist needs of

people" and ""We keep up-to-date with clinical competencies, such as catheter care, PEG (tube inserted directly into the stomach) feeding and tracheostomy care."
● Staff completed an induction programme at the start of their employment, that included the Care Certificate. New staff shadowed experienced staff until they, and management were satisfied they were competent.
● Staff received supervision and appraisal and had opportunities for personal development and career progression.. Several staff told us they "loved" working at the home." Another staff member said, "It is amazing working here. We are really well-supported by management."

Supporting people to eat and drink enough to maintain a balanced diet
● People received drinks and varied meals at regular times. One person said, "There is enough food. They [catering staff] will make me something else if I don't like anything on the menu." A relative commented, "The food is always lovely."
● Where people were at risk of poor nutrition they were supported to maintain their nutritional 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 and well-being was supported and promoted.
● Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.
● Access to regular primary health services, such as GPs, dentists, occupational therapists and opticians was well-documented.

Adapting service, design, decoration to meet people's needs
● The building was well-maintained and designed to meet people's needs. Doorways were wide to accommodate wheelchairs as people moved around independently. An adapted kitchen with lowered worktops and sink was available for people to use. There was floor to ceiling glazing, so people had uninterrupted views to outside.
● Corridors and communal areas were bright, airy, spacious and well-lit. There was access from all bedrooms to patios and garden. Bedrooms were personalised and homely.

Outstanding ☆

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. (

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

● The ethos of the organisation promoted an exceptionally strong person-centred culture where people were empowered and were at the heart of the service. A relative commented, "The care [Name] receives is beyond exceptional. The moment you step foot into Bradbury House, you get an overwhelmingly warm and homely feel" and "The caring is absolutely amazing."

● Staff demonstrated these values through their passion to empower people to live ordinary lives, be part of the community and strive to reach their full potential. For example, supporting a person to do a Zip Wire challenge. Another person, hadn't gone out for eight years due to a lack of confidence. Due to the highly passionate and consistent staff support, this person has since gained the confidence to attend a number of social events including a concert. There were plans for another person to try to go on holiday. supported by staff.

● Staff were highly devoted to ensuring people experienced a positive transition into the home, from other services. For example, where it had not been possible for a person to visit the home before moving in, staff made every effort to get to know them as much as possible to help them feel welcome. Their relative commented that a person's transition by staff into the service was flawless. "The training and preparation staff had done prior to [Name] arriving was monumental and so detailed."

● Staff provided exceptionally caring and compassionate support. They had developed remarkably positive and caring relationships with people and their relatives. They communicated sensitively and appropriately with people both verbally and through body language. A person told us, "Staff do listen to me and we have a good banter." Staff said they enjoyed their work. A relative said, "They [staff] make you feel like [Name] is the only person who matters, rather than just being someone, they look after for a job."

● Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

Respecting and promoting people's privacy, dignity and independence

● Staff were passionate about supporting people to learn new skills, and improve their independence, regardless of the level of need. For example, a person, severely injured in a previous accident had made some remarkable improvements due to staff support and care. This had resulted in plans for them to move into their own accommodation with 24-hour care. Another person, had been supported to manage their own finances, which had given them a sense of independence and increased self-esteem.

● Staff placed great importance on finding out about people's preferences before they moved to the home. Their views were shared to help ensure the care they received was consistent. One relative told us, "When [Name} arrived on their first day, the staff began interacting with them like they had known them for years.

They knew [Name]'s likes and dislikes, favourite colour, all our family members so they could immediately engage in conversation with [Name]."

● People were empowered and supported to be involved in the running of the service to help improve their confidence and independence. For example, they were involved in staff recruitment, décor choices, menus, holidays and leisure activities.

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

● Great care was taken to involve people in making choices and decision making. People said they understood the care and treatment choices available to them and were given appropriate information and support.

● Information was accessible and was available in a way to promote the involvement of the person. For example, policies and procedures, newsletters and meeting minutes were available in pictorial format and symbols, which also gave people ownership.

● Guidance was available in people's support plans which documented how people communicated. Person-centred communication methods such as electronic tablets, pictures and other bespoke methods of communication were used if required. A relative commented, "[Name] has learnt new communication skills. They can now nod and shake their head when asked a simple question, and also wave."

● The provider employed a regional customer support advisor, to ensure that all people had a voice and were fully supported to make informed decisions. For example, a person had recently been supported by the advisor so they had control and access to their own finances which had previously been managed elsewhere.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care was delivered by a team of consistent staff who knew people well. A relative said, "[Name] has a dedicated small team of carers who look after them, the care, love and devotion each one shows towards [Name] is incredible."
- People had assessments, which covered all aspects of their physical, emotional, psychological and social needs. Information detailed what was important to the person and how they wished to be supported to achieve their goals.
- People, relatives and appropriate professionals were involved in the development of people's care plans and how staff should provide care. Regular individual meetings took place to discuss their care and support needs which also included discussion about their plans for the future and their aspirations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information, documents and notices were available to people in different formats, including easy read.
- Detailed communication plans were in place in which described how people communicated and the words and gestures they used.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain friendships and relationships. This included spending time with relatives where possible.
- Access to activities supported people to meet new people and maintain friendships. People told us they enjoyed a range of activities and outings. A relative told us, "The social life Bradbury House has enabled [Name] to have is beyond anything I ever imagined possible. [Name] goes out every day." A person told us, " I enjoy going to concerts and the pub."
- Staff maintained an oversight of people's participation in activities and trips to ensure they were offered regular opportunities to participate. It was respected where people did not want to be involved.

End-of-life care and support

- At the time of inspection, no person was receiving end-of-life support.
- Staff followed the Gold Standards Framework for end-of-life care and some staff had also completed other

specialised training to ensure people received person-centred care at this important time.

Improving care quality in response to complaints or concerns

● People had a copy of the complaints procedure which was also available in an easy read format. A record of complaints was maintained. They were handled in line with the provider's policy.

Outstanding ☆

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 the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

● All people were at the heart of the service. The management team showed their passion and commitment to ensure a person-centred culture. A relative commented, "You will never find a better and more dedicated group of staff in a more beautiful, happy home. As a family we thank our lucky stars that [Name] lives there."

● Various stakeholders were tasked with ensuring the organisation was meeting its objectives and that they were providing a safe and effective service for all people who experienced the best outcomes.

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

● An exceptionally motivated and enthusiastic staff team was in place, led by a highly-motivated management team. Everyone worked together to follow best practice and achieve extremely positive outcomes for people who were referred to the service. A staff member told us, "I love working here, I really believe in the ethos."

● The quality assurance process was highly effective. It reduced the risk of harm to people and promoted reflective and outstanding practice. Governance was firmly embedded into service provision with a very strong quality assurance structure.

● The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service.

Continuous learning and improving care

● The provider's ethos was a "Fair and inclusive world where everyone can live as they choose." They promoted nationally and overseas the rights of people within the wider population as well as within their service provision. They campaigned and lead various initiatives to improve the lives and rights to equal opportunities for people with physical disabilities including access to work, transport, education and technology.

● There was an ethos of continual improvement and keeping up-to-date with best practice across the service.

● The provider was passionate about ensuring all staff, regardless of their role, had the opportunity to develop their skills and receive the best training available. Staff were champions and had responsibility for leading on different aspects of care. A relative told us, "The level the staff are trained to is amazing. More places could learn a thing or two from Bradbury House on how to train carers and nurses to such an exceptional level. You can't tell the difference between who is a nurse and who is a carer because the skills

are that well-taught and carried out by staff."

Working in partnership with others
● Within Bradbury House there were several examples of "good news" stories where staff had worked in partnership with other social and health care professionals to ensure people received care appropriate to their needs and to enable them o enjoy a better quality of life
● The management team had grown their networks with other services, partnership agencies and local businesses. They took a pro-active and practical approach to involving themselves in local and national projects and initiatives. A stakeholder commented, "We find the provider responsive to needs and willing to work with us on developments."
● The provider ran a volunteer scheme and used overseas volunteers in the service who were provided with accommodation and education about speaking English, as well as supporting people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There was consistent strong engagement with people, relatives, staff and external professionals. Action plans were developed which showed the management team and staff were persistently striving for excellence through consultation, research and reflective practice.
● People and staff's equality, diversity and human rights were respected. Lesbian, Gay, Bisexual, Transsexual [LGBTQI] information was available. The service advertised the organisation's Pride Network that promoted people's rights to acceptance and inclusion.
● Various meetings were well-established locally and nationally and everyone was encouraged to take an active role and in the development of service provision.
● People's awareness was raised and they received a range of information such as health and safety, data protection and other relevant topics to safeguard them. They were kept very well-informed about events in the service and initiatives in the community.

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 provider had robust procedures in place regarding reporting and acting and learning from when things went wrong.
● The registered manager was aware of their responsibilities with regard to Duty of Candour. They were open and honest but they had not needed to use the Duty of Candour.