

Bradbury House Limited

Street Farm

Inspection report

The Street
Draycott
Cheddar
Somerset
BS27 3TH

Tel: 01934744930

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Street Farm is a residential care home providing personal care to up to 11 people with a learning disability. The service comprises of the main house which accommodates 6 people and 5 flats at the rear of the property. At the time of our inspection there were 11 people using the service.

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

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.

Right Support

The service design and model did not fully meet the principles of Right support, right care, right culture. This is because the service is larger than what is usually considered practicable to provide person-centred care and support. The service was registered with us prior to the Right support, right care, right culture guidance was implemented. The service however was able to demonstrate they met these principles, 5 people had their own flats and people received person centred care and support.

People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals. The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.

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. Staff supported people with their medicines in a way that achieved the best possible health outcomes.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

There had been a turnover staff, but the service had ensured staff got to know people well. People's relatives thought communication with the management could be improved. People led inclusive and empowered

lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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 08 November 2018).

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 inspection was carried out to follow up on action we told the provider to take at the last inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Street Farm

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. 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 1 inspector and an Expert by Experience made telephone calls to people's relatives. 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

Street Farm 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. Street Farm is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also responsible for overseeing 4 of the providers other services. There was also a deputy manager in the service who was responsible for the day to day management of the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people and 7 relatives about their experience of the care and support provided. We spoke with 6 staff members including the registered manager. We reviewed a range of records. This included 3 people's care records and medicine records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from 1 visiting professional.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they usually felt safe living at Street Farm. A person told us, "Yes I do [feel safe]. I have my own door key. If I had any concerns, I would tell staff and I think they would listen." Another person commented, "Yes, I can phone or buzz staff if I have any problems." However, we received some feedback regarding people feeling 'sad' and 'angry' when there were incidents within the home. People told us they took themselves to their rooms or flats during these times to keep themselves safe.
- Relatives also commented on their family members safety during incidents at the service. Relatives had not always felt they were made aware and given assurances by the service or actions taken. We discussed this with the registered manager and provider who told us they had recognised this and had contacted people's relatives.
- Staff told us people were safe. Staff said if they had any concerns about poor standards of care, they would not hesitate to report them. A staff member said, "I would go to [Name of deputy manager] then up through the chain to [Name of registered manager] and higher up, I am happy they would take action, if they didn't I would go to the Care Quality Commission (CQC). I do think people are safe here." Staff received safeguarding training.
- The service had reported safeguarding concerns to the local authority and the CQC as required.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and recorded. People had individual risk assessments. We reviewed examples of risk management in relation to internet safety, COVID-19, accessing the community and preparing meals. There was guidance for staff on managing these risks. Risk assessments supported people's independence. Staff were aware of the risk assessments in place.
- If people became anxious, leading to incidents, there were detailed plans in place about how staff should support people at these times.
- There was minimal restraint used in the service. Staff told us they knew people well and avoided people's triggers. Staff told us incidents were manageable and they were trained to support people at these times. The training staff received was certified as complying with the Restraint Reduction Network Training standards.
- Health and safety checks were completed in the home, such as ensuring the fire alarm system and equipment were checked and serviced. Along with safety checks on the gas, water and electricity.
- Regular fire drills and testing of the alarm system were undertaken. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required in an emergency situation.

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

- We found the service was working within the principles of the MCA. People told us they made decisions about their lives. Where people lacked the capacity to make decisions mental capacity assessments and best interests decisions were in place. We viewed capacity assessments relating to people's finances and medicines.
- No one living at the home required a DoLS. People had chosen to live at Street Farm.

Staffing and recruitment

- People told us there were enough staff to support them to do what they wanted. A person told us, "Yes there are enough staff." Another person commented, "I think there are enough staff at the moment."
- We received some mixed feedback from people's relatives relating to staffing. One relative told us, "They have a regular staff team who go over and above for example they go in on their days off and stay later if they need to." Another relative commented, "There have been staff shortages and there are a few new ones. [Named 2 staff members] are very stable."
- Staff told us they picked up additional hours to cover any staffing shortfalls, for example staff sickness. A staff member told us, "We struggle sometimes, we do overtime to cover. We are a small staff team and we cope very well, there is no impact on people."
- Rotas were arranged to meet people's needs and commissioned hours.
- The service operated recruitment processes to check staff's suitability for the role. This included requesting references from previous employers and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. One staff member had gaps in their employment history, we discussed this with the deputy manager who addressed this during the inspection.

Using medicines safely

- People told us they managed their own medicines with some staff support and they were happy with this arrangement. There were measures in place to ensure people were able to manage their medicines safely. Not all of the measures were recorded in people's care plans. We discussed this with the deputy manager who recorded this during the inspection.
- Medicines were stored safely. People were involved in managing their own medicines as much as they could be or wanted to be. There were annual assessments in place to determine if people could manage their own medicines safely.
- People had a record of the medicines they took in their care plan and there were systems in place to record when people took their medicines.
- Staff had received medicines training, and an annual competency check.

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 supporting people living at the service to minimise the spread of infection.

- 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 responding effectively to risks and signs of infection.
- 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 in care homes

The service was enabling care home visits in line with government guidance.

Learning lessons when things go wrong

- The registered manager and provider gave examples of where lessons had been learned. We received information from a relative relating to an incident where a person became unwell. The relative raised concerns relating to the timescale of the person receiving medical input. The provider had been made aware of the concerns and had referred them to the safeguarding team. The provider had investigated this and they told us lessons had been learned. A process had been put in place to ensure medical attention was sought in a timely way.
- Accidents and incidents were reported and recorded. These were reviewed by the registered manager and provider. Following incidents, actions were taken to prevent reoccurrence. Risk assessments and care plans were updated following incidents.
- There were systems in place to share learning from incidents amongst the staff team.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Not all of the relatives we spoke with felt they knew the registered manager and we received some mixed feedback regarding the communication and management of the home. A relative told us, "I don't think communication is overly good." Another commented, "I don't know who the manager is, [Name of deputy manager] I'm not sure." Other comments from relatives included, "I get on well with the managers" and "I don't see much of the registered manager, I speak to the staff. They are a great team." We discussed this with the registered manager and provider who told us they had recognised this was an area they needed to focus on, and they had plans in place to address this such as contacting people's relatives.
- People knew who the registered manager and deputy manager were and told us they felt able to talk to them or the staff about any concerns. They also told us they knew who the providers operations director was.
- There was a clear management structure in place. At the time of the inspection the registered manager was responsible for managing 4 of the provider's other homes with the help of the providers peripatetic manager. The deputy manager was responsible for the day to day running and was present in the home. The registered manager supported the deputy manager and confirmed they visited the service weekly where possible and contacted the deputy manager daily. Staff confirmed the registered manager was contactable when they were not in the service.
- There were systems in place for people, relatives and staff to give feedback and engage in the service.
- People held monthly residents meetings to discuss any items relating to the home. An agenda was made available for people to add the points they wanted to raise and people took turns in chairing the meetings. Items discussed included safety, household chores, activities and menus.
- Key worker meetings were held each month; this was an opportunity for people to review their goals and give feedback with the support of staff. The provider had also recently arranged 'It's all about you meetings' for people to attend at the providers head office. People told us they had attended these, given their feedback on the service and raised any concerns.
- Relatives were given the opportunity to give feedback via an annual survey.
- Staff confirmed regular staff meetings were held and they felt able to speak up and voice their opinions.

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

- There was a person centred and positive culture in the service, people were supported to live fulfilled lives and achieve their chosen outcomes. Staff told us how people had been supported to engage with the local

bus company as they were reducing the buses on the routes people used. This had led to a positive outcome and a new bus company had taken over the route, which meant people were able to maintain their independence and community presence.

- People told us they were happy living at Street Farm and happy with the staff supporting them. A person told us, "It's good, I like it here. There are good staff, I do a lot of activities and can do what I want. I tell the staff what time I am going and coming back, I can go into Wells independently."
- Relatives commented positively about the service and the staff team. A relative told us, "[Name of relative] loves the staff and is happy with them as am I." Another relative commented, "[Name of relative] has friends there and is settled quite well. They have come on quite well and can now do things they said they would never do. [Name of relative] feels more grown up and independent."
- Staff morale was good. Staff commented positively about working in the service and the people they supported.
- Staff also commented positively about the registered manager and deputy manager. A staff member told us, "They are good. [Name of deputy manager] is approachable [Name of registered manager] is here and very approachable if we need anything." Another staff member told us, "[Name of registered manager] is fine, I could approach them, ring them or chat with them, they are good."

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 registered manager and provider were aware of their responsibility to act openly and honestly when things went wrong. We saw examples of where the service acted on their duty of candour.
- Staff knew they had to report concerns to the manager and were confident that these would be acted upon.

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

- There were effective systems in place to monitor and improve the quality and safety of care provision.
- The registered manager and provider had a range of quality assurance checks in place, areas covered included; health and safety, care plans, records and medicines.
- The provider's senior team also completed a range of audits to monitor the quality and safety at the service.
- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

Continuous learning and improving care; Working in partnership with others

- The registered manager and deputy manager attended the provider's management meetings to keep themselves up to date with current practice and share learning and good practice.
- Staff told us learning from incidents was discussed and shared amongst the team. A staff member told us, "We learn from incidents and put protocols in place. We are asked what we think and we can speak up."
- The service worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.