

# Abbeyfield Society (The) Bradbury House


## Inspection report

Wasdale Road  
Gosforth  
Seascale  
Cumbria  
CA20 1AU  
Tel: 01946 725061  
Website: abbeyfield.com

Date of inspection visit: 19th June 2015  
Date of publication: 15/07/2015

### 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?

Outstanding 

Is the service well-led?

Good 

### Overall summary

This was an unannounced inspection that took place on 19th June 2015.

Bradbury House is a modern, purpose built care home for up to nineteen older people. It is situated in the rural village of Gosforth and is near to all the amenities of the village. The home has a well-designed garden and a small car park. The home has its own transport.

All accommodation is in single, ensuite rooms and the home has a large dining and sitting room and a smaller quiet lounge.

The home is owned by the Abbeyfield society, a charity which runs similar homes throughout the country.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

# Summary of findings

The registered manager and the staff team understood their responsibilities in safeguarding vulnerable adults. Staff had received training and knew how to make a safeguarding referral.

Accidents and incidents in the home were reported, monitored and suitable changes put into place to lessen risk.

Staffing levels met the needs of the people in the home. The care ratios had been increased to ensure that good levels of care were delivered.

Recruitment and disciplinary procedures were being carried out correctly.

There had been two medication errors and suitable training and checks were in place to lessen the risk of human error. Medicines were in order when we inspected the ordering, administration and disposal of medicines.

The home was clean and orderly with suitable measures in place to prevent cross infection.

We had evidence to show that staff received suitable induction, support and training to develop their skills and knowledge. Staff received supervision and appraisal in a timely fashion.

The staff team understood the legislation around capacity and deprivation of liberty. No one was deprived of their liberty when we inspected. We had evidence to show that people were able to go out when they wished.

There was good quality food provided. People said it was well prepared with lots of choices. They could influence menu planning. Nutritional planning was in place and people were kept well hydrated.

People told us they saw health care professionals when necessary and we saw evidence of regular visits from specialist practitioners.

Bradbury House was a purpose built building and was suitably adapted to meet the needs of older people. The house was well maintained.

We observed staff working with people in a sensitive and polite way that helped to maintain their dignity. People told us they were valued and treated with respect. People had interventions explained to them patiently and appropriately.

We saw evidence to show that people's privacy was respected. We had a lot of evidence to show that independence was supported.

End of life care was delivered correctly with support from local health care providers. Suitable records were in place about wishes at the end of life.

We saw detailed and up to date assessments and care plans. People told us they were involved in planning their own care.

A wide range of activities and entertainments were on offer. People told us they felt very much part of the life of the local community.

Concerns and complaints were handled appropriately. People told us they felt confident enough to raise any issues with the staff team.

The home had an experienced and suitably qualified manager who imparted the visions and values of the organisation to the staff team. The team worked well with other providers.

Quality monitoring was in place and changes made when people felt that the service needed improvement. Regular internal and external audits were completed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff understood their responsibilities in keeping vulnerable people safe from harm and abuse.

Staffing levels met the needs of people in the home.

Recruitment was managed correctly so that only suitable staff cared for vulnerable adults.

Good



### Is the service effective?

The service was effective.

Staff received suitable training and support to develop into their roles.

The registered manager and the staff team understood their responsibilities under the Mental Capacity Act 2005.

People were supported to have good levels of hydration and nutrition.

Good



### Is the service caring?

The service was caring.

Staff interacted with people in the home in a patient, respectful and caring way.

People told us they were kept well informed and any interactions explained to them.

End of life care was managed appropriately with people being supported by the staff and local health care practitioners.

Good



### Is the service responsive?

The service was responsive.

Assessment and care planning was person centred, up to date, detailed and constantly under review.

A wide range of interesting and innovative activities and entertainments were on offer and people were very involved in the community.

Complaints and suggestions were encouraged and dealt with appropriately.

Outstanding



### Is the service well-led?

The service was well led.

The home had a suitably qualified and experienced manager who was registered with the Care Quality Commission.

The values in the home were inclusive and person centred.

Systems were in place so that quality assurance was working well in the home.

Good



# 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 checked 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 took place on 19th June 2015 and was unannounced.

The inspection was conducted by the lead inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses care services for older adults.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also reviewed safeguarding notifications and data we gather about hospital admissions and staffing information. We planned the inspection using this information.

The expert by experience and the inspector spoke to eighteen of the nineteen people in the home on the day. We also observed how people in their environment and how they interacted with each other and with staff. We also spoke to five visiting relatives or friends.

We spoke with five members of care staff, the cook and the kitchen assistant and to one of the housekeeping staff. We observed how they went about their daily tasks. We also spent time with the registered manager.

The inspector read eight case files which included assessments, care plans, reviews and daily notes. We also looked at health and social care review meeting minutes. We checked on the medicines in the home.

We were given copies of the last four weeks of rosters. The inspector read six staff files which included recruitment, induction, training, supervision and development records. We had sight of disciplinary action paperwork. We received an electronic version of the training matrix and the company training plan. We saw records showing that staff were registered on training courses.

We looked at some of the organisation's policies and procedures. We saw analysis of things like falls and accidents. We checked on work instructions and we saw analysis of surveys from people in the home and other stakeholders. We saw a range of quality monitoring records.

We spoke to health and social care commissioners prior to our inspection visit.

# Is the service safe?

## Our findings

We asked people in the home how safe they felt. People told us that they were taken good care of and checked on appropriately. One person said: "I need the pendant alarm. I don't see so well now so I have to go carefully. The staff check that I am Ok." Another person who was only there for a short stay told us: "The girls pop their heads round the door and say 'are you alright'. I would stay here again if I had to".

We asked about medicines management. One person said: "The girls look after my medicines for me because I forget...they take care of it for me." Another person said: "Although I have arthritis I manage all my own medicines. I've done it for years and I get support to continue."

The inspector discussed safeguarding with people and with a visiting friend. No one had any issues about this. People said: "There is nothing like that here...the manager would soon know." The visitor said: "I am here a lot and the staff are lovely...I think if there were abusive staff here they wouldn't be able to keep up a front all the time."

We spoke to the registered manager and the staff team about their understanding of safeguarding. We had evidence to show that staff were fully aware of their responsibilities in protecting vulnerable adults from harm or abuse. The provider had a suitable policy in place. We had evidence to show that staff understood how to make a safeguarding referral and that the registered manager was able to investigate, where appropriate, any concerns.

Staff told us that they would talk to the registered manager and that they had the opportunity to talk to the operations manager when she visited. All of the staff we spoke to said that they knew how to call The Abbeyfield Society and could also access external agencies if they were concerned. Safeguarding was a topic at team meetings and in supervision.

We looked at the records of accidents and incidents. We also checked on the data we held in relation to accidents. We saw that this service had fewer accidents than would be expected when compared to other services of a similar size. We saw that the registered manager analysed things like falls and made appropriate changes where necessary.

We asked the registered manager for a copy of the previous four weeks rosters for all staff. We noted that an extra member of the care staff had been introduced to the daytime shifts. This meant that there were always three care staff on by day. The home also had suitable administrative, catering and housekeeping staff on duty so that the home ran smoothly.

We looked at recent recruitment files. We saw that the organisation made sure that two references were taken up and that all background checks were in place. We saw evidence to show that recruitment ensured that only suitable people were taken on to care for vulnerable adults.

The organisation also had appropriate disciplinary procedures in place. We had evidence to show that the registered manager understood her responsibilities. Disciplinary action was taken with staff when necessary.

We checked on the ordering, administration, recording and disposal of medicines. We had some evidence to show that there had been two errors which have been discovered by the registered manager during quality monitoring. These errors had been dealt with appropriately. Further checks had been made on competence and training. The manager had gone on a training course about how to check competence. Staff had been retrained. An external audit of medication had taken place. We judged that these two incidents had been due to 'human error' and that suitable systems were in place to ensure that there were no further occurrences.

We looked at medication and spoke to people in the home. We noted that the home did not use sedatives, medicines were regularly reviewed by the local GP and that specialist support could be accessed. Three people in the home were supported to take their own medicines and we saw that this was checked on sensitively.

We walked around all areas of the home and found it to be clean and orderly. There were good arrangements in place for infection control. The registered manager had taken steps to eliminate as much risk of infection as possible. Staff had received training on these matters. Suitable equipment was in place to help people who had problems with their mobility.

# Is the service effective?

## Our findings

People in the home were keen to discuss how effective the care and support in the service was. We met with assertive people who were able to voice their opinions. They told us the staff were “very good,” “very efficient and polite” and “well trained.” They were happy with the food provided. One person said: “The food is nice and we have a choice” another said “The food is always very good and we can suggest dishes we would like on the menu. Not a thing to complain about.”

We backed up what we heard by talking to staff and by checking on staff files. Staff told us that when they came into the service they had received a comprehensive induction and training on all the core skills they needed. We saw that there were regular updates to training. We were sent an electronic version of the training matrix and the organisational training plan. We judged that staff were given suitable training.

We asked staff about supervision and appraisal. They confirmed that they received regular supervision and that their work performance was appraised by the manager annually. We checked on some of the supervision records and saw that these formal discussions covered good practice, training needs and personal development goals. We also noted that, from time to time, group supervision was held so that staff could discuss best practice in small groups.

During our visit a number of people went out with relatives. We also saw that a number of people went out independently for walks in the local area. One person said before going for a walk: “I have been in homes where they lock you in. I am off to the village now and staff are fine about me going out.” No one in the home was being deprived of their liberty. People had keys to the bedroom doors and could come and go as they wished. The registered manager understood her responsibilities under the Mental Capacity Act 2005 and knew how to apply for a Deprivation of Liberty authority.

We spoke to the registered manager and to one of the senior staff. They understood the steps they needed to take to have a person's mental capacity assessed. We learned that the home was careful to only take people they judged

they could care for appropriately. The home does not take people who may need to be restrained due to challenging behaviour. The home had a policy stating that restraint would not be used.

Both the inspector and the expert by experience were invited by the people who lived in the home to share lunch with them. People told us that each day they had a three course lunch. We observed people enjoying the well prepared meal.

The inspector went into the kitchen and had a discussion with the cook. The kitchen was clean and orderly and had received a five star excellence award from environmental health. We saw that there were stores of fresh foods in the kitchen. The menus were varied and well balanced. The cook told us that each day she made fresh soup with stock and vegetables. Cakes were home-made and fresh fruit was available in the lounge and in the small upstairs kitchen. We saw from the menu and from talking to people that there was always a cooked option for high tea.

The average age for people in the home was around 90 years. The majority of people had been living in the home for some time. People told us that they felt that they received good care, good food and appropriate health care and that is why people “thrived here”.

We saw that the community nurses visited the home and they were happy with the way the staff cared for people. The local GP visited on a regular basis and people were taken to specialist appointments. We saw in daily notes and in care files that occupational therapists, physiotherapists, dentists and opticians visited the home. We also noted that people would be taken out in the home's transport to appointments if that was their preference.

This home was opened in 1999 and we could see from walking around the building that the organisation had continued to maintain and improve the environment. We also looked at two new rooms that had been built. The organisation had also reconfigured the building so that office space and the laundry were more easily accessible.

Each person had a single room with good quality ensuite provision of a sink, toilet and shower. Many of the rooms had views out towards the fells. Bedrooms had suitable, good quality furniture. The home had a call bell system and a fire alarm system.

## Is the service effective?

The home had a large lounge/dining area. People enjoyed spending time in these areas and in the garden. Patio doors lead out to a well maintained garden area. The garden had suitable seating areas, a summer house and raised beds. Several people enjoyed spending time in the garden.

# Is the service caring?

## Our findings

People in the home were keen to discuss how caring the staff were. We had a number of comments from people in the home and their visitors. "The staff are all very nice." "The manager is a nice person and is very caring," "The girls are good, so kind to me" and "Lovely here, so nice...perfect...I couldn't ask for better. The girls are so kind, they look after me so well." One person told us about how the staff supported independence: "I have my jobs. I have worked since I was 14 so I like being busy. I take care of the tables and things for mealtimes. I enjoy it and it gives the girls more time with the others who need it."

We observed how staff supported people. The expert by experience saw one very nicely managed interaction where a person was going out for a walk but needed a little support. The staff member supported the person to be independent, encouraged the person but showed the caring approach by helping the person to wear a suitable coat.

Observation also showed us that the staff team understood each person as an individual. They interacted well with people. We noted that each interaction was subtly different depending on the personality and the needs of each person. The staff knew the person, understood where they were within their family and friendship groups and also knew the person's past.

We saw and heard people being treated with respect and dignity. We were told that people had privacy in their own rooms. Written care plans helped staff to support people in their preferred ways. We also noted that staff helped people with personal care needs in a subtle and sensitive way.

We heard staff explaining things patiently to people and giving them the right levels of information for them to make their own decisions. We learned that people were asked individually and in groups about their personal preferences. There were regular residents' meetings in the home.

A number of relatives were involved with the planning of care. This was only done when the registered manager was sure that the person wanted this involvement. The staff team could access independent advocacy where necessary.

The staff were able to talk about confidentiality and we had evidence to show that the staff team had been reminded about this during supervision and in team meetings.

We saw a number of examples where people were encouraged to be as independent as possible. Some people managed their own medicines and several people took daily walks in the village. The registered manager had risk assessed these things and had lessened risks. People were encouraged to continue to be as independent as possible. Care plans and daily notes showed that independence was supported.

We saw evidence to show that staff in the home had been trained to support people at the end of their life. Individual files showed that the local GP and the staff in the home had discussed preferences with people. Suitable documentation was on file about resuscitation. We saw evidence about the support given to people in the last days of their life. We met someone who told us that their preference was to "end my days here in my own home." We saw that the team had reassured this person that they would try their utmost to do this.



# Is the service responsive?

## Our findings

People told us that they were involved in planning for care and that activities and entertainments were very good. "I have been to Church with my friend (another resident) ...I'll go again next Sunday," "There are things to do if we want or not as we please." One person said: "This afternoon the school children come to see us and I'll stay for them. I don't want to miss anything. I don't know why I have a room as I'm not in it much."

People told us they were involved in their care planning: "I was asked about what I needed and how I wanted things done...the manager and I wrote it together."

We looked at a number of care files after meeting people in the home. We saw that each person was assessed prior to admission. Each person had risk assessments and general assessments of need prior to admission. Once a person came into the home, even if this was only for respite care, a written plan of care was developed. Assessment was ongoing with reviews of care plans and assessed need in place. Staff said they read the files "all the time...every shift."

We looked at care plans and saw that these contained information about each person's preferences, strengths and needs. We saw that care plans gave detailed and specific guidance for care staff so that people could get the support they needed and wanted. Each plan was written in a person centred way and reflected the personality of each individual. The care plans were of a good standard but the registered manager told us that she was still unhappy with them and felt that they could be improved on. We judged that assessment, planning and review in this home were active, live and focused on giving people personalised support.

The inspector and the expert by experience saw a number of examples to show that people who lived in this service had varied and interesting activities and were encouraged to follow their own pursuits and hobbies. They were supported to be part of the community and to maintain their family and friendship groups.

One person had been to an open day for a TV antiques programme and was going to be on television after being taken to the auction. We heard about the monthly trips out to places of interest. We asked about these: "We choose and we always have a meal out...really looking forward to

our sail on Coniston". We also saw that people went out with friends and family. Lots of people went to the village shop and several people went for a walk outside of the home. This daily walk to 'the beech tree bench' was done even when the weather wasn't so good and people went in small groups and "don't need staff with us...we are perfectly capable". The home had its own transport and people were taken to local venues or to appointments.

We were also told about the fortnightly Pilates class and the fortnightly music therapy class. We met people who were raising money for Nepal. There was a small knitting group who were knitting hats for orphaned children in the earthquake zone. People told us they liked to "potter" in the garden and the raised beds allowed people to do this from a seated position.

We saw the monthly activities calendar and this included parties, outings and entertainments. Some people in the home went to activities in the day centre which was part of the building. There were regular coffee mornings where people from the village were encouraged to come in. On the day of our visit children from the local school were in the home playing board games with people. We heard about a previous visit where pupils learnt about the past from people in the home. The next visit would be about pupils helping people to understand the Internet and modern technology.

This home had a lively atmosphere with almost everyone in the home choosing to engage in activities, social interaction, outings and entertainments. The service was very much part of the local community. We judged that activities and events in this home were of a very high standard.

We saw that there was a suitable complaints policy in place and that staff understood how to support people who wished to complain. There had been no formal complaints for some time. We saw that there were regular residents' meetings and a suggestion box that was well used. We met people who were positive about the service but were also quite able to air any concerns or grievances. One person in the home told the inspector: "We do complain quite a bit. It is never very serious or formal but we all like to voice our opinions. Staff take it very well and try to accommodate all of us. Sometimes I think they don't realise that they will never please everyone... That doesn't seem to stop them trying."



## Is the service responsive?

We had evidence to show that the staff worked well with two other providers who gave some support to an

individual in the home. The home also had a day centre and some people who attended this also came for respite stays. We had evidence that there was a smooth transition between all these services.

# Is the service well-led?

## Our findings

People who lived in the service were complimentary about the way this service was led. They told us that they were happy with the organisation and judged that this was a good provider. They were also extremely complimentary about the manager. One person said: "I am happy with the way things are here...the manager has it all running very smoothly."

The registered manager was suitably trained and experienced to run a care home for vulnerable older people. She had training in personal care, nursing and in management and leadership. We saw that she had attended ongoing training so that things like quality monitoring were kept up to date.

She was fully aware of the changes to legislation, had a good understanding of the new approach to regulation and understood how other legislation needed to be applied. We judged her to be a knowledgeable person with suitable skills in management and leadership.

We also learned from people in the home and from staff that the manager was very clear on the values of the home. She had a person centred, inclusive approach and we saw evidence of how she encouraged and supported staff to use these values in their work.

The home had recently appointed a new deputy manager who worked two days a week in this role and also worked at night. This meant that the management team had an overview of the home by both day and night. Several people told us that she "was working out really well. She has a good understanding of her job and we trust her."

People also told us that they felt that the senior care staff managed each shift very well and they felt confident in their leadership. We noted that people who led shifts had received training in supervision and leadership. We also saw that the cook had undertaken this training because she had responsibility for the catering operation.

During our visit we saw lots of evidence that quality monitoring was taking place. We looked at policies and procedures and we saw that these covered all aspects of the operation. Food and fire safety were monitored on a regular basis. There were specific routines in place to check that all these things were covered in day to day routines in the home. The home also had daily tasks that ensured good infection control and cleanliness levels were maintained.

We saw that the regular auditing of medication had highlighted some issues. These had been dealt with appropriately. Assessment and care planning were regularly audited and any updates put into place. These were done internally but we also saw that external auditors from the company came out to check on how well the service was operating. The registered manager sent audits to the organisation and these were checked on during the operations manager visits every month.

We learned from people in the home and from the staff team that there were surveys sent out to them, their relatives and other people who were involved in the service. The responses were analysed and changes brought about. People told us that they could talk to the manager and the staff team and raise any issues of quality and make suggestions for change.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.