

Bradbury House Limited

# The Grange

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Grange accommodates up to 25 people with a learning disability and/or autistic people. People living at the service may also have mental health conditions. People lived across four schemes. These schemes are The Grange, The Courtyard, Priddy Farmhouse and Meadowlands. People have their own apartments with en-suite facilities. Within the services there are some communal areas and The Grange has a separate group kitchen. All of the services are on a working farm site and there are day centre opportunities for people to participate in farm activities. At the time of the inspection there were 25 people living at the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

At our last inspection we found the service was not able to demonstrate how they were meeting all of the underpinning principles of Right support, right care, right culture. At this inspection we found some improvements had been made.

### Right Support:

People received care and support in a safe and clean environment. Maintenance to the environment was ongoing. There were some improvements to people being able to pursue their chosen interests and achieve their aspirations and goals. Staffing arrangements were being reviewed by the provider. Although the home was reliant on agency staff, the staff knew people well. People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in place supported this practice. 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 had a choice about their living environment and were able to personalise their rooms.

### Right Care

Some improvements were required to ensure people's risk assessments were regularly reviewed and updated. People's medicines were managed safely. People received care from staff that had been through a recruitment process. Staff were caring in their approach towards people. 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.

### Right Culture

Systems in place to monitor the quality of the service had overall improved. Action plans were in place and

some of the schemes had made more progress than others. There were still a high number of staff vacancies, the provider used regular agency staff to aid consistency. The provider was reviewing staffing so it could be planned and organised to meet people's current needs. Permanent and regular agency staff knew and understood people well and were responsive to their needs. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

The geographic location of the service was isolated. There were limited public buses available to transport people to the local towns and community facilities if they wished. The service had vehicles available at each scheme, however people told us there were not always drivers available.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (Published 19 September 2022).

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 in relation to safe care and treatment, staffing levels and good governance.

At our last inspection we recommended that the provider reviews people's capacity assessments in line with the principles of the Mental Capacity Act 2005. At this inspection we found the provider had made improvements and they were in the process of reviewing people's capacity assessments.

This service has been in Special Measures since 28 July 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### 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.

We carried out an unannounced inspection of this service on 25 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing and good governance.

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 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 inadequate to requires improvement. 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 The Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Grange

## 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 four inspectors 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

The Grange 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. The Grange 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.

#### 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 to 11 people and 10 relatives about their views on the care and support provided. We spoke to 19 staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 9 people's care records and medication records. We looked at 6 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 2 professionals that visited the service.



# 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 inadequate. At this inspection the rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection (published July 2022) the provider had failed to ensure sufficient numbers of suitably qualified staff were deployed across the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection although there were still examples where people's commissioned hours were not being met, the provider had taken action to mitigate risks and they were no longer in breach of Regulation 18 in relation to staffing levels.

- People had 1 to 1 and 2 to 1 staffing hours commissioned to meet their needs. There was mixed evidence throughout the schemes of people's hours being consistently delivered. Staff however endeavoured to ensure people's needs were met.
- We received some mixed feedback from people relating to staffing. One person told us, "Sometimes I can't go out because there aren't enough staff." Other comments included, "I usually ask in advance and plan things, so staff are good at making sure they're ready and enough on shift. If I went and asked out of the blue, it might be more difficult for someone to be free to take me where I want to go" and "There are always staff available, I think there are enough staff." A relative told us, "There has been a lot of staff changes but things are more stable now."
- We reviewed the minutes of a residents meeting where people were discussing staffing and how the lack of drivers had impacted on them going out at times.
- We also received mixed feedback from staff on staffing levels. One staff member told us, "There are times the house still run on minimum levels at times, which I don't feel is enough. Very rarely, we run below the minimum. At times there are social events or family visits that we can't facilitate because of staffing." Other comments included, "We are managing. There are extra pressures sometimes. We fulfil what we are meant to be doing with people," and "Staffing levels are ok, they seem to have sorted that out, we have a core staff team of the same staff. It's been much better since last year; people get their 1-1 hours."
- Staff worked flexibly with people to ensure they were able to do what they want, we observed, and staff gave us examples of when they rearranged staffing to ensure people could engage in their preferred routines and activities.
- The registered manager told us people's hours were in the process of being reviewed with the local authority, this was because some people were choosing not to use or did not need their hours, therefore the current hours were not correct. The provider told us they were liaising with the local authority to inform them of the hours that were not provided. They were also liaising with the local authority around a different

model of providing people's hours in order to make them relevant and person centred.

- The provider had also introduced a new staffing tool to assist in efficiently booking staff onto shifts and they confirmed they had successfully applied for a staff sponsorship scheme with the government, which would improve staffing levels.
- The provider completed checks on the suitability of potential staff and agency staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services. One staff member's recruitment file did not include their application form, the registered manager confirmed this was in place following the inspection.

We recommend the provider review staffing levels to ensure enough staff are on duty at all times to meet people's needs.

#### Assessing risk, safety monitoring and management

At our last inspection (published July 2022) the provider had not ensured people were protected from the risk of avoidable harm. They had failed to act and undertake maintenance works to improve environmental safety and failed to ensure all risks to people were assessed and mitigated. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made to environmental safety and the provider was no longer in breach of Regulation 12 in relation to health and safety and the environment.

- Risks to fire safety had been assessed and mitigated. The service was working with an externally qualified contractor to assess ongoing fire safety and ensure any risks were managed.
- 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 water and electricity.
- One person said, "We have fire drills almost every week, sometimes a bit more often or less. We have smoke alarms in the flats, and someone comes to check them every 6 months. That's a really good thing because it makes me feel safe."
- The provider had acted to ensure maintenance works were completed to improve environmental safety.
- Staff knew people well and were able to describe how they supported people to mitigate risks. Risks to people had been assessed and recorded, outlining measures to help reduce the likelihood of people being harmed and care plans contained guidance for staff to follow to keep people safe. However, risk assessments had not always been reviewed and updated following incidents. For example, one person living at The Grange had a risk assessment in place for when they had incidents. Although there had been several incidents involving the person the risk assessment had not been updated. Another person living at Meadowlands had an incident in the vehicle, their risk assessment had not been reviewed and updated following the incident. This was completed during the inspection.
- Some people could become anxious which could lead to incidents where they posed harm to themselves or others, there were detailed plans in place giving staff guidance on how to respond.
- Restraint was only ever used as a last resort and where necessary, for the minimum time. Records demonstrated there was minimal restraint used. Staff were trained in the use of safe restraint. Staff told us incidents of restraint were hardly ever used, they said they knew people well and were usually able to distract people. One staff member told us, "No restraint is used, there is no need."
- The training staff received on restraint was certified as complying with the Restraint Reduction Network Training standards.

#### Preventing and controlling infection



At our last inspection (published July 2022) the provider had failed to ensure systems were in place to protect people from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made to infection control practices and the provider was no longer in breach of Regulation 12.

- There were cleaning schedules in place which had been completed by staff throughout the day and night to show cleaning had been carried out. Cleaning checklists had been reviewed since our last inspection to indicate which flat the checklist referred to. One staff member said, "Cleanliness has improved massively. Cleaning schedules are now in place and we send the completed forms to head office to prove it's been done. Staff have cleaning responsibilities 3 times a day."
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. The communal areas of the service were visibly clean. People were able to ask for staff support to keep their flats clean. Some people chose to do this, and others preferred to do it themselves. One person said, "Staff help with cleaning. I've got a bad habit of not hoovering and mopping. I find it hard to do it by myself."
- Staff had completed infection prevention and control training. One staff member said, "If someone doesn't feel well, we advise them to keep away from other people, just to be safe."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.

The provider was enabling visits in line with current government guidance.

#### Using medicines safely

At our last inspection (published July 2022) the provider had failed to ensure medicines were consistently managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made to medicines management and the provider was no longer in breach of Regulation 12.

- Medicines management had improved. At the previous inspection not all staff had been assessed for their competence to administer medicines. At this inspection competency records were in place and there was a process for regular reviews. Staff received medicines training.
- The service was considering assessing some regular agency staff to administer medicines.
- Medication records contained photographs of people at the front. Some of these in Priddy Farmhouse were dated as far back as 2019. Having up to date photographs in place ensures staff can recognise people from their picture when administering medicines.
- People had Medication Administration records (MARs) which were completed when medicines were administered. We found 2 people's medicines in Priddy Farmhouse had not been signed for on 1 date in

February 2023.

- Two people took their medicines with food, there was no evidence the service had checked with the pharmacy to ensure this was safe and there was no impact on the medicines administered. The registered manager confirmed this was being followed up during the inspection.
- Some people were prescribed additional medicines on an as required (PRN) basis. PRN protocols were in place and were personalised and described when and why people might need additional medicine. We found 1 PRN protocol in The Grange that lacked some detailed guidance on when to give the medicine.
- There were systems in place to manage medicines that required additional storage. Daily stock balance checks were in place. Medicine incidents were reported and investigated.
- Where people were able to the service supported them to manage their medicines independently. One person told us, "I do it myself [medicines]." Another commented, "I think the staff will watch me for a bit more then I'm back to doing it by myself again. I pop the tablets and count them and then the staff check."
- People had their medicines reviewed regularly. One staff member said, "We noticed that [name] was asking for pain relief regularly, so we made an appointment to discuss it with the GP."

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 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.

At our last inspection we made a recommendation the provider reviews people's capacity assessments in line with the principles of the MCA to ensure they remain relevant.

At this inspection we found improvements had been made to the capacity assessments, they were in the process of being reviewed and updated. Some still required updating, the registered manager had action plans in place to address this.

- Where people were able to consent to their care and support, this was evidenced in their care plans.
- When people were thought to lack the capacity to make specific decisions capacity assessments had been completed with input from the person and other relevant people, such as relatives and social workers. Evidence was presented to people in a meaningful format where required, such as social stories.
- Where people required DoLS applications, these were completed and submitted to the local authority. The registered manager had a DoLS tracker in place to monitor who had a DoLS and when they were due to expire.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at The Grange. One person told us, "Yes I feel safe, they are a good staff team, they try and help you out."
- Staff knew how to recognise, and report abuse and they were confident any concerns would be acted

upon.

- Staff had completed safeguarding training and understood their responsibilities to keep people safe from avoidable harm. One staff member said, "All the procedures are in the office so all staff can read them any time."
- Staff told us they felt able to raise any concerns about poor care and were confident they would be listened to. One staff member said, "If I had any worries about poor care, I would speak up and I'm confident things would change."
- The service had reported safeguarding concerns to the local authority and the CQC as required.

#### Learning lessons when things go wrong

- There were systems in place to monitor, record and learn from incidents.
- Incidents and accidents were reported. These were recorded and reviewed by the registered manager, the providers behaviour specialist who was new in post and the providers senior management team. Incidents were reviewed for themes and trends. Staff told us incidents had reduced significantly.
- Incident reports were also shared with staff during handovers between shifts. One staff member said, "The incident form gets filled in by staff the day the incident occurs. The incident form then gets sent to the behavioural therapist for review." On the incident forms we reviewed it wasn't always clear about the action taken following the incident.
- Following incidents investigations were conducted where required to determine any learning and actions for staff.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection (published July 2022) we found the provider failed to establish and operate governance systems to identify shortfalls in the quality of care provision and safety. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 17.

- The systems in place to monitor the quality and safety of the service had overall improved. Each scheme had an action plan detailing the improvements required and timescale for completion.
- We found some of the schemes had made more progress than others. For example, in Meadowlands we found people's care plans and risk assessments had been reviewed and updated, however in The Grange we found they all had not. One person's care plan made reference to their previous accommodation which was part of The Grange site. Whilst the care plans formed part of the schemes overarching action plan, the date for completion was in 2022. We discussed this with staff who thought staffing levels had impacted on their ability to complete the review of the care plans. The registered manager and provider had plans to address this.
- The systems in place to review and monitor incidents had not always ensured people's care plans and risk assessments were reviewed and updated following incidents.
- There were systems in place to audit people's medicines and one of the providers senior team were carrying out regular health and safety audits of each service.
- There was a clear management structure in place. The registered manager was responsible for the overall management of the schemes. The Grange and Meadowlands each had a deputy manager in post, Priddy Farmhouse and The Courtyard had a manager overseeing both schemes.
- Staff commented positively about the management. One staff member told us, "The management at the moment is fantastic. [Name of deputy manager] and [Name of registered manager] are approachable, [Name of operations director] is too. It feels much better and solid at the top. Feels like there are competent managers with the right ethos." Other comments from staff included, "[Name of manager] is a good manager, they are around a lot and visible," "It has helped having [Name of manager], helped the morale," and "[Name of deputy manager] puts a lot into this place and really cares about the guys."
- 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.

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

- There was a positive and person-centred culture and staff morale was improving. Staff were clear about the aims of the service. Staff commented positively about their work and the people they supported. One staff member told us, "It's a joy to come to work. We are all together and have a good support network, morale is good and there is unity in the team, it's a nice happy home." Other comments from staff included, "I love it, it's a really good place to work" and "On the whole morale is very good. We have a very tight working relationship in this house, I can't stress how good this house is from staff working together. We're very proactive." Staff told us they felt supported.
- Some staff still felt staffing was having an impact on morale. One staff member told us, "At times morale is low due to staffing, but we all pick each other up."
- People knew who the registered manager was, and they commented positively about the staff supporting them. One person told us, "I like it here, the team leaders are fantastic, and the manager is good." Other comments from people included, "[Name of deputy manager] is good and [Name of registered manager] is good too" and "I get on really well with all the staff. They show respect to me." A relative told us, "There are strong relationships and their [staffs] fondness of my relative is mutual. It is becoming better managed now, definitely."

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 was aware of their responsibility to act openly and honestly when things went wrong.
- The registered manager was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- Staff knew they had to report concerns to the managers and were confident that these would be acted upon.

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

- We received some mixed feedback from relatives regarding the communication with the service. One relative told us, "The communication isn't brilliant." Another relative told us, "They contact us to see if we are happy and we have regular reviews where we share ideas; they are good at listening to us."
- Relatives were given the opportunity to give feedback via an annual survey.
- There were systems in place to engage and involve people using the service. Meetings were held for people to share their views. One person told us, "Yes we have meetings. We can say what we want. We planned some activities." The feedback was discussed in staff meetings.
- The provider had also arranged 'It's all about you meetings' for people to attend at the providers head office. People had attended these, given their feedback on the service and raised any concerns.
- Staff confirmed staff meetings were held and they felt able to speak up and voice their opinions. One staff member told us, "We had one not long ago. You can raise any concerns."

Continuous learning and improving care; Working in partnership with others

- The registered manager attended the providers 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.
- The service worked in partnership with services, such as a range of multi-disciplinary professionals. This included social workers, GPs, advocates and psychiatrists. One visiting professional told us, "I have always

been very impressed by their care. Safety is paramount and they raise concerns appropriately regarding safety and wellbeing. They are good communicators and the paperwork I see is clear and complete."