

Livability

# Livability Bradbury Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

About the service: Livability Bradbury Court is a care home that provides personal care for up to 21 people. People who use the service have physical disabilities, some of whom also have a learning disability. At the time of the inspection 20 people lived at the service. Most people lived there permanently, and some people spent short periods there to provide respite to their main carers. The home is over three floors with a range of communal areas on each floor. These included dining spaces, an activities room and smaller lounge spaces.

People's experience of using this service:

Medicines were not always managed safely. Liquid medicines were not measured safely to reflect the prescribed amount. Medicines Administration Record Sheets (MARs) did not allow for topical creams to be recorded separately and some information regarding the administration for covert medicines was conflicting. Appropriate staff recruitment checks were carried out, however, staff recruitment files were disorganised and needed attention. Audits were in place to monitor the service. However, these were not always effective and did not always identify issues we found as part of this inspection.

Most of the time sufficient staff were deployed to meet people's needs. Risk assessments had been developed across a range of areas. Risks specific to people's health conditions were in place and described their individual needs and provided guidance for staff. Systems to prevent cross infection were robust. Cleaning schedules were in place and a designated team of staff ensured that the service was cleaned regularly.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service were designed to offer people maximum choice.

Healthcare professionals were requested when people needed their support and guidance. Staff we spoke with confirmed they received training and support to carry out their roles and responsibilities. People received a balanced diet which met their needs and dietary requirements. Drinks and snacks were provided throughout the day.

During our inspection we observed staff interacting with people and found they were kind and caring and treated people with dignity and respect.

Care records were clear and concise and contained relevant information. Staff supported people in line with their individual care plans. People were offered social stimulation. However, a wider ranging activity programme would benefit people.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around medicines administration and governance. Details of action we have asked the provider to take can be found at the end of this report.

More information is in the full report

Rating at last inspection: Good (report published August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found that improvements had been made to the quality of food provided to people who used the service. However, we also identified some areas which required Improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Livability Bradbury Court

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team: The inspection was carried out by one adult social care inspector, two professional advisors, one was a qualified social worker and one was a qualified pharmacist. An expert by experience talked to people who use the service and visitors. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection also had experience of services providing care to people with physical disabilities.

Service and service type: Livability Bradbury Court is a care home. People in care homes receive accommodation and personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was a manager available during the inspection. However, the manager has started the registration process with the CQC, but so far was not registered with the CQC. A registered manager 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:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with seven people and one relative to ask about their experience of the care provided. We spoke with nine members staff, which included senior staff, the deputy manager, the manager and the area manager. We also spoke with one health care professional.

We reviewed a range of records. This included four people's care records and medicine records. We also looked at four staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider. Some information in relation to complaints, accidents and incidents, staff training, and supervision were requested following the inspection. We received these in a timely manner.

# Is the service safe?

## Our findings

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

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.

### Using medicines safely

- ☐ The management of medicines was not always safe and people who use the service could not always be assured that they received their medicines as prescribed.
- ☐ We saw that staff used a medicines cup to measure liquid medicines administered to people. Medicines cups were not always appropriately calibrated, and the amount of liquid medicines administered varied, depending on which medicines cup was used and who administered the liquid medicines. We spoke with the manager about this and recommended several alternatives to be used when measuring liquid medicines.
- ☐ The service recently changed to a new dispensing pharmacist and we found that the new system did not allow for topical medicines to be recorded separately on the medicines administration record sheet (MARs). This potentially could result in topical medicines not being applied and the service did not have an effective way to audit the correct administration of topical medicines.
- ☐ We found some conflicting information provided by the dispensing pharmacist and prescribing doctor in relation to covert medicines, which had not been challenged by the service.
- ☐ We found that the service had an overstock of medicines, due to re-ordering medicines without checking the current stock levels. We advised the provider to review the process of reordering medicines and reduce the current stock levels of medicines.
- ☐ There was a lack of communication between the dispensing pharmacist, prescriber and the service. While some communication had happened verbally according to the manager there was no written event log to evidence that regular communication of changes to people's medicines was clearly documented. This is needed to ensure that changes were followed, and people received their medicines as intended.
- ☐ The last full medicines audit carried out by a dispensing pharmacist was in 2017. To ensure that the service managed medicines appropriately and people can be reassured they received their medicines safely, regular audits should be undertaken by the service in conjunction with the dispensing pharmacist..

The above evidence demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- ☐ We looked at recruitment records for four staff, and saw that the provider was undertaking the necessary recruitment checks, including references and disclosure and barring checks.
- ☐ However, we found the recruitment folder to be disorganised, some information was missing or was in different files, folders and boxes. We spoke about this with the new manager who advised us that this was the situation she inherited and was currently in the process of moving recruitment records to a new electronic system.

- We viewed two staff records which had already been updated and found this to be of acceptable standard and appropriate recruitment checks were in place.

The above evidence demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who used the service told us that sometimes they had to wait longer than expected to be supported by staff. One person told us, "Sometimes they are short of staff. I ring the bell for them to help me to put my things away. It can take 25 minutes for them to answer."
- The new manager told us that since she started she had increased the number of staff during the morning by one and was currently reviewing the number of staff provided during the afternoon. She further told us, that the service currently had some vacancies which were covered with regular agency staff.
- Care staff told us, that at times they could do with more staff, but welcomed the additional member of staff during the morning shift. One member of staff said, "Since we have the extra staff in the morning, I feel we have more time to spend with people. I feel we are less rushed off our feet."

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "I had safeguarding training. I also raised a safeguarding concern with the manager and she immediately dealt with it. I have full confidence in what she did."
- People we spoke with told us that if they didn't feel safe they would speak with a member of the care staff or the manager and felt sure they would help them solve the problem. One person said, "I feel very safe, it's a wonderful place. I couldn't be safer."

Assessing risk, safety monitoring and management

- Risk assessment and risk management plans to reduce the risks to people were in place. Risk assessments had been reviewed regularly to respond to any changing risk.
- Emergency plans were in place to ensure people were supported in the event of a fire and all people had personal protective emergency plans in place. Fire risk assessments were up to date.
- The environment and equipment were safe and well maintained.

Preventing and controlling infection

- Staff followed appropriate infection control procedures and had received infection control training.
- The environment was clean and well maintained and a designated team of staff was responsible for the day to cleaning of the premises and people's rooms.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to see if there had been a common cause or trend.
- Staff told us that they discussed accidents and incident during regular team meetings.



# 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

People's outcomes were good, and people's feedback confirmed this.

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

- ☐ People's needs were assessed before they started using the service. The manager told us, that she would go out to the person's home and would undertake an assessment of need to ensure that Bradbury Court was able to support the person appropriately.
- ☐ Staff working at Bradbury Court received training in supporting people with physical disabilities to help them understand people's needs and deliver care in line with good practice guidelines.
- ☐ People who used the service told us, that their needs were being met. One person told us, "They [staff] look after me well, they understand what I need."

Staff support: induction, training, skills and experience

- ☐ Staff, in particular new staff, told us that they were required to complete an induction process before starting work. This included training and a period of shadowing experienced staff. One member of staff said, "I had a very detailed induction, this helped me to understand and work with the residents here."
- ☐ Training was updated regularly and covered a wide range of areas.
- ☐ Staff received supervision and told us they were well supported and could ask for additional support and guidance at any time.

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

- ☐ Since our last inspection the service had made improvements to the food choices and diet offered to people who used the service. One person told us, "There are three choices on the menu, and if I don't like it I can ask for something else."
- ☐ A new cook had been employed and people who used the service spoke positively about the meals provided. One person told us, "The food is much better than it was. [Name] is a great cook and he always offers something different."
- ☐ People who required assistance to eat were supported appropriately by staff and additional training was provided if people required additional support to eat or drink.

Staff working with other agencies to provide consistent, effective, timely care

- ☐ On the day of the inspection a healthcare professional visited the service to support one person with their health needs. They commented, "The residents always appeared to be well cared for."
- ☐ Care records viewed demonstrated that external health care advice, and support was sought to improve the health outcomes for people who used the service. For example, we saw that one person started to display behaviours that challenged the service. The service discussed this with the appropriate health care professional and agreed a plan to ensure to respond to the behaviours consistently.

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

- ☐ Bradbury Court is well adapted for people with physical disabilities and use various mobility aids. Doors open automatically, and work surfaces can be lowered to enable people using wheelchairs to access them easily.
- ☐ During the day of our inspection we noted that one of the passenger lifts was out of order. We discussed this with manager, following comments made to us by people who used the service. The manager told us that Livability had arranged for a contractor to repair the passenger lift, however, this had proved to be more difficult than expected. However, we reassured that the lift will be repaired during the first week in February 2019.

Supporting people to live healthier lives, access healthcare services and support

- ☐ Records showed people were supported to access healthcare services.

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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). [New para here.](#)

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- ☐ We found that people's capacity to make decisions was assessed.
- ☐ Where people lacked capacity DoLS application had been made and authorised by the local authority. However, most people who used the service were able to make their own decisions.
- ☐ One person said, "I make my own decisions and tell them what I want. The same way as I told my social worker that I want to move to Bradbury Court."

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ We spoke with people who used the service and asked them about the care they received. One person told us, "Yeah I do feel well cared for. I feel it is alright because when I had to be in bed for two months the staff were very good. The night staff are good too, they always say goodnight to me."
- ☐ We observed staff interacting with people who used the service and found they were kind and caring.
- ☐ Staff knew people well and were knowledgeable about people's needs, their choices and preferences. Staff had received training in equality and diversity and told us that they would treat people equally. The service had arranged parties to celebrate religious festivals and people who used the service told us that they were supported to access their chosen places of worship. One person told us, "I like to go to Church, someone from the church takes me, I go on Thursday, Saturday and Sunday and on Tuesdays I go to the picnic in the Parish. I like to get involved."

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

- ☐ Care records included a life history of people. This included their family, places they have lived and their hobbies and interests.
- ☐ Staff interacted with people during both days of our inspection visit, we saw that they offered people choices and asked them what they wanted to do or if they wanted to go out. People who used the service told us that they could express their views and felt that they were listened to by staff and the manager. One person told us, "I tell like it is and staff will listen to me. The care is in accordance to my care plan."
- ☐ The service had a key worker system in place where staff were responsible for ensuring people's needs were met and they had all their personal items they required. One care staff told us, "I started recently key working [name], we meet regularly, and I make sure that she has everything she needs."

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff were respectful of people and the service. They respected people's privacy and dignity and ensured people's choices were respected. One care staff said, "I would always ask people what they want. It is important to treat people the same way I want to be treated."
- ☐ We observed staff closing doors when supporting people and speaking to people quietly to ensure their confidentiality was maintained.
- ☐ Staff we spoke with told us how they ensured they maintained people's privacy. One staff member said, "I always close the door and make sure the person is covered up and warm when I support them."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ The care and support provided reflected people's needs and considered their preferences and choices. People told us that they had been consulted and involved in the care planning process. One person told us, 'They follow my care plan to a 'T', I make sure they do. [Staff name] and I did the care plan. It took four or five months to complete. We did it from Sept - Feb 2017/18.'
- ☐ Staff knew people well and were able to support them in line with their care plan.
- ☐ People were offered activities; however, we were advised that one activity co-ordinator is currently off sick, and the other post was vacant. This had an impact on the choice of activities on offer. We spoke with the manager about this. The manager told us, that a new activity coordinator had been appointed, which should have a positive impact on activities offered.
- ☐ We saw during both days of our inspection, that people who used the service accessed the community on their own or with staff support. Activities such as movies, pool and table top games were offered during the afternoon. One person told us, " They are good, I can play pool. I like my sports."

Improving care quality in response to complaints or concerns

- ☐ The service had a complaints procedure which was displayed throughout the home.
- ☐ People we spoke with told us they were comfortable to raise any concerns with any of the staff or the manager. They felt their concerns would be appropriately addressed. One person told us, "I made a complaint in July/Aug - it has all been resolved now. I am happy with the outcome." In the last twelve month the service had received nine complaints. Complaints records viewed demonstrated that these had been resolved and dealt with appropriately.

## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- ☐ The provider had auditing systems to ensure they met legal requirements. However, these were not always effective and had not identified the shortfalls we identified during our inspection, such as the administration of liquid medicines, records for topical medicines being not of acceptable standard and conflicting information in relation to covert medicines. The quality assurance systems further didn't highlight the record keeping in relation to staff recruitment records. While the quality assurance systems highlighted some of our findings, we found that the service had not taken prompt action to rectify them. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

- ☐ Staff understood their roles and responsibilities and had confidence in the management of the service. Staff felt valued and well-supported by the management team. One care worker said, "The manager and deputy are very supportive and so are the team leaders, I feel I can always go to them and ask questions."

- ☐ There was good communication maintained between the management team and staff. Care staff told us that they had regular meetings and supervisions to allow them to raise any issues and make improvements to the quality of care provided.

- ☐ People spoke positively about how the service was managed. One person told us, "The manager always says good morning to us. She is pleasant."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- ☐ The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

- ☐ Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Engaging and involving people using the service, the public and staff.

- ☐ People and their relatives told us they were encouraged to comment on care plans and feedback to the management team through regular review meetings. People also told us they could simply speak with staff if there was anything they wished to discuss or change. One person told us, "We have regular tenants meetings to discuss issues, however, at times it takes them a while to respond."

- ☐ The service carried out a service users satisfaction survey in December 2018. The feedback received was mostly positive. However, we found that very few people had completed the survey. The manager told us

that they had discussed this with the operations manager and were looking into different ways to approach people who used the service to gain their feedback.

- Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support.

#### Continuous learning and improving care

- The management team were keen to ensure a culture of continuous learning and improvement.

- The manager and deputy positively encouraged feedback and acted on it to continuously improve the service, for example by asking people about what kind of food they preferred and how they would like the home to be decorated.

#### Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. The local authority told us that the service listened to suggestions for improvement and worked well together to improve the quality of service provided.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way. Medicines were not always safely managed and safely administered. Regulation 12 (1) (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1) (a) (c).</p> <p>The provider did not ensure that records kept in relation to persons employed were maintained securely. Regulation 17 (2) (d) (i).</p>