

Bethphage

Bradbury Lodge

Inspection report

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bradbury Lodge is an assessment and transition service for up to a maximum of six adults with learning disabilities and complex behaviour. The home is situated next door to the local cottage hospital and in walking distance of local amenities. Bradbury Lodge meets the values expressed in Registering the Right Support (CQC policy). At the time of inspection there were three people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from abuse by staff that understood how to recognise and respond to concerns. People had risk assessments in place regarding their own safety and assessments were made of the environment. People were supported by sufficient staff. People received their medicine on time by staff deemed competent to administer. People lived in a clean home and improvements to the building were being made. Accidents and incidents were reviewed by both the manager and the provider's positive behaviour team.

People's care needs were assessed and reviewed. Staff received training relevant to their role and received additional training as and when someone presented with additional needs. People stated that they liked the food and the home supported a healthy diet. Staff reported they worked well together. People had access to health professionals. The building is currently being adapted due to the needs of the current group.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with kindness. People were asked their views on the service. People's privacy was respected

People received care that was personalised. People had access to a complaints procedure and staff understood the complaints process. The service does not deliver end of life care

The provider has a clear vision for the service. People's care was audited alongside other aspects in the home. People had access to advocacy services. The provider reviewed its systems and processes and worked with other agencies, adopting local best practice when relevant.

Further information is in the detailed findings below

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 remains good	Good ●
Is the service effective? The service remains good	Good ●
Is the service caring? The service remains good	Good ●
Is the service responsive? The service remains good	Good ●
Is the service well-led? The service remains good	Good ●

Bradbury Lodge

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 was planned to check 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.

The inspection took place on the 31 October 2018 and 1 November 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to the inspection we reviewed information held on the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Return (PIR) completed by the Registered manager. The PIR 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.

During the inspection we spoke with the three people currently using the service at Bradbury Lodge. We spoke with two support workers and one senior support worker. We spoke with the registered manager of the service. 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 2008 and associated Regulations about how the service is run.

We also spoke with an advocate who visited during our inspection. An advocate provides independent help and support with understanding issues and putting forward a person's own views, feelings and ideas.

We observed a handover meeting and various aspects of care being delivered throughout the day. We reviewed two care files, two health files, one staff file, and other in-house records such as annual quality audits which contained feedback from families, the complaints file, health and safety records, accidents and incidents which included records of restraint, medicine records, weekly audits, and staff training records.

Is the service safe?

Our findings

People were protected from abuse and harm by a staff team that were trained and understood their role in safeguarding others. People told us they felt safe and one person told us, "Even when I am having a really bad day, I feel safe here." Incidents of alleged abuse were reported to the local safeguarding authority.

People had risk assessments in place that focused on minimising harm but ensured people had access to ongoing opportunities, these included in house activities and community access. The provider used positive behaviour support plans to outline any behaviour risks and the responses staff needed to follow. These plans were reviewed on a regular basis with the person and their key workers. They were then discussed with the registered manager and the provider's Positive Behaviour Support Team. We observed staff manage situations that were challenging to others, in a positive way and in line with the person's behaviour plan.

People's environment was maintained and any concerns were reported. We observed that radiator covers had been broken but that the request for replacements had been actioned. We saw that health and safety checks were completed on either a daily, weekly or monthly basis, such as fire alarm tests and water temperature checks. Emergency plans were in place to ensure staff knew what to do in the event of an unexpected event or emergency.

Staff continued to be recruited following safe recruitment procedures. DBS checks were completed and employment gaps checked alongside previous references. One person told us, "I now help with recruitment and I like that I get to be involved." We observed sufficient staff to meet the needs of people. Staff told us there was a minimum staffing level and on the day of inspection this was exceeded to ensure people were well supported and able to access the community.

People's medicines were stored safely and they received their medicine on time by staff trained to administer them safely. Staff were competency checked twice yearly and daily medicine audits were completed to ensure that no medicine had been missed. We saw that capacity assessments were completed for the use of homeopathic remedies that had been recommended by a person's family member.

People were living in a clean environment and staff understood their responsibilities under infection control. The registered manager informed us that they were working with the landlord to ensure the property was maintained and updated as required.

Accidents and incidents were reviewed by management and the Positive Behaviour Support Team. The registered manager had a system in place that ensured that they were alerted to any significant incidents at the start of each day.

Is the service effective?

Our findings

People had care plans in place that contained information that ensured support was delivered in line with their assessed needs. People had person centred plans that outlined their history and their current goals and aspirations. People's care plans contained detailed health information presented in line with best practice. For example, people had completed hospital passports which they could take with them if they ever needed to go to hospital. People were supported to attend medical appointments and the outcome was clearly documented.

Staff told us each person had a group of keyworkers that reviewed the person's plans with them monthly and ensured any changes were cascaded to the team. One staff member told us, "Any agreed changes are passed to the senior support workers who will make sure via handovers and communication files that all staff are made aware." We observed a handover meeting held between staff and saw key information being shared.

Staff received regular supervision and training that enabled them to fulfil their role. We checked the training database and saw that staff received a mixture of face to face and on-line training. All staff spoken to stated the training was of a good standard and that there was sufficient opportunity to develop. Courses undertaken included health and safety, first aid and equality and diversity. The provider reviewed staff training in line with any developing need or new referral. One person told us, "It was reassuring to know that staff had visited my previous placement before I moved in and that they completed specific training to ensure when I moved, they knew the best way to support me."

People were supported to have a healthy diet and offered alternatives when requested. People told us the food was good and that they got enough to eat. We saw several drinks being made for people throughout the day and the kitchen was accessible to all.

Staff told us that they worked well together and were committed to helping people move on to a more permanent home. One staff member told us, "We work with other professionals and sometimes it takes time however it is great when we can help people move on as it is what we are here for and there is a great sense of achievement."

The building was designed to support people with challenging needs and had been recently adapted to enable one person to have increased space. Some areas of the building are kept secure however all staff carry keys to ensure instant access. People had access to outside space and the front door while secure, can be opened by all persons. Staff had decorated the hallways with wall art to try and create a homelier feeling.

People were encouraged to make decisions about their care however due to presenting behaviours we saw that staff needed to intervene at times to ensure people were not putting themselves at risk of significant harm. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Two people residing at Bradbury Lodge were subject to a deprivation of liberty. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. We found that the appropriate documentation was in place and being met.

Is the service caring?

Our findings

People had positive relationships with the staff team. One person told us "The staff are kind to me and they know how to support me in the correct way." Another person told us, "Staff respect my space and they listen to me." We observed staff maintaining a friendly and caring approach with people when presented with behaviour that challenged others.

We spoke to the advocate visiting the home and they told us, "I have only observed genuine interactions between people and the staff. Often the advocacy meetings I have, are supported by staff based on the wishes of the individual."

People were supported to maintain and build up relationships with family members. People were helped to visit family and supported to arrange meetings in the community. When discussions were held between Bradbury Lodge and family members we saw that the provider recorded any suggestions made and discussed with the relevant people when necessary, to ensure it was in the person's best interest.

We found that people were treated with dignity and respect. One person told us they liked the peace and quiet and didn't want staff with them all the time. We observed the staff team delivering and withdrawing support to them as they requested. We saw the provider offered people a choice of staff members throughout the day, to facilitate the best outcome for a specific activity. Staff told us they have a great relationship with the local community and one staff member told us, "Some of the shops we visit will help us in a difficult situation for example by letting people leave the shop via a backdoor. This had prevented unnecessary attention and protected people's dignity when in the community."

Is the service responsive?

Our findings

People were encouraged to be active and engage in a range of activities both in the home and in the community. Activities ranged from arts and craft, fitness, walks, shopping, baking, and independent living skills. One staff told us, "We always offer activities and alternatives whenever required. Activities have to be consistently risk assessed and often changed pending the mood of someone."

Staff supported people to meet their goals and aspirations. One person told us how they had not been on a holiday for many years and they were so happy when the staff team had supported them to go away for a few days.

People had communication profiles in place to aide staff's ability to work with them and staff received training in Makaton to increase engagement with certain individuals. Staff were aware of people's presentation and tried to understand what specific behaviours a person demonstrated might mean. One staff member told us, "We are always looking to identify the function of someone's behaviour so that we can respond accordingly."

No complaints have been received in the service for some time. When we spoke with people they told us that they knew how to make a complaint. One person told us, "I know how to complain but I have never had to as if something is not right I tell staff there and then and they sort things out." Staff we spoke to were able to explain the provider's complaints process.

It is not within the remit of the home to provide end of life care and when asked the provider explained that they would refer a person to the local authority should this need arise.

Is the service well-led?

Our findings

People were supported by a staff team that had a clear understanding of the organisations values and understood their role in people's lives. One staff member told us, "It is a positive organisation to work for and I like their values. We are supported when suggesting new ideas." Another staff member told us, "It is a good place to work and we get immense satisfaction when we are able to move someone on."

We observed the team working well together and taking care of people during difficult times. We saw the registered manager frequently checking on the team during an incident and monitoring people's well being. The registered manager did not need to intervene as staff were able to manage the situation. One staff member told us, "The manager is approachable and knows how to make all the staff members feel important."

The registered manager had various governance systems in place that enabled them to review the quality of care delivered, analyse any incidents occurring and meet their requirements under current legislation. The senior management team for the provider also audited the service monthly and produced a report that informed the registered manager of any specific areas that required focus.

People's views were sourced when a decision was required and as part of the care review process. People were supported by the provider to maintain good links with the community and progress their lives in a meaningful way.

The service could demonstrate that it worked well with other agencies. We saw evidence of tools being used such as the West Midlands safeguarding competency tool which checks staff member's understanding of local safeguarding procedures. The service engaged well with advocacy services and held regular reviews with people's multi-disciplinary networks. We heard from people how their transition to the service from a different provider was seamless.

The provider submitted statutory notifications within the time scales required and the previous inspection rating was displayed as required.