

Wiltshire Council

Bradbury Manor

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

About the service

Bradbury Manor is a residential care home providing accommodation and personal care for up to 11 people with learning disabilities. The registered manager reported at the time of the inspection they were only using a maximum of nine bedrooms. The service is set up to provide a short break for people and was not people's permanent home. There were 44 people who regularly used the service and at the time of the inspection five people were on a short break.

Although this was not people's permanent home, the service had still been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The service supported people to develop their skills and be as independent as possible. People were supported to continue accessing community services and events during their stay.

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

People were happy with the support they received when they stayed at Bradbury Manor and said they felt safe. Staff knew what to do to keep people safe and were confident any concerns would be taken seriously.

Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively. People received support to take their medicines safely.

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

People were supported to develop care plans that were specific to them. These plans were reviewed with people each time they stayed at the service, to ensure they were up to date. The plans contained clear information about people communication needs. Staff had worked with people to ensure information was accessible for them and they used the communication methods people preferred.

Staff respected people's privacy and dignity.

People were supported to maintain good diet and access the health services they needed.

The registered manager provided good support for staff to be able to do their job effectively. The provider's quality assurance processes were effective and resulted in improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 November 2018) and there were breaches of regulations. 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.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bradbury Manor

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Bradbury Manor is a 'care home', that provides a short break service for people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This 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.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided and three relatives. We spoke with seven members of staff including the registered manager, head of service and five support workers.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and an overview of training and supervision for all staff. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection action was needed to ensure medicines were 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.

Improvements had been made to the storage and recording of medicines at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were securely stored and people were supported to take the medicines they had been prescribed.
- Staff kept a record of the temperature medicines were stored at, to ensure this was within the manufacturer's recommended range. This ensured medicines did not deteriorate because they were stored incorrectly.
- Staff had obtained a record of current medicines from people's GP when they came to stay at the service. This ensured they had up to date information and supported people to take the medicines they had been prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine.
- Staff had received training in safe administration of medicines. Their practice had been assessed to ensure they were following the correct procedures.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

At our last inspection action was needed to ensure incidents were managed well and lessons learnt. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the way incidents were managed at this inspection and the provider was no longer in breach of regulation 12.

- Incidents were well managed and lessons were learnt when things went wrong.
- Staff had recorded detailed information about incidents and the immediate actions they had taken to

keep people safe.

- The registered manager had reviewed all incident records and recorded any actions that had been taken as a result. Actions included referrals to external health and social care professionals where necessary and changes to people's support plans.
- The provider had developed 'pathways' for staff to follow after incidents. These provided guidance for staff to ensure all appropriate actions had been taken following incidents.
- Risk assessments were in place to support people to be as independent as possible, whilst staying safe. Examples included support for people to manage their epilepsy, mobility and to take part in domestic tasks.
- People and their relatives had been involved in assessing risks and their views were recorded. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.
- People had positive behaviour support plans in place where needed. These set out the support people required to manage behaviours that challenged staff and other people. The plans included clear information about signs for staff to look out for and actions needed to de-escalate situations.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place. Relatives felt people were safe at Bradbury Manor. Comments included, "The staff know what they are doing and manage any issues very well."
- Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the registered manager and senior staff would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with other agencies if they needed to.
- The provider had responded well when concerns were raised. They had worked with the local safeguarding team to ensure people were safe.

Staffing and recruitment

- There were enough staff working to meet people's needs. People and relatives told us staff were available to provide support when they needed it.
- The registered manager had effective systems to plan staffing levels based on the needs of people staying at the service.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Preventing and controlling infection

- The service was clean and staff were observed following good hygiene practice.
- Staff were trained in infection control and demonstrated a good understanding of the systems in place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently 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 when they first started using the service. This assessment was updated each time a person stayed to ensure staff had current details of their needs and choices.
- Assessments were completed with input from relevant specialists, including the behavioural support team, epilepsy nurse and enteral feeding nurse. Assessments referred to guidance from the National Institute for Health and Care Excellence (NICE). This ensured care was delivered in line with current good practice and the law.
- People and relatives told us staff provided the support they needed

Staff support: induction, training, skills and experience

- Staff received good training, which gave them the skills they needed to do their job.
- Staff said training was relevant to their role. The registered manager had a record of all training staff had completed and when refresher courses were due. New staff spent time shadowing experienced staff members as part of their induction.
- Training was specific to people's needs. Examples included training in use of percutaneous endoscopic gastrostomy (PEG) tubes to support people not able to take nutrition by mouth, administration of epilepsy rescue medicine and administration of oxygen. Staff did not support people until they had completed the relevant training.
- Staff completed assessments at the end of training to ensure they had understood the subject. A further assessment was needed if staff did not achieve a pass grade.
- Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff told us they received good support.

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

- The service had a planned menu, which was designed with input from people and their relatives. This was flexible to take into account any specific dietary needs and people's preferences.
- People said they liked the food and could have a snack and drink at different times if they wanted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had systems in place to plan referrals to external services and to maintain care and support. Staff worked with people's existing health services to ensure they received consistent support during their stay. Examples included their GP, epilepsy nurses and behavioural support nurses.

- Staff had recorded the outcome of appointments in people's care records, including any advice or guidance. Support plans contained details of health staff involved in people's care and when staff should contact them, for example if people's health was deteriorating.

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

- People were involved in decisions about the premises and environment. There were plans for a refurbishment of the service and people had been consulted when the plans were developed. As a result of the consultation the plans included a track for adult sized go-carts and a sensory garden.
- The registered manager had identified the need to support some people with developing independent living skills. As a result, the refurbishment included creating an accessible kitchen where people could learn cooking and meal planning skills.
- The service had a number of rooms which had been fitted with equipment to support people with higher mobility needs. These included accessible bathrooms and ceiling hoists to support people. These rooms were fitted with extra wide doors, which enabled people to be evacuated from the building in their bed in the event of an emergency.

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 when this is in their best interests and legally authorised under the 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.

- One person had a DoLS authorisation in place. The person's support plan contained details of the conditions of this authorisation and records demonstrated the conditions were being met. The registered manager had regular contact with the authorising body to review the support being provided.
- The registered manager had submitted DoLS applications for other people, where they were assessed to lack capacity to consent to their care and treatment. These application were kept under regular review to ensure support was being provided to them in the least restrictive way to keep them safe.
- We observed staff gaining people's consent before providing any support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and were positive about the staff's caring attitude. Comments from people included, "I get on with the staff and like coming to stay here." Relatives were also positive, with one telling us, "I am very happy with the care. [My relative] seems very happy when they go to Bradbury Manor."
- We observed staff interacting with people in a friendly and respectful way. Staff responded to requests for support. Staff were aware of people's different needs and responded to them in an individual way.
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans.

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

- Staff supported people and their representatives to make decisions about their care. People and their representatives expressed their views and set out what they wanted to happen during their assessment of care needs. This information was used to support people to develop individual care plans.
- Staff had recorded important information about people, including personal history, plans for the future and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff provided support for people in ways that maintained their privacy and dignity. Staff were discreet when asking people whether they needed support with their personal care.
- Confidential records were locked away when staff were not using them.
- Staff encouraged people to do things for themselves where they were able, to maintain their independence. Care plans included information about what people could do themselves and what they needed support with.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection action was needed to ensure care plans were specific to people and staff clearly recorded the support they provided to people. Improvements had been made at this inspection.

- People were supported to make choices and have as much control and independence as possible.
- People had clear care plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff. People's needs were re-assessed each time they stayed at the service. Care plans were updated when people's needs changed.
- Staff knew people's likes, dislikes and preferences. They used this information to provide support for people in the way they wanted. Examples included information about people's preferred daily routines and support they needed to complete household tasks.
- Staff kept clear records of the support they had provided to people. Records were used to help identify any changes to the support people needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had identified people's communication needs and included them in the care plans. Written documents, menu planners and activity plans had been made more accessible through the use of symbols and pictures. People were also supported to use objects of reference to aid their communication. Staff were using these communication methods to support people during the inspection.
- The registered manager had appointed a Makaton sign language champion in the staff team. Their role was to ensure the sign language was used more widely to support some people's communication. Staff had completed Makaton training and there were regular practice sessions in staff meetings.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in their usual activities during their stay. Examples included support to attend college, day services and social clubs.
- People were supported to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and were confident any concerns would be dealt with. The complaints procedure was given to people when they first used the service and was displayed on a noticeboard. The procedure had been made available in an easy read format to make it more accessible for people.
- Records demonstrated complaints had been investigated by the registered manager. Complainants had been given a formal response, setting out the actions that had been taken to resolve their issue.
- Senior managers regularly reviewed any complaints to ensure they had been thoroughly investigated and identify whether there were any trends to them.

End of life care and support

- People had been supported to think about their end of life wishes and record this in their care plans.
- People had been supported to understand the concept of death and feelings associated with bereavement. The registered manager had obtained resources from specialist services for people with learning disabilities to help support people.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection action was needed to ensure quality assurance systems were effective and the provider informed us of significant events in the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Improvements had been made at this inspection and the provider was no longer in breach of regulations 17 and 18.

- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, support plans, staff records and quality satisfaction surveys. In addition to checking records the management team completed observations of staff practice. This was to assess whether staff were putting the training and guidance they had received into practice.
- The provider commissioned an external company to complete a review of the service in February 2019. The review included an assessment to establish whether the provider was meeting their legal obligations and following good practice guidance.
- The provider was working with the medicines management team from Wiltshire Clinical Commissioning Group to ensure improvements to medicines management systems were sustained.
- The results of the various quality assurance checks were used to plan improvements to the service. The plan was kept under review to ensure agreed actions had been completed.
- The provider had submitted notifications of significant events to us when needed. The incident reporting systems prompted the registered manager to consider whether a notification was needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, supervision, appraisals and the training staff received. Staff reported the registered manager worked to ensure people received a high quality service.
- Everyone we spoke with praised the management and told us the service was well run. Comments included, "[The registered manager] has made lots of improvements since being in post. We have clearer

information, there are regular audits and she knows what's happening in the service" and "[The registered manager] is very good. She is approachable, supportive and genuinely interested in what is happening for people."

- The registered manager had a good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised in quality surveys and let people know what action they had taken.
- People were supported to be active members of their community whilst they were staying at Bradbury Manor and participate in local events.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.