

# Wiltshire Council

# Bradbury House

## 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 

### Overall summary

This inspection took place on 8 November 2015 and was unannounced. The last inspection took place on 17 September 2014 and no breaches of legal requirements were found.

Bradbury House provides planned and emergency short term respite care for up to ten people with a learning disability, some of whom may have additional physical care needs. At the time of our inspection there were eight people using the service.

There was a registered manager in place at the home. 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.

Sufficient numbers of staff were available to support people's individual needs safely. This was observed throughout the inspection and included the evening meal activity. We saw people were supported with their nutritional needs in line with their assessed needs. When people used the service the staffing levels were flexible to meet people's needs.

# Summary of findings

People's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's capacity was considered in decisions being made about their care and support and best interest decisions were made when necessary.

Support plans and risk assessments were representative of people's current needs and gave detailed guidance for staff to follow. Staff understood people's individual needs and preferences which meant that they received care in accordance with their wishes.

People were supported by staff who were kind and caring in their approach and were treated with dignity and respect. This was confirmed by the observations we made during our inspection.

People had choice about their daily activities when they stayed at the service. People and their relatives were involved in their support planning so staff understood what the person liked to do.

Safe procedures and a policy was in place to guide staff to manage people's medicines safely. Staff received training to guide them in best practice procedures. Stock levels and audits that we checked were correct.

People told us they enjoyed their short term stays and felt staff understood them well and knew how they liked to spend their day.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively. Training was provided and staff we spoke with were knowledgeable about people's needs.

The service was well led. Staff spoke highly of the management team and the vision of the service. There was a positive attitude amongst staff towards their work and staff responded well to the direction of the management team. A detailed system was in place to monitor the quality of the service that people received. This included a system to manage people's complaints.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were sufficient numbers of staff to ensure that people were cared for in a safe way that met their needs. A flexible rota was in place determined by the needs of people that were coming to stay at the service.

People's medicines were managed safely and staff received regular medicines training.

There were risk assessments in place to guide staff in supporting people safely.

Staff were trained in and felt confident about safeguarding people from abuse.

Good



### Is the service effective?

The service was effective.

People's rights were protected in line with Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff received training in this area to remain up to date with the latest guidance.

People received effective care and support and staff worked with other healthcare professionals before people used the service. This ensured important information about the person's needs was shared.

Staff received good training and support to fulfil their roles that ensured people's needs were met.

People's health and nutritional needs were met. People received the support they required in line with their care and support plan.

Staff received supervision and training to support them in carrying out their roles effectively.

Good



### Is the service caring?

The service was caring.

People were involved in planning of their care and support where they were able and they were given information in a way they could understand.

Staff were kind and caring in their interactions with people and people were treated with dignity and respect.

We found people's opinions were sought during their short stay at the service.

Good



### Is the service responsive?

The service was responsive.

Staff understood people individual needs and preferences and clear guidance was in people's care files for staff to follow.

People were supported in activities they were interested in. An activity program was in place and people also undertook one to one activities within the home.

Good



# Summary of findings

There was a system in place to respond to complaints. Some people we spoke with knew how and who they would make a complaint to.

## Is the service well-led?

The service was well-led.

There was an open and transparent culture in the home. Staff were confident about raising issues and concerns and felt listened to by the registered manager.

The registered manager communicated with staff about the service. Monthly staff meetings took place and staff were given opportunities to share ideas.

There were systems in place to monitor the quality and safety of the service provided. Action plans were devised and followed to improve the systems that were in place.

People's opinions were sought to improve the quality of the service.

**Good**



# Bradbury House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 8 November 2015 and was unannounced. The inspection was undertaken by one inspector. Prior to the inspection we looked at all information available to us.

This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about.

As part of our inspection we reviewed the care records for three people in the home and also looked at three staff member's personal file to see how they were trained and supported. We spoke with five people and made observations of the care other people received in the communal area. This was because not all people could tell us verbally of their experience of living in the home. We spoke with four members of staff who were on duty. We looked at other records relating to the running of the home which included audits, staff supervision and training records and meeting minutes.

# Is the service safe?

## Our findings

People told us they felt safe when they stayed at Bradbury House. One person said; “safe I like staff. Happy fun!”. Not everyone was able to verbally tell us if they felt safe. However when we asked if people felt safe one person nodded and smiled in response to the question. Through our observation of people during our inspection visit, people appeared relaxed and happy in the company of staff.

We found the provider had systems in place that safeguarded people from abuse. Staff we spoke with had a good understanding of what safeguarding meant and the processes to follow to report concerns. Staff received training in safeguarding and from speaking with staff it was clear they also received regular updates to ensure they were up to date with the latest guidance. Pictorial policies were also viewed for people that used the service. This helped people understand what safeguarding meant and how they were protected. Staff we spoke with said “I would report any concerns immediately without hesitation”.

We asked staff if they understood the term ‘whistle blowing’. This is a process for staff to raise concerns about potential malpractice of other staff in the workplace. Staff understood whistleblowing and the provider had a policy in place to support staff who wished to raise concerns in this way. The whistleblowing policy on display gave staff access to the procedure for raising concerns of poor practice by other staff.

People were protected against the risks associated with the administration and storage of medicines. A clear policy was in place for staff to follow that ensured the safe ordering, administration and returns of any unused medicines. Staff received medicines training coupled with regular refresher updates to ensure they kept up to date with the latest guidance. The administration of medicines was recorded on a Medicine Administration Chart (MAR) chart provided by the dispensing pharmacy. The records demonstrated people received their medicines in line with their GP instructions.

Risks to people’s safety were assessed before they came into the service. A member of staff said “we start this process as soon as people show an interest in the service.

This ensures we have all the information we need to safely support people”. People’s risk assessments were clear and detailed to guide staff. The risk assessment went through a step by step process that included; the situation, potential risk and the conditions where the risk was more likely to occur. Documentation confirmed people’s risk assessments enabled the person to take reasonable risks associated with their daily living needs in a safe way. All risk assessments were reviewed yearly or before if people’s needs changed and signed by the person if they were able.

There were recruitment procedures in place to help ensure that staff were suitable for their role and to support the provider in making safe recruitment decisions. This included gathering information through references and a Disclosure and Barring Service check (DBS). The DBS provides information about any criminal convictions a person may have and whether they have been barred from working with vulnerable adults. This helps prospective employers ensure people are suitable for employment in their organisation.

There were sufficient numbers of staff to ensure that people’s needs were met. People’s care was provided at a pace that met their needs. Staffing was arranged to meet people’s individual needs to ensure care was delivered in a personalised way. Staff told us when people with higher support needs used the service, extra staff would be on duty at certain times of the day. This ensured all people received the time they needed to receive safe care. Rotas that we viewed confirmed flexible staffing numbers.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager audited all incidents to identify trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. Safety audits were recorded and actions were recorded and signed off when they were completed.

Emergency contingency plans were in place and regular fire alarm tests took place to ensure all equipment was fit for its purpose and staff were aware of the procedure in place.

# Is the service effective?

## Our findings

People's care records were maintained accurately and completed to ensure full information was available. We saw three support plans. These were person centred and written in the first person together with pictures that enabled people to be fully involved in the process. People's stay was on a 'short stay' basis known as 'respite' therefore people were registered with their own GPs in their home area. However people's on-going health needs were managed as people would be supported to see a local GP or hospital should they require it, during their stay. During our inspection we observed a member of staff reported a person did not want to take their medication. An agreed protocol was followed that included contacting the person's relative and their GP. This ensured effective medicines care was delivered. Full medical information was held on people's files. This included a 'hospital passport' documentation. This documentation would aid medical professionals to understand the person's needs and how they liked to be supported. Staff told us they would also inform family members if a person was unwell to enable them to support the person should they so wish during their stay.

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. We saw examples of best interest decisions being taken on behalf of people, where it had been assessed they did not have the capacity to make specific decisions. Documentation also contained details of who was consulted and involved in the decision making process. Pictures were used to aid people's understanding and their involvement. People's care documentation evidenced ways to gain people's consent. For example, one person's documentation showed how to give the person choice with their routine. It recorded to give two choices only as the person would find it too hard if any more was offered and therefore would not be able to give consent for their routine.

Staff confirmed they had received training in the Mental Capacity Act 2005 and records we viewed confirmed this. Staff were able to tell us about key aspects of the legislation and how this affected people on a daily basis

with their care routines. Staff were heard routinely asking people for their consent throughout the inspection and had a good understanding of people's non-verbal communication needs that ensured their rights were respected. Staff gave examples of how they understood from people's facial expressions and vocalisation if they were happy to proceed with their routines. One staff said "we know people really well because they come here regularly and [name] makes noises and eye contact and is able to make her wishes known this way. We would respect [name] decision". Throughout our inspection staff were heard routinely asking people for consent in their daily routines.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us where it was felt that a person needed to be deprived of their liberty in order to keep them safe and it was in their best interests to do so, applications would be made to relevant authority for Deprivation of Liberty Safeguards (DoLS) authorisation.

Where people may present with behaviours that could potentially affect others, there were individual plans in place to guide staff in managing this. These plans described the situations that may trigger these behaviours and how staff could support the person at these times. During our inspection staff responded to people in a way that demonstrated they knew how to reduce the people's anxiety that was in line with their care and support plan.

The provider had a system in place to support staff and provide opportunities to develop their skills. New staff completed an induction training programme that included training, supervision and competency checks. One to one supervision with a senior member of staff took place. Supervision is dedicated time for staff to discuss their role and personal development needs. The senior member of staff told us "New staff would not work alone until observations of their practice were undertaken that deemed them competent to do so." Staff we spoke with and records confirmed on going supervision was provided following the induction programme. Staff could approach the registered manager or senior member of staff at any time and would not need to wait for the planned supervision to take place. Staff comments included;

## Is the service effective?

“[name] is very supportive”, “I received enough supervision but we are a close team and “[name] door is always open”. Staff received yearly appraisals. This is a process whereby staff performance and personal development is reviewed to enhance the skills of the member of staff. The senior member of staff told us a new appraisal system was in place. They told us it was a better system as it helped the member of staff to identify what they may like to achieve.

Staff were positive about the support and training they received. We viewed the overall training records which showed when all mandatory training topics had been completed and when updates were next due. Training included first aid, moving and handling, safeguarding and epilepsy. Staff we spoke with told us they received adequate training in order to support them in their role. Training provided was a mix of face to face training with external trainers and electronic ‘E learning’ training.

The service took into account the needs of people and adapted some rooms in order to be inclusive and effectively meet people’s individual needs. Some rooms in the service were designed for people with complex physical needs and the environment was equipped to meet their moving and handling needs. For example, a couple of rooms were larger and set out for staff to be able to use hoists and larger moving and handling aids.

People’s nutrition and hydration needs were met. People’s independence was promoted People’s Support plans reflected when advice and support was required from dietary specialists and clear information was available for staff to follow. This was confirmed when we spoke with staff as they had a good knowledge of people’s nutritional needs and the specialist advice that had been sought.



# Is the service caring?

## Our findings

We observed staff caring for people in a respectful and compassionate manner. People were given choices and asked what they wanted to do. On one occasion we observed staff using visual cues to support a person in communicating what choice of drink they'd like. Staff gave the person the time they needed to respond. Staff and people that used the service exchanged jovial conversations and people's interactions demonstrated they enjoyed this. This was evident as they

laughed and responded to staff interactions. The senior member of staff spent time explaining to people that an inspection was taking place and what this would involve. This was an example of people being treated with respect as they were informed of visiting professionals.

All people were relaxed in the company of staff and staff had a good knowledge of people's likes and dislikes. Staff we spoke with were also able to describe what people liked to do during their stay. One person was able to tell us staff understood their needs and felt happy when they stayed for the weekend.

During our inspection we observed staff maintaining and respecting people's privacy and knocked on their doors before entering and gaining their consent to enter. One member of staff was heard to say "is it ok if I come in [name]" and the person was happy for the member of staff to enter.

People were involved in decisions about their care and support and information was given in ways they could understand. This was clearly demonstrated within people's care records and support planning documents. They were signed by people if they were able to and used pictures to aid their involvement and understanding.

When people were staying in Bradbury House they were supported to maintain their community links and would be

supported to continue to attend their day centres and clubs. The senior member of staff told us they were building community links with a local daycentre and had joint coffee mornings and hope to extend this to film nights and more social events in time.

People's cultural and spiritual needs were taken into consideration and accounted for. Staff told us this would always be considered and discussed at the pre admission assessment and would be provided for according to their individual needs.

People had the opportunity to attend 'customer' meetings on a regular basis. These meetings were an opportunity for people to give their views on the service they received and any ideas for improvements. Minutes that we viewed demonstrated each person was asked in turn for anything they may wish to share. Pictures were used to involve everyone in the meeting discussions.

As part of the provider's quality monitoring, we found people's opinions about the service they received were usually sought through surveys on a yearly basis. The last survey was undertaken August 2015 and the registered manager told us comments were currently being collated and an action plan would be drawn up if any actions were required. At which point a report would be compiled and a copy is sent to all the families/carers.

We saw compliments and feedback that had been received from relatives, friends and staff clearly identified staff's caring approach. Comments included: "I am very satisfied with the respite care", "staff are brilliant and patient with me" and "[name] has a fantastic time when they come to stay and enjoys the space this provides". Staff told us people were asked at every stay if they were happy with their stay. The service also liaised with people's social workers to ensure they were satisfied with the service people received.

# Is the service responsive?

## Our findings

Personalised care and choice was delivered to all people that used the service and people's support needs were assessed before they came into the service. People's support needs were assessed and personalised care plans were put in place. These were person centred and written in the first person together with pictures that enabled people to be fully involved in the process. People's support plans were signed by the person if they were able to demonstrate their involvement. Support plans included detailed information for staff to follow and were personalised for each person. For example plans included: daily routines and preferences, family and friends, community and support plans for all activities of daily living needs.

One person's communication plan clearly described how staff could support them with their non-verbal communication needs and gave detailed guidance for staff to follow. For example one person's plan described how the person may display signs of pain without being able to verbally tell staff. The plan was detailed to guide staff to respond quickly to the person's change in need. The senior member of staff told us "when people show an interest in using the service we start the assessment process. This will include the person coming for tea several times to see if they like it". Staff also visited people in their own homes and at their schools, to learn about how they liked to be supported and what they liked to do with their day. This ensured a comprehensive assessment took place.

People's support plans were reviewed as and when required but at least yearly. This included joint reviews with the local authority social workers, family members and the person. This joint review process helped identify any changes in the person's needs and agreement to any changes in the care delivery could be made. Staff told us because people could have lengthy gaps between stays they would always ask if the person had experienced any

changes in their needs to ensure their plans were up to date. A named member of staff would be responsible for updating the information of people that used the service to ensure all the information was kept up to date.

People were given information that supported their safety and welfare. Easy to read information had been developed to help people understand their support and healthcare needs. Policies were developed in a pictorial format. This included safeguarding of people from abuse.

There were arrangements in place to respond to complaints. A complaints policy and procedure was in place and this identified other organisations and agencies that concerns could be reported to if necessary, this included the contact details of the Care Quality Commission. A copy of the procedure was fixed to the inside of people's bedroom doors. This ensured people had direct access should they wish to raise any concerns without having to ask any staff. Records showed no formal complaints had been received since our last inspection. Not all of the people in the home were able to explain verbally if they were upset or wanted to raise concerns. However staff told us about the ways in which they would be able to identify if a person was upset, through their behaviours and vocalisations. Records of compliments and complaints were kept and this helped the registered manager know what was going well in the service and any areas that required improvement.

People were able to choose what activities they undertook. We observed activities taking place during the day on a one to one basis and as a group. Some people watched a film while others did drawing and art work in their room with a member of staff. People had a timetable of activities and a person was able to tell us of the activities they undertook. Staff told us "we are trying a structured activity timetable to engage people fully during their stay". We viewed the three weekly pictorial timetable that included: bingo, movie nights, baking and music. A games room was also available for people to use and staff confirmed this could also be used as a sensory relaxation room to help people manage their anxiety levels.

# Is the service well-led?

## Our findings

Staff we spoke with told us the service was well led and the management team was visible on a daily basis and supported them well. Comments included: “we get good training and plenty of it”, “we are a great supportive team”, “we can ask [name] anytime to talk. Very supportive and keen on development” and “[name] listens to what we have to say”. Staff felt very confident about raising concerns with the registered manager and anyone in the team. This created an open and transparent culture within the staff team. Staff told us they worked together well as a team and felt they supported each other to cover any shifts that needed to be covered at short notice. This was observed during our inspection when a member of the team came in to cover short term absence. Staff told us “we do this as its better for the people to be supported by people who know them well”.

The registered manager communicated with staff about the service. Monthly staff meetings took place. Staff meeting minutes confirmed detailed discussions took place as way of communicating important information to the team and as an opportunity for staff to highlight any issues or concerns. Staff we spoke with confirmed their opinions were sought and acted on. One member of staff told us “we are a supportive team [name] always listens and has been very supportive”. Following our inspection the registered manager told us “Usually we discuss any improvements during a staff meeting, or with my open door policy staff come and chats during the day. They come up with different ideas and I let them go ahead and put their ideas in place to see if they work. So far they have been excellent ideas, the games room/sensory room was their idea and all the customers love it in there now”. This confirmed how staff ideas were embraced to make service improvements.

Accidents and incidents were monitored on a monthly basis as a means of identifying any particular trends, patterns or lessons to be learnt in the types of incidents occurring. The registered manager was aware of the responsibilities associated with their role, for example, the need to notify the Commission of particular situations and events, in line with legislation. Notifications help ensure that the service can be monitored effectively by the commission.

There were systems in place to monitor the quality and safety of the service provided. There was a regular programme of audits in place. These audits included the environment, vehicle checks, financial, staffing and care delivery. Daily, weekly and monthly checks took place. Quarterly audits checks also took place and included; medication, staffing, care planning and concerns/compliments. These checks were undertaken by seniors managers in the organisation and action/improvement plans were completed and followed up on future visits as required. There were also checks in place to ensure the safety of the environment. These included regular testing of fire alarms and safety lighting to check that these were in good working order. This ensured the care delivery and facilities were safe and fit for purpose.

Regular feedback from people who used the service, their relatives and professionals was gathered to help develop and improve the service. This was gathered during care reviews, resident meetings and yearly questionnaires. The registered manager told us that they valued people’s feedback and would respond individually to any comments from people to ensure they felt listened to by the management team.

Staff also completed yearly questionnaires and the registered manager confirmed a report would be compiled and displayed in the staff area so they could see their comments were listened to.