The Salvation Army Social Work Trust

Bradbury Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The Inspection took place on 12 December 2016 and 3 January 2017 and was unannounced.

Bradbury Home is registered to provide accommodation and personal care without nursing for up to 36 people who may be living with dementia. There were 22 people living in the service at the time of our inspection.

There was a registered manager in post. 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.

Improvements were needed to ensure that people receive their medication safely and as prescribed. Although there were systems in place for receiving, administering and disposing of medicines there were medication errors that had not been identified by the service's own auditing system. Improvements were needed in the timeliness of responding to all issues raised. Although most people were confident that their concerns or complaints would be listened to and acted upon, some issues had not been resolved in a timely manner.

Risks to people's health and welfare had been assessed and there were care plans and risk assessments in place to ensure people were cared for safely. The recent increase in night time staffing levels and the recruitment of more permanent staff had improved staffing in general. The recruitment process had also been improved recently to ensure that all staff working in the service had the appropriate pre-employment checks.

The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed. There was guidance and information available and some staff had been trained. More training was scheduled to take place to ensure that all staff had up to date knowledge.

People received sufficient amounts of food and drink to meet their individual needs and preferences. Healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when needed.

You can see what action we told the provider to take at the back of the full version of the report.

Staff knew the people they cared for well and were kind and caring towards them. They ensured that people's privacy and dignity was always maintained. People expressed their views and opinions and they participated in activities of their choosing. People received their visitors at any time and their families and friends were made to feel welcome. Advocacy services were available should people need them. People's

care needs had been assessed and their care plans provided sufficient information for staff to meet their needs and to care for them safely.

The quality monitoring system was generally effective in monitoring the service. However the medication audits had not identified the issues raised in this report. The registered manager has been, and continues to implement changes to drive improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People had not always received their medication as prescribed. Staff's practice when checking and administering medication had meant there was a risk of medication errors occurring.

Although care staff had been safely recruited, the same level of checks had not been made for ancillary staff.

There were sufficient staff to meet people's assessed needs.

People were protected from the risk of harm.

Is the service effective?

Good

The service was effective.

People were cared for by staff who felt supported. Although training had not been updated recently plans were in place to ensure that all staff were updated.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good

The service was caring.

People were treated with respect by staff who knew them well and were kind, caring and careful in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good

The service was responsive.

There was a clear complaints procedure in place and most people were confident that their complaints would be dealt with appropriately. However, improvements were needed as some people felt that their concerns had not been resolved in a timely manner.

The assessments and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Although the quality assurance system was generally effective in monitoring the service some audits had not identified the issues raised in this report.

Staff had confidence in the registered manager and shared their vision to improve the quality of the service that people received.

Bradbury Home

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.

We inspected Bradbury Home on 12 December 2016 and 3 January 2017 and the inspection was unannounced. This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 15 people, six of their visitors, the registered manager and 12 staff. We reviewed four people's care files and five staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Requires Improvement

Is the service safe?

Our findings

Improvements were needed to ensure that people receive their medication safely and as prescribed. We carried out a random check of the medication system and we found some discrepancies. For example on two people's medication administration records (MAR) we found that the number of tablets left in the packs did not tally with the number of tablets stated in the records. This was checked by both the team leader and the acting head of care who told us that they believed the amount of tablets carried forward had been incorrect. The most recent medication audit dated 30 December 2016 had not identified these errors. During our observation of the medication round we saw that one person was left with their medication on the dining table as they liked to take it in their own time. The team leader administering the medication had signed for this without seeing it being taken. There was a risk that someone else could take the medication off the table which could cause them harm. There was also a risk that the person who it was prescribed for would not take it so the MAR should not have been signed to state that they had. We also saw that people were left with liquid medication on the table for them to take later. This presented the same risk in terms of others consuming the medication in error or people required to take these might not take them as needed.

There was a system in place for ordering, receiving, storing and the disposal of medication. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. Staff had received training and had their competence to administer medication assessed. However, considering our observations and findings we were concerned about the robustness of training and competency checks that had been carried out.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risk of abuse. They told us they felt safe living in the service and we saw they were comfortable in their surroundings and with staff. One person said, "I feel very safe here." A visiting relative told us, "My relative has been here for over three years and I am very comfortable with them living here. It's nice and safe and they [staff] look after them OK." There were leaflets and posters about safeguarding people displayed in the hallway, the staff room, the team leader's room and in the main office. The registered manager and staff demonstrated a good knowledge of safeguarding procedures and how and when to apply these. Staff had access to up to date policies and procedures to support them with the safeguarding process. Most of the staff had received up to date training in safeguarding people, however there were some newer staff who had not and one staff member who had not received an update since October 2014. Improvements were needed to ensure that all staff had up to date training in how to keep people safe.

Risks to people's health and safety were well managed. Staff had received training in first aid and fire safety and they knew to call the emergency services when needed. There were detailed fire evacuation plans in place which had been regularly reviewed and updated and were easily accessible for staff to use in an emergency. Staff told us and the records confirmed that regular fire drills had been carried out. People had risk assessments together with management plans in place for their mobility, skincare, nutrition and falls.

Staff demonstrated a good knowledge of people's identified risks and described how they would manage them. One person had been supported to access a local shop to buy their newspaper and other people had been supported to take part in local outings, such as for meals out and to day centres and to a local charity shop. This showed that people were supported to take every day risks and to maintain their independence.

People were cared for in a safe environment. The registered manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and there were up to date safety certificates in place to confirm this. Building repairs had generally been carried out effectively when required. However there had been a problem with the heating system in the past but it had now been fixed. Contractors were employed to carry out work such as to the plumbing, electrical and heating systems. The maintenance person carried out minor repairs and redecoration and had kept a record of all work done. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

The registered manager told us that there had been a shortage of permanent staff recently. They said that they been using agency staff and that permanent staff had been working overtime to meet the shortfall. Staff told us that they had found the level of agency staff had sometimes been problematic because of their lack of knowledge. One staff member said, "We are using a lot of agency staff and they come here not knowing what to do – they know nothing about the layout of the home or the processes we use. This means that they stand around a lot and it does not feel that they are managed properly." Staff told us that the registered manager was very proactive in dealing with agency staff issues. For example one staff member told us, "I mentioned to [registered manager's name] that I felt that one particular agency member of staff was just not suitable for this home. They telephoned the agency immediately and asked them not to send the person again. It was good to see them react so quickly to resolve the situation."

During our inspection we found the service had two night staff to support all 22 people over the three floors of the building. As there were a number of people who required assistance from two members of staff this was a concern. Also due to the layout of the building people could be at risk of not getting the support they needed during the night. We discussed this with the registered manager who has since told us that the night time staffing levels has been increased to three care staff to ensure people received the support they need. The registered manager said that more staff had been recruited but they could not start work until their pre-employment checks had been carried out. They told us this should ease the burden that agency staff place on permanent staff. The duty rotas showed that staffing levels had been consistent over the six week period checked and we observed that there were sufficient staff on duty to meet people's needs.

The service had a robust recruitment process for employing care and management staff. However the process had not included disclosure and barring service checks (DBS) on domestic and catering staff. The registered manager told us that this was common practice throughout all of the provider's homes. A discussion took place about how all staff who had access to vulnerable people and their possessions should have DBS checks to ensure that people were supported by suitable staff. The registered manager and assistant director has since told us that the provider is in the process of obtaining DBS checks for all ancillary staff in all of their homes. In the meantime they have risk assessments in place to ensure people's safety.

All other required checks in line with regulatory requirements had been carried out, for example there were completed application forms, written references and the right to work checks made before staff started work. Care staff told us that the recruitment process was thorough and they had not been able to start work until all the checks had been carried out.

Good

Is the service effective?

Our findings

People were cared for by staff who felt supported to do their work. The registered manager told us that they had been reviewing the induction process. They said that all new staff had started to do the care certificate to ensure they were equipped to do their work. The care certificate is a training course which enables staff who are new to care to gain the knowledge and skills that will support them within their role. Staff told us they felt supported, received regular supervision and had access to training. One staff member said, "I have regular meetings with my line manager where I can discuss things such as any training that I need." Another staff member told us, "I like working here and I do feel supported. " The records showed that regular supervisions had taken place.

Although people told us that they felt staff 'knew what they were doing,' some staff did not have up to date knowledge and skills to care for people effectively as they had not received updates to their training. For example some people had healthcare needs such as for epilepsy and Parkinson's disease. Staff had not been trained to support people with these specialist healthcare needs. The registered manager said that 14 of their 18 care staff had either completed or were working towards a qualification in care. Staff told us, and the records confirmed that they had completed a national qualification in care. The registered manager has since put in place a plan to ensure that all staff has up to date knowledge and skills to enable them to care for people effectively.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. There were information leaflets about MCA and DoLS available in the office and on the notice board. Staff had an understanding of how to support people in making decisions. One staff member told us, "People have MCA assessments in place where they cannot make certain decisions for themselves. Any decisions are then made in the person's best interests." Although some staff had received training, others had not. The registered manager had scheduled it for early 2017 to ensure that all staff had up to date knowledge in how to apply it.

Where necessary appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. People told us, and we heard, that staff always asked them for their consent before carrying out any activities. Mental capacity assessments had been completed where required. This showed that people's rights were protected where they were not able to make every day decisions as the service had made decisions in their best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People's views on the food varied. One person told us, "The food is lovely, it tastes nice and there is enough of it and you can always have some more if you want." Another person said, "The food used to be better and you used to get more choice. The meat is sometimes a bit tough." Other people were observed during the lunchtime meal to be enjoying their food and it was plentiful and looked appetising. Menus were clearly displayed and staff supported people to eat their meals by ensuring that they took the time people needed to enjoy their meal. People were relaxed and happy and were chatting with each other and staff throughout what appeared to be a pleasant experience. Where necessary people's dietary intake had been recorded and their weight had been monitored to ensure that their nutritional intake kept them healthy.

People's healthcare needs had been met. They told us that they saw a variety of healthcare professionals when needed such as the dentist, optician, chiropodist, nurses and doctors. People said, and the records confirmed that they got the support they needed to help them keep healthy. The outcomes of healthcare visits and any follow up actions had been clearly recorded and showed how and when people had received the support they needed.

Good

Is the service caring?

Our findings

People told us that the registered manager and staff were kind and caring. One person said, "The staff are very good, they are all nice." Another person told us, "It's all very nice here and the girls [staff] are all very nice." We saw that staff treated people sensitively and displayed kind and caring qualities. For example, there was lots of chatting and smiles between people and staff and there was a nice ambience in the service. We also heard a person laughing together with a member of staff about something they had forgotten. The registered manager and staff clearly knew people well and had built up positive caring relationships with them.

People told us that staff treated them with dignity and respect. They said that staff did not rush or hurry them and we saw this in practice throughout our visits. For example during the lunchtime meal we saw that people who ate independently were politely offered support from staff if they needed it. Where people were being supported to eat their meal staff always asked them if they were 'ready' before offering the next mouthful of food. We saw people being supported and we heard staff speaking with them in a calm, respectful way. Staff were careful in their approach when supporting people to mobilise and they allowed them the time they needed to carry out activities or tasks. People told us that staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms.

People told us that they were able to practice their faith. They told us how they were supported to carry out their daily prayers and how the chaplain spent time with them. One person said, "We have some lovely prayer meetings and can spend time with the chaplain individually if we want to just chat." This was seen in practice when we visited the service. The chef told us that they could cater for people's individual specific cultural or religious food needs if required. People's religious faith was respected and their cultural needs had been met.

Staff supported people to maintain their independence. People told us that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. One person said, "I prefer to keep my own company really – I'm happy here – they look after me very well indeed." Another person told us, "I enjoy going out and I always try to do as much as I can for myself because I like to be as independent as possible." The care files contained good information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred.

There was detailed information about people's life history on the care files that we viewed. Staff knew people well and recognised the importance of recording people's past lives. Staff were able to tell us information about individual's backgrounds as well as their likes, dislikes and preferences.

People told us, and their relatives confirmed that their visitors were welcome at any time. One person said, "My family come to visit me when it suits them. They are always made to feel welcome." Another person told us, "I have visitors at any time. The staff make them feel welcome." Visitors said that they could visit when they wanted to and that staff made them feel welcome.

Where people did not have family members to support them to have a voice, they had access to advocacy services. There was advocacy contact details displayed on the noticeboard in the hall. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Good

Is the service responsive?

Our findings

People had received a full assessment of their needs before they moved into the service. They told us that they and their families had been fully involved in the assessment and care planning process. One person said, "Staff checked to see if they could look after me before I came here. I was asked about what I was able to do for myself and what I needed help with." Other people also told us that they had been asked about the help they needed before they moved into the service. The care plans clearly described people's preferences such as what they preferred to be called, how they took their drinks (black tea, white coffee and how many sugars) and their preferred activities. They provided good information about people's families and their past lives. There were detailed end of life plans that described people's wishes for their end of life care. The care plans had been regularly reviewed and updated to reflect people's changing needs. People told us, and we saw that the service provided them with suitable equipment such as hoists, walking aids and wheelchairs to support their mobility. People received personalised care that was responsive to their individual needs.

People told us that they had plenty to do to pass the time. An activities schedule was displayed informing people when activities such as crafts, puzzles, books, classical and live music were to take place. One person said, "There is always something going on and it is written on the board in the hallway so you know what will be happening and when." Another person told us, "I enjoy going out to lunch. We do it quite a bit and the activities lady is very nice." We saw that a group of people went out with staff to a local day centre for their lunch on the day of our visit. We also saw that the Chaplain was in the first floor lounge with a number of people singing carols and chatting about Christmas and what it meant to people. People were supported to follow their own interests and hobbies as far as they were able to and received a service that was responsive to their individual needs.

People said that the staff and registered manager asked for their views on a daily basis and we heard and saw this in practice. Staff were heard asking people how they felt, what they wanted to do and if there was anything else they could do for them. People told us, and the records confirmed that they had regular meetings where they had discussed a range of issues that including their concerns about food, activities, staffing and the general running of the service.

People told us they knew how to make a complaint. One person said, "If I have any concerns I am comfortable telling the staff as they deal with them." Another person told us, "I would complain if I am not happy." A visitor told us, "I had to raise some concerns with the manager recently and they responded immediately and kept me up to date by email." There was a good complaints process in place which described how complaints and concerns would be dealt with and it included the contact details of CQC, the local authority and the Local Government Ombudsman. The complaint records showed that formally logged concerns had been responded to appropriately and that they had been fully considered and resolved. Although most of the people we spoke with were confident that their complaints would be dealt with quickly, there were some people who felt their concerns had not always been dealt with in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

The registered manager told us that the 2016 quality monitoring survey was in progress and that they were unable to locate any previous quality assurance reports for us to view. They said that surveys had been sent to people and their relatives on 5 December 2016 and further surveys to GP's, social workers and district nurses were due to be sent presently. Feedback was also sought through resident's meetings and through day to day contact with people and their visitors. The registered manager said that people's responses would be analysed and actions would be taken to address any shortfalls in the quality of the service. However, some people were not happy with how the service had responded to their concerns. One person told us, "The [staff] come in my room and give me a cup of tea in the morning with my pills. I don't like tea, I've never had tea…I only drink coffee but they always give me tea." Another person said, "The meat is sometimes tough and horrible – I've mentioned it but nothing changes."

We noted that some of the issues raised at resident's meetings had not always been dealt with quickly and that they remained an issue at subsequent meetings. For example the number of staff and the noise around the serving hatch at meal times had been raised in June 2016 and again in October 2016. We saw there were still a number of staff waiting at the serving hatch at lunchtime during our visit on 3 January 2017. This meant that improvements were needed to ensure that any issues raised were resolved in a timely manner.

Although regular audits had taken place such as for health and safety, medication and dignity in care they had not always proved to be effective. The medication audits that had been undertaken on 9, 16, 23 and 30 December 2016 had not identified the medication errors that we found on 3 January 2017. This meant that some of the quality assurance processes needed developing to ensure that shortfalls are rectified swiftly.

The registered manager has been in post since March 2016 and they were available to support staff as they worked in the service on a daily basis. One staff member said, "I have worked here for two years and I can honestly say that it is better now with the new manager- I have great support and can take anything to them." Another staff member told us, "I've been here for around a year and I feel comfortable with everything – if I have a problem I'd go to my supervisor, but things are OK." People knew who the registered manager was and told us they were very nice. The registered manager had a good knowledge about the people they were caring for and was able to tell us about their individual needs and preferences.

The registered manager told us they had an open door policy where people, their relatives and staff could speak with them whenever they wanted to. People had confidence in the registered manager and told us they were approachable and supportive and that they responded positively to any requests that they made. Staff shared the registered manager's vision to provide people with person centred care that met their physical, emotional and spiritual needs. There were clear whistle blowing, safeguarding and complaints procedures in place and staff were confident about using the processes. They told us they would not hesitate to report any issues or concerns.

Staff meetings had taken place where a range of issues had been discussed such as safeguarding people, policies and procedures, recruitment, training, medication and care practices. Staff said that they felt

involved in how the service was run. They told us that the registered manager involved them in the running of the home and that they felt the service was improving.

Team leaders participated in regular handovers between shifts. They recorded the information on the staff hand-over information sheet which they told us was shared with care staff at the start of their shift. Some care staff told us they had not always seen the hand-over sheet and felt that they had not always received adequate information at the start of their shift. It is important that all staff have up to date information about the people they care for to enable them to provide people with the appropriate level of care.

Personal records were stored in a locked office when not in use but they were accessible to staff, when needed. The registered manager had access to up to date information on the service's password protected computer system and shared this with staff to ensure that they had the knowledge to keep people safe.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe management of medicines. Regulation 12 (1) (g)