

Bradbury House Limited

Bendalls Farm

Inspection report

Bendalls Farm
Green Ore
Wells
Somerset
BA5 3EX

Tel: 01761241014

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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

We undertook an unannounced inspection of Bendalls Farm on 4 July 2018. When the service was last inspected in March 2017, three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. These related to failings in the assessment of risk, risks to legionella bacteria in the water were not being managed consistently, people's legal rights in relation to decision making and restrictions were not always upheld and the provider's quality assurance systems were not always effective in ensuring that any areas for improvement were identified and acted upon.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Safe, Effective and Well led to at least good.

The provider wrote to us in June 2017 and told us how they would achieve compliance with the regulations. During this inspection we found the identified improvements had been made.

Bendalls Farm is a 'care home'. 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.

Bendalls Farm provides support for up to ten people with learning disabilities and/or mental health needs.

The care service worked in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

People were protected from abuse because staff understood the correct procedure to follow if they had any concerns. Staff informed us they were confident concerns would be followed up if they were raised. People appeared happy in the company of the staff.

Risks to people were assessed and managed. People received effective support from staff to help them manage at times when they became anxious. People received their medicines safely.

There were suitable staff levels in the home and staff were recruited safely.

Staff were suitably skilled, and they received on-going training and support to ensure they had the skills and

knowledge required to effectively support people.

People were involved in decisions about their lives and their legal rights were upheld in relation to the Mental Capacity Act 2005, people were able to make unwise decisions where they had capacity to do this.

People were involved in planning their menus.

Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs.

People's diverse needs were well supported; they chose a range of activities, work placements and trips out.

Staff had built trusting relationships with people over time. Staff interactions with people were positive and caring.

Staff knew people and understood their care and support needs. People were supported by staff to plan and achieve their goals. People were involved in planning and reviewing their care and support.

There were systems in place to share information and seek people's views about their care and the running of the home.

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.

Risks to people were assessed and managed.

People were protected from abuse and avoidable harm.

There were sufficient numbers of staff to keep people safe. Staff recruitment was managed safely.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Good ●

The service was effective.

People's legal rights in relation to decision making and restrictions were upheld.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good ●

The service was caring.

Staff were kind and patient and treated people with dignity and respect.

People were supported to keep in touch with their friends and relations.

People were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and reviewing their care.

People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used community facilities and were supported to follow and develop their personal interests.

Is the service well-led?

Good ●

The service was well-led.

The quality assurance systems were effective in ensuring that any areas for improvement were identified and acted upon.

People were supported by staff who had clear lines of accountability and responsibility within the team.

People were supported by staff who were clear about the aims of the service and positive about their role.

Bendalls Farm

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 4 July 2018 and was unannounced. It was carried out by two adult social care inspectors.

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 looked at the information in the PIR and also looked at other information we held about the service.

During the inspection we spoke with seven people about their views on the quality of the care and support being provided.

We spoke with the registered manager and three members of staff.

We also looked at records relevant to the running of the service. This included three care and support plans, two staff recruitment files, staff training records, medication records, and quality monitoring records. Following our inspection we requested feedback from three visiting health and social care professionals involved people's care.

Is the service safe?

Our findings

At our last inspection in April 2017, we found risks to people's personal safety were assessed but effective plans were not always in place to minimise risks or protect people from harm.

At this inspection we found effective plans were in place to minimise risks and protect people from harm. For example, people had risk assessments in place in relation to smoking, arson, accessing the community, the use of restrictive physical intervention and activities such as cooking. Risk assessments had management plans in place to reduce the risk and the staff we spoke with were aware of the identified risks. We noted one risk reduction measure was for the home to install a more sensitive fire detecting system into a person's bedroom, because they were known to smoke in their room. The registered manager confirmed the quotes for this had been received and they were pending authorisation from head office for the work to be started.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had their own plans if they needed to be evacuated in the event of a fire or if they needed a hospital admission.

When we last inspected the service, we found risks associated with legionella bacteria in the water supply were not being managed consistently. Legionella can cause serious lung infections. At this inspection, we found the necessary improvements had been made.

An external water testing company had carried out a test in January 2018; legionella had not been detected. There was a risk assessment in place detailing the frequency of on-going checks required to ensure the water remained safe. We read records of water temperatures checks, descaling of shower heads and of the flushing of unused water outlets. These were in line with the frequency stated in the risk assessment. This meant people were protected from the risk of being exposed to legionella.

The provider also arranged for a range of checks on the environment to ensure it remained safe. These included checks on the fire system, fire equipment and electrical appliances.

All areas of the home were kept clean. People helped to keep the home clean and tidy, with help from staff. Staff checked each person's room each week to make sure it remained clean and hygienic. Staff told us they had received training which helped them to work in a way that minimised the risks of infection to people.

People told us they felt safe living at Bendalls Farm. One person said, "Yes, I do feel safe here. Staff are here all the time." All other people spoken with said staff were "Alright". None raised any concerns about how staff treated them. Each person knew who to speak with if they were worried or had any concerns about life in the home. One person told us, "You can talk to staff if you have a problem." Another said, "I talk to (registered manager's name) and he sorts it out for me."

Risks of abuse to people were minimised because staff received training in how to recognise and report

abuse. Staff we spoke with had a good understanding of abuse and all said they would report anything they were concerned about. All were confident that action would be taken to make sure people were safe. One staff member said, "I believe it is a safe place for people. If I had any concerns, I would go to the senior or the manager. I would whistle blow if I needed to." Other comments included, "I would report anything to the team leaders and the manager. If I wasn't happy I would contact the local authority, the police or CQC" and "I would report anything immediately to the team leader or manager. I am aware of the whistleblowing policy and know I can contact CQC. I'm 100% confident (name of registered manager) would take the right action, but I've not seen anything like that here."

People had complex needs and sometimes could be involved in incidents where they became anxious, leading to them becoming physically and verbally aggressive towards staff and each other. One person said, "Sometimes people here get annoyed; that's not very good. Some people argue. Staff have to get involved to sort it out." Another person told us, "Sometimes here people smash the place up. The staff have to try and ask them to calm down. Doesn't worry me though; I'm ok."

On the morning of our inspection, three people were unhappy. They were verbally abusive towards staff; one made threats to staff. All staff on duty remained very calm and polite towards them. Staff gave people space and time to calm down if they needed it. At other times, staff spoke with people about why they were upset and offered advice or possible solutions to them. We spoke with all three people later in the day and each was settled and much happier.

People had detailed support plans in place which identified what made them anxious, the signs that they were becoming anxious and how staff should respond. People's plans said people could be restrained "as a last resort." All staff spoken with said restraint was very rarely used. Staff were aware of the plans and what could make people anxious. One staff member told us, "There are incidents but they are manageable, we have the right training and support to deal with them. If someone is agitated we give them space, we know the people well here and the signs they are becoming anxious." Another commented, "We definitely have the right support and training to manage incidents. I've got the backing of my colleagues and management. I've not seen any restraint used here, it's not a regular occurrence and only ever used as a last resort."

Staff completed an accident or incident form for each event which occurred; these were entered onto the provider's computer system. All incidents were analysed by the provider's behavioural specialist who responded by offering suggestions and comments for staff to help improve their practice. This ensured that each incident was recorded and reviewed. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

The provider had systems and policies which made sure people were cared for by suitable staff. The service had safe recruitment processes. Pre-employment checks were obtained prior to staff commencing employment. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We looked at two staff's personnel files and found the recruitment process continued to be followed. Staff confirmed these checks were in place before they started working for the service.

There were enough staff available to maintain people's safety and to meet their needs. People told us there were enough staff available to support them and staff were around all of the time. All staff we spoke with thought staffing levels were good. One staff member told us, "Staffing is more than adequate; I've never felt like we needed more staff, there are always staff around." Another commented, "We can manage with our staffing levels." The registered manager told us staffing levels were based on people's individual hours and

rotas were designed to enable staff to support people when they required staffing for specific activities. During the inspection we saw staff responded to people promptly and had time to socialise with people.

People received their medicines safely from staff who had received training and had their competency assessed to make sure their practice was safe. People were confident they received the right medicines at the right time. One person told us, "The staff make sure I take them. They are good with that."

Medicines were stored securely and administration records were up to date. A medicine fridge was used for medicines which required refrigeration. The temperature of storage was checked every day to ensure the medicines were safe to use. One person had chosen to administer their own medicines. They had a safe place to keep them. A risk assessment had been carried out to support this practice; this helped the person maintain their independence in a safe way.

Is the service effective?

Our findings

At our last inspection in April 2017 we found the application of the Mental Capacity Act 2005 (MCA) needed to be reviewed and improved. Restrictions on people had not always been reviewed to ensure they were in people's best interests and were the least restrictive option. Also, people's right to make an unwise decision was not being applied consistently.

During this inspection we found improvements had been made. The 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 were able to make most decisions for themselves, providing they were given the right information, in the right way and time to decide. One person said, "I tell them (staff) what I want to do. I decide. I don't really want to go down the farm today so I'm talking to them about that now." Another person told us, "We all decide what to do here; what we want to do or what we don't want to do. People here don't like being told what to do; not at all. They get annoyed if that happens."

Some people chose to make what could be viewed as unwise decisions, such as smoking and eating unhealthy foods, staff respected their choice's because people had the capacity to make these decisions. There were limited restrictions on people; people had access to their kitchen and food of their choice. Where it was thought a person may lack the capacity to make a specific decision, capacity assessments were completed, with the outcome of the assessment recorded. These were completed for areas such as managing finances and for one person who was harming themselves. The capacity assessments we reviewed indicated people had capacity to make their own decisions in the areas assessed.

People who lack capacity 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). The registered manager had identified three people who they believed were being deprived of their liberty. They had made DoLS applications to the relevant body. Two had been authorised and the third application was still awaiting assessment.

People received effective care because staff had the skills and knowledge required to support them and meet their individual needs. People said staff understood the care and support they needed. They had built good relationships with staff, particularly their keyworker (a named member of staff who was responsible for ensuring people's care needs were met.) One person said, "That one there (staff member) is my keyworker. He's really nice. I get on really well with him."

People were supported by staff who had good access to support and training which made sure they had the up to date knowledge and skills to care for people effectively. Staff received an induction when they commenced employment. This provided them with the basic skills and training needed to support people

who lived in the home. Staff told us the induction included a period of 'shadowing' experienced staff and reading people's care records. One staff member said, "My induction included two weeks of shadowing, spending time with the service users, I was supported whilst learning on the job. It was a good basis for starting." Another commented, "I was shown everything in my induction, I had great support."

The induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff were also positive about the training they received. Comments included; "The training is very good, we are given the right training and I feel like I'm getting a lot" and "The training is good." We reviewed the staff training records which demonstrated staff received training in subjects such as; first aid, fire safety, safeguarding, equality and diversity and food safety. Staff had also been provided with specific training to meet people's care needs, such as how to support people who could become upset, anxious or distressed, Mental Health awareness and Epilepsy. Where staff were due to attend refresher training in subjects, or if they had not attended for any specific reason, this was highlighted on the records and the action taken to address this was recorded.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff spoke positively about these meetings. One staff member told us, "Supervisions are ok and a good opportunity for them to point out any areas where I am going wrong and for me to raise any queries around anything I am unsure about." Another commented, "Supervisions are ok, they ask if I am happy and ok."

People told us they made choices about what they had to eat. When we last inspected, people said they wanted to stop using produce from the farm shop operated by the provider. This was no longer used. One person explained, "We didn't like the food from the farm shop, so we don't have that now. It's much better, healthier. We have meals delivered now from a café in Wells during the week. We all help to choose what we have. On the weekends, we just decide on the day and go to the shops to get it. I like the new place's food." Another person told us, "Yeah, it's much better now. I think the food is better."

If people did not want the planned meal on the day, they chose an alternative. People said they often bought their own food or snacks to keep in their rooms. They also had food, such as takeaways, when they went out.

People's needs were assessed and care plans contained individual information about people which included personal histories, needs and lifestyle choices. This made sure staff had the information they required to support people. Staff we spoke with had a good knowledge of each person. Staff understood the importance of knowing about what was important to each person to ensure they remained happy and secure.

People's health care was well supported by staff and health professionals. Records confirmed people attended appointments with their GP, optician, dentist and consultants where required.

At our last inspection people told us they had asked for some parts of the environment to be improved and they were waiting for the work to be completed. During this inspection we saw areas of the environment had improved. People had access to a lounge area with a pool table and a large area of outside space to participate in their chosen activities.

Is the service caring?

Our findings

People told us they had good relationships with staff. One person said, "It's ok here. I like it. The staff are ok. They're alright to me really." Another person said, "Yeah, it's ok here, alright. The staff are good really." Throughout our inspection we observed staff interacted with people who lived at the home in a positive way. People chatted with staff throughout our inspection. There was a good rapport between people and staff.

People received care and support from staff who had got to know them well. Staff were able to describe people's likes, dislikes and what was important to them. Staff spoke positively about the people they supported. One staff member commented, "I know them (people) well, and genuinely care about them. We have built up a good relationship." Staff recognised the importance of getting to know people well.

People's privacy was respected and people were able to spend time alone in their rooms whenever they wanted. Staff understood the importance of people having their own personal time. Staff described how they always knocked on people's doors before entering.

Staff had a good understanding of confidentiality. Some people had signed to say they agreed to information about them being shared with others, such as being displayed on the provider's website. We saw staff did not discuss people's personal matters in front of others; they made sure this was done in a private part of the home. People's individual care records were stored securely to make sure they were only accessible to staff.

People were encouraged and supported to be as independent as they could. One person said, "I go out my own into town or with friends. Staff drop me and pick me up." Another person told us, "I work at a charity shop in town every Tuesday. I like it. The people I work with are good." Most people were independent in aspects of their care, such as with their personal care. People were also encouraged to look after their home. People did household tasks such as cooking, cleaning and ensuring the recycling was done. One person said, "I like doing the recycling here. Some is collected here every week; some we have to take to the dump."

People were involved in decisions about their care. Records demonstrated people had one to one discussions with staff where they could discuss any aspect of their lives. Records demonstrated areas discussed included budgeting and discussions following incidents, where people had requested this. The meeting records were reviewed by the registered manager to ensure any action points were followed up on. The registered manager described the meetings as "An opportunity for people to be offered guidance and facts to enable them to make their own decisions."

Staff were aware of, and supported people's diverse needs. Staff knew how to support people as these aspects of care were well planned. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. People had also been supported by external professionals in relation to their diverse needs.

People told us they maintained relationships with the people who were important to them, such as their friends and relations. They were encouraged to visit as often as they wished and people visited, and sometimes stayed with, their relations. One person told us they visited their mum or dad "Every week". Some people had made friends with others they shared their home with.

The service kept a file of compliments they received. We reviewed compliments that stated, "We are pleased with the support (name) is receiving, the staff show patience and understanding" and "Thank you for all you do."

Is the service responsive?

Our findings

People received personalised care and support that was responsive to their needs and wishes. Each person had a care and support plan. The care plans we read were personal to the individual and gave clear information to staff about people's needs, daily living skills, communication needs, what they were able to do for themselves and the support required from staff. People participated in planning their care as much as they were able to. People's care and support was discussed and reviewed regularly to ensure it continued to meet their needs. The care plans we reviewed were signed by the person to demonstrate their agreement.

Staff told us communication was good throughout the team. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's care needs and progress was monitored.

People were supported to develop and achieve their chosen goals. For example, staff told us how one person like to travel, and they had set a goal to go on holiday to Spain. Staff had supported the person to plan the steps required to achieve this, and broke it down into achievable steps. This included the person attending the passport office for an interview which they attended independently. The staff member told us, "(Name) did the interview all by themselves, I was so proud of them." Other goals included, making healthcare appointments and attending them independently, applying for a driving licence, working in a charity shop, accessing the community independently and applying for bus passes.

People told us they were supported to follow their interests and take part in social activities, education and work opportunities. Most people chose to work on the farm where a variety of groups were available. These included horticulture, animal care, woodwork, craft and cooking. One person said, "I work at the workshop. I'm going down there today." Another person told us, "I like working with wood best. I can make things and sell them. I'm going to the farm today. I walk down there myself." Records demonstrated people were given the option of where they would like to spend their time and staff respected this. For example, one person's records documented staff had asked them where they wanted to go, and if they wanted staff to support them, which they declined.

People were also supported to be part of their local community. They accessed a range of community facilities such as public transport, local shops, pubs, banks, churches, local cities and voluntary groups.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People knew how to complain if they needed to. One person said, "Well, I would talk to staff about it. You can complain to (the provider) as well." There was information for people about how to complain and who to complain to displayed prominently in the home. The service had received one complaint since the last inspection and this was on-going and the registered manager was working with a range of professionals to work around a resolution.

People were offered monthly 'self-advocacy' meetings with staff. This enabled them to talk about what was working, what wasn't, risks and any aspect of their care they would like to change. Records demonstrated

where people made comments about things they would like to be improved; these were responded to and acted upon.

Is the service well-led?

Our findings

At our last inspection in April 2017 we found quality assurance systems were not fully effective in ensuring improvements to the service were carried out. During this inspection we found improvements had been made to the provider's quality assurance systems.

Since our last inspection the registered manager told us the provider had reviewed and revised their quality assurance systems. One of the audits in place was called the 'Care Quality Assurance Report.' This audit was linked to the Key Lines of Enquiry (KLoE) inspected against by the Care Quality Commission during a comprehensive inspection. Areas covered by this audit included, safeguarding, recruitment, staffing, medicines, meals, the environment and feedback from people. The audits identified any action points and timescales for their completion.

We reviewed the audit completed in August 2017, February 2018 and April 2018, the audits identified various areas for improvement, and demonstrated over this period of time the service had made progress to address these. The registered manager commented positively about the new auditing system, stating it was "A lot more responsive." They also told us if actions weren't completed within the agreed timescale, a meeting was held with a senior manager to explore the reasons why, and set an agreed timescale for completion, which was followed up on.

The service was well led by a registered manager who had been working for the service for 10 years. The registered manager told us they received "Good support" from their line managers. They told us they kept their knowledge and skills updated thorough ongoing training, attending registered manager's network meeting and they regularly attended the provider's managers meeting, which was an additional source of information and support. They had also attended workshops delivered by the provider's senior management team, focusing on key areas such as the Mental Capacity Act 2005 and the Care Quality Commissions regulation. The registered manager told us, "There is a lot of support and sharing of knowledge."

People said they liked and trusted the registered manager. Comments included, "[Name of registered manager] is ok, he sorts things out for me" and "[Name of registered manager] is ok."

The registered manager was supported by two senior members of staff (Team leaders) who had their own management responsibilities. The registered manager maintained a regular presence in the home to enable them to support staff, and they promoted an 'open door' policy for staff and people to approach them with any concerns.

Staff also commented positively about the registered manager. Comments included, "(Name of registered manager) is very good, they are approachable and never too busy to see you. They are helpful and address any concerns" and "You can knock the managers door at any time, he is very good at listening and support. He will always put down what he is doing and the team leaders will."

The service had a positive culture that was person centred, open and inclusive. The staff morale was good and staff were very motivated to do the best they could for the people they supported. Staff commented very positively about the culture and teamwork. Comments included, "The team work well together, we get on well and support each other" and "We work well as a team and help each other."

The registered manager placed an emphasis on improving outcomes for people. This was evidenced during the inspection by their commitment to supporting people to progress and achieve their goals. The registered manager told us their vision for the service was, "For people to fulfil their full potential, whatever they want to achieve and we are here to support them to do that." Staff shared the registered manager's vision for the service.

Staff meetings were held which were used to address any issues and communicate messages to staff. One staff member told us, "Team meetings are regular and the minutes are available for us to read, they are a free forum where you are allowed to voice any concerns. Management take this on board and listen to us." Another commented, "You can raise anything in the team meetings and we are definitely listened to." Meeting minutes reviewed demonstrated subjects discussed included; safeguarding, health and safety, medicines, record keeping, training and items relating to people who use the service.

There were a range of systems in place for people to give feedback on the service. These included an annual survey. The provider told us in their PIR that they had reviewed and revised how they obtained feedback from people, their family, friends and professionals. They intended to use on-line survey software to make this process more accessible to everyone. The provider was in the process of implementing this system at the time of our inspection.

Resident meetings were also held to enable people to discuss matters relevant to the home. Meeting minutes demonstrated areas covered included; involvement in choosing colour schemes for decorating the home, encouragement about health, lifestyle and exercise and ideas for trips out over the summer.

The service had notified the Care Quality Commission of all significant incidents which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.