

Bradbury Outreach Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bradbury outreach is a service providing personal care and support to people with a learning disability. Support is a mixture of regular, planned hours and respite care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection three people received support with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received a good service provided by staff who were kind, caring and committed. Families told us they were happy with the support and that communication was good. People were supported to take part in a range of activities of their choice. One person told us how they liked to go to cafes with their support worker. We also heard about various activities at a local farm that people were supported to take part in.

People were safe. The service did face some challenges with recruitment and staffing and there were occasions when families reported that unplanned absence of staff had not been covered. However, in the main there were sufficient staff to cover the needs of the care packages. Disclosure and Barring Service (DBS) checks were carried out on newly recruited staff before they began working for the agency. For one person we noted that the provider's recruitment policy of having two references in place prior to commencing work had not been adhered to. This was discussed with the registered manager.

Arrangements were in place for the safe administration of medicines. There was good communication in place between families and staff to ensure medicines were safely managed.

Staff were well supported in their training and supervision and felt comfortable raising any issues with senior staff. Training covered a range of subjects relevant to the needs of people using the service. Staff told us they were happy and proud to work for the service.

Care was person centred and took account of individual needs and preferences. Care plans reflected this. Staff worked with people consistently and got to know them well. We saw how staff understood people's communication needs, for example by using Makaton signs. There was a procedure in place to manage complaints. There had been no formal complaints in the last 12 months relating to the regulated activity of personal care.

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

The service was well led. The service was person centred in nature and built around people's individual needs. There was a clear management structure in place and senior staff had delegated responsibilities to support the registered manager in their role. There were systems in place to check the quality of the service provided.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection

The last rating for this service was Good (published 30 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bradbury Outreach on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bradbury Outreach Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed all other information available to us, including notifications. Notifications are information about specific events the provider is required to send us by law.

During the inspection

During the inspection we spoke with the registered manager and office manager. We also met with one person receiving support and their support worker.

We reviewed care plans for the three people receiving support with personal care. We reviewed other records relating to the running of the service such as staff training, recruitment records and quality assurance information.

After the inspection

We contacted the families of all the people being supported and received feedback from one. We received feedback from four members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were happy and content with the staff that supported them. We saw that one person was clearly comfortable and content with their support worker.
- Staff received training in safeguarding adults so that they knew what to do if they had concerns and how to report them.

Assessing risk, safety monitoring and management

- People had individual risk assessments in their care documentation. These gave clear guidance to staff on how to manage the risks associated with people's care needs.

Staffing and recruitment

- The registered manager and office manager told us that currently they had sufficient numbers of staff to ensure people's care needs were met. They were continually recruiting new staff to ensure staffing levels were maintained.
- New staff had a completed Disclosure and Barring Service (DBS) check in place to help ensure they were suitable to work with vulnerable people. The company policy on recruitment stated that a person should also have two references in place before commencing employment. For one member of staff this wasn't the case. They had a completed DBS but no references were on file. We highlighted the fact that company policy had not been followed in this case, with the registered manager, who told us this would be actioned immediately.
- We did receive feedback that there had been occasions when it hadn't been possible to cover a shift when there had been unexpected absence such as illness.

Using medicines safely

- There was a list of people's medicines included in their care documentation. When staff supported people with their medicines it was recorded on a Medicines Administration Record (MAR).
- We saw that one person had been prescribed a course of antibiotics and this had been added to the MAR sheet, however there wasn't any further information about the medicine recorded. We discussed with the registered manager how it would be useful to add information about short term medicines to people's care records so that staff were clear about what they were for and how long they were to be taken for.
- Staff told us they had been trained and were confident about administering medicines.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons, when delivering personal

care.

Learning lessons when things go wrong

- Incidents and accidents were recorded and this gave opportunity to reflect on any concerns and whether the incident could have been managed in a different way.
- This also supported the registered manager in identifying any themes in the types of incidents taking place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff worked with families to find out what support was required and how this should be delivered. This information was used to create a plan of care for the person.

Staff support: induction, training, skills and experience

- Staff received good training and support in their roles. This included approved training in how to use physical restraint safely, safeguarding adult, mental capacity and equality and diversity.
- Staff received one to one supervision and an annual appraisal to monitor their performance and development needs. This was also an opportunity to discuss any issues or concerns about the people they were supporting.
- Comments from staff included, "I am happy with the training and support received and available" and "I am always asked in supervisions if there is any extra training I would be interested in and this helped me to find my passion and interests".

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- There was clear information in people's care documentation to describe their dietary needs and likes and preferences.
- One person had strict eating and drinking guidelines in place; it was clear when we met with this person that their support worker was aware of this.

Staff working with other agencies to provide consistent, effective, timely care

- People lived with their families and in the main received respite care from Bradbury Outreach. Staff told us that communication was good with families and they worked together to ensure people received the supported they needed. One staff member told us, "Communication and understanding between myself and the family has been excellent."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- It was clear the service understood the requirements of the legislation. Capacity and best interests' documentation was in place for people in relation to consenting to their support arrangements.
- From the records, it was clear that people had been supported to understand the decision as far as they were able to, with the use of materials suited to their communication needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their families were happy with the care received. One person told us about the places they went to with their support worker. Relatives commented, "Overall things are good" and "Communication is good and the care workers who work with my son are very good and helpful".
- Staff felt positive about working for the service and had clearly built positive relationships with people using the service. Staff told us, "I am proud to work for Bradbury Outreach as it is a very caring company that care about staff as well as the service users", "Being able to see service users develop their skills and opportunities over time is the most rewarding thing I have ever got to do, and I am very grateful that I have got to work for such a person centred and caring company" and "I particularly enjoy gaining trust and respect from the service users and their families".

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

- People's views and opinions were taken in to consideration as far as possible. Their views and those of their families were sought when planning care.
- Regular reviews of care were held as an opportunity to listen and make any necessary changes to the support provided.
- It was clear from support plans that over time, staff had got to know people well and understand their likes and dislikes. People's preferred routines were set out clearly in their care documentation.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had clear and detailed support plans in place that mostly gave a clear picture of people's care and support needs.
- However, we did find that information relating to people's behaviour required more detail around the use of restraint. For one person, the registered manager told us about the ways in which staff managed behaviour and only used restraint as a last resort. Specific details of this however weren't included in the plan. We fed this back to the registered manager.

Meeting people's communication needs

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

- There was clear information about people's communication needs. Staff were knowledgeable about this and adapted their communication to individuals. We saw how one member of staff used Makaton with a person and also used written language in accordance with this person's preferences.

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

This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- Staff supported people to carry out activities they wanted. During our inspection we met one person at a local farm setting where there were various activities taking place for people to choose and take part in.
- This person also told us about how they chose places to go, such as local cafes and staff supported them to do this.

Improving care quality in response to complaints or concerns

- There had been no formal complaints about the care and support people received in the last 12 months.
- There was a procedure and policy in place to manage complaints and this gave details of other organisations people could go to such as the Local Government and Social Care ombudsman.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive person centred culture within the organisation. Staff were motivated and well supported and people received support that met their needs. One member of staff told us, "I feel I can fully rely on management with any concerns".
- Comments from staff included, "The managers are extremely approachable" and "I am very grateful that I have got to work for such a person centred and caring company".
- People's needs and preferences were taken in to account when selecting staff to work for the company. The registered manager told us that those people who were independent and able to, took part in the recruitment process.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Communication between the service and people being supported was encouraged and any issues discussed. One family member told us "I certainly feel included in all aspects of my relative's care".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place. As well as the registered manager, there was an office manager who had responsibility for managing rotas and finances. There was also a team leader and senior care staff in place each with their own designated responsibilities.
- There were systems in place to monitor the quality of the service and this included gaining the views of stakeholders. The registered manager had analysed the results of this information and identified areas for improvement as a result.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us how they were undertaking various courses in their own time, as part of their learning. They also told us they had opportunity to meet with other managers in the organisation to share learning and ideas.