

# Southdown Housing Association Limited

## Bradbury Court

### Inspection report

East Clayton Farm  
Storrington Road, Washington  
Pulborough  
RH20 4AG

Tel: 01903744237

Website: [www.southdown.org](http://www.southdown.org)

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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 Court is a supported living service providing personal care and support for people with a learning disability and/or autistic people. At the time of the inspection the service was provided to eight people living in their own flats in an adapted building with shared space and an office where staff are based.

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

People's privacy, dignity and confidentiality were respected by caring staff. Staff listened to people and communicated with them in the most accessible way. People were encouraged to be as independent as possible and staff spoke proudly of people's achievements.

Relatives told us they thought their family members were safe, two relatives said their family member was always happy to return to Bradbury Court after visiting their home.

There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Risk assessments were carried out to make sure people received their care safely and had opportunities to take part in activities which interested them and promoted their independence.

Medicines were managed safely, and staff had a good knowledge of the medicine systems and procedures. Staff had received training and had competency assessments of their practice.

There were adequate numbers of staff to meet care needs and the service were actively recruiting more staff.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: • Model of care and setting maximises people's choice, control and Independence. The service follows the social model of support; for example, people all live in their own flats with suitable equipment to meet their needs.

Right care: • Care is person-centred and promotes people's dignity, privacy and human rights. The registered manager and staff knew people well, each person had support unique to them.

Right culture: • Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services

lead confident, inclusive and empowered lives. People were spoken to with equity by staff and their consent and views were sought.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection This service was registered with us on 25 November 2019 and this is the first inspection.

#### Why we inspected

This was a planned first inspection following registration with the Care Quality Commission (CQC).

We looked at infection prevention and control measures under the Safe key question. We look at this in all supported living inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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 Court

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in one 'supported living' setting made up of separate flats, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. 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 reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, and care workers. We observed care and support with five people to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of abuse. Staff understood how to report any concerns to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- Relatives told us they felt their family members were safe. One said, "I wouldn't leave them there if I thought they weren't safe." Another told us "I absolutely think she is safe. Staff are mindful and dedicated."
- Staff were clear about their responsibilities in relation to safeguarding and were confident that they would be listened to if they raised a concern. Safeguarding training was completed by new staff during induction and all staff undertook refresher training. Staff knowledge was robust, one staff member told us, "I would listen, not leave the person alone and report to management, then fill in the paperwork."

Assessing risk, safety monitoring and management

- Risks to people were assessed and measures were taken to mitigate these. This included how people moved and equipment they needed to do this safely.
- People who needed specific support to manage anxiety had positive behaviour support plans and risk assessments. This enabled staff to support people to minimise anxiety and frustration. The service was working with their positive behaviour lead and had made referrals to the appropriate professionals for additional support.
- A system was in place to record and grade identified risks. Actions to mitigate these risks were recorded and monitored. Risk assessments were reviewed and updated.
- Regular health safety checks were carried out and recorded with actions taken where required.
- The management team analysed and reflected on accidents and incidents to reduce the potential for re-occurrence.

Staffing and recruitment

- There were enough staff who were sufficiently skilled to meet people's everyday care needs.
- The provider had safe systems in place for recruitment. Appropriate checks were made to ensure that new staff were suitable to work with people.
- The service was experiencing staffing shortages at the time of the inspection; this was being managed and the service were actively recruiting. There were minor impacts on people, particularly in the evening as staffing numbers limited people's ability to go out at these times. However, there were enough staff during the day to ensure people were supported to go out and take part in a range of preferred activities. Managers delivered direct support where needed. Two new members of staff had been recruited since the inspection.

This was an ongoing process. Staff told us "It's been difficult but everyone is doing their best and there are some new staff coming."

#### Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Policies and procedures were reviewed and updated.
- We observed a staff member administering medicines to people, this was completed with care and attention. The staff member was knowledgeable about the medicines they were administering and demonstrated an understanding of the person's needs and preferences.
- Only staff who had been trained to administer medicines were permitted to do so; the rota confirmed there were always trained staff available to carry out this task. Staff had checks on their competency in practice, one staff told us "I had my medicine competency check last month by my manager".
- Medicines were audited, and any issues identified were rectified. Records were clear and up to date, ensuring staff administering medicines had all the information they needed to carry out this procedure safely. Guidance was available for staff on when to offer 'as required' (PRN) medicines and what these medicines were for. Staff told us the PRN guidance was clear and easy to follow.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance. People were able to have visitors in their own flats and outside space, but not at this time in shared areas of the service, this limited to risk of cross infection.

#### Learning lessons when things go wrong

- The provider's systems supported learning when things went wrong.
- Staff understood the importance of reporting incidents and accidents and records were consistent and thorough.
- The registered manager described how incidents were monitored and analysed to identify improvements. For example, following analysis of incidents where a person displayed emotional distress, advice was sought from the providers positive support lead and the local authority team and the person's plan was adjusted to change the approach of the support and to further reduce risks.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's needs were assessed prior to them receiving the service and regularly afterwards. This meant their preferences were known by staff. This involved meeting with the person, their relatives if appropriate, and relevant health and social care professionals. At the time of the inspection the service was actively seeking review with the local authority for a person who's needs had changed.
- The service had policies and procedures to support the principles of equality and human rights. Consideration was given to protected characteristics including sexual orientation and religion or beliefs. Records showed the registered manager's assessment had suitably considered any additional provision that might be needed to ensure people did not experience discrimination.
- Staff spoke knowledgeably about the needs of people they supported and confirmed the training and learning undertaken to gain this knowledge. Staff received a long induction for each person living at Bradbury court. Staff had the opportunity to undertake the care certificate qualification.
- Staff undertook training that the provider considered essential. The registered manager monitored this to ensure staff's knowledge and skills were up to date, enabling them to provide effective care. Staff received training in specific conditions such as epilepsy, communication and positive support. Staff had their competence assessed to ensure their skills and knowledge were kept up to date.

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

- People were supported to maintain a balanced diet. Staff were aware of people's individual dietary needs, their likes and dislikes and this was reflected in people's care plans.
- Professional guidance was used by staff to support people's nutritional needs safely. The registered manager identified that new staff would benefit from additional training in this area.

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

- People had access to healthcare professionals and the service worked in collaboration to ensure their needs were met. Staff monitored people and worked with their relatives to identify any changes in their health. For people who needed it, records of fluid and food intake were kept. Records confirmed people had been supported to meet with a variety of healthcare professionals including the GP, psychologist and speech and language therapist.
- One professional told us, "They [the service] follow advice and recommendations. They refer appropriately and proactively."

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

- The service was adapted to meet people's individual needs. People had their own private flats which had been personalised to each person and their interests, with their family's involvement. People were supported to cook in their own kitchens, our observations confirmed this. There were shared areas for people to use, a sensory room, an art room displaying people's work, a kitchen and a sitting room. We observed people using these spaces during the inspection.
- People had adaptive technology to aid communication and independence. For example, one person used a tablet device to choose what they wanted to do.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Deprivation of Liberty applications had been requested where people lacked capacity to make specific decisions. Mental capacity act assessments had been carried out involving the person, relatives and relevant professionals and best interest decisions were recorded. Staff were aware of these and details recorded on care plans as required.
- We observed staff asking people what they wanted with day to day choices and waiting for the person to respond, using preferred communication methods. This was respectful and these everyday decisions rested with the person rather than the staff.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received good care from staff who knew them well. Staff told us they were supported to get to know people by the registered manager and longer-term staff. People had developed positive relationships with staff over time as they were mostly supported by the same staff on a regular basis. A relative told us, "Staff are generally kind and cheerful." Other relatives confirmed this but felt that because of the COVID-19 restrictions, they had not had the opportunity to spend as much time with newer staff as they had before the pandemic, making it more difficult to get to know them.
- We observed staff communicating with people respectfully and using their preferred communication systems. Time was given for people to respond using their individual communication methods. Staff and people demonstrated a genuine regard for each other. Records were kept of observations of people's emotions and responses given.
- People were involved as much as they wanted to be in shaping their care and outcomes. For example, one person was trying to tell us something about the layout of items in their flat, they looked to staff who checked the person wanted them to help. The staff used the person's preferred method of communication to interpret and then explained the person had made the items themselves and laid them out in their sitting room.
- Relatives were involved in decisions about people's care. One relative told us, "I am always involved in big decisions, no worries we would be involved."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. For example, we observed staff knocking on doors and offering personal care in a way that did not attract attention, which then took place in private.
- One staff told us, "We always try to do what they would like to do in their life."
- Staff had made safe arrangements for relatives to visit people in private.

Promoting independence was embedded in the culture and staff spoke proudly of people's achievements.

- We observed one person preparing a cake, staff used the person's nonverbal communication system and demonstrated what to do next then the person carried out the task themselves. One relative told us, "The staff soon learn what (name) can do for themselves."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People had care plans that recorded their health and social care needs and included guidance for staff on how to best support them. Care plans reflected the principles and values of right support, right care, right culture. They focussed on promoting people's independence, their diverse needs and inclusion within the local community. People were supported to learn new skills and maintain their independence. Care plans were kept under review and changed as people's needs changed.
- The registered manager demonstrated how they monitored care. Staff told us care plans were updated and changes brought to their attention. Staff were able to discuss people's needs and wishes in team meetings or at any time if they had a concern. We observed staff coming into the office to pick up care plans and check information.
- The Covid-19 restrictions had limited people's ability to undertake their usual external activities. Regular activities had begun to resume in recent weeks with more external venues opening up. For example, two people had visited the cinema on the day of the inspection and some people had returned to day services. Staff showed awareness that the transition back to regular activities might be difficult for some people and spent time preparing people for the transition.
- People were encouraged to make choices. For example, one person would lay out an extra place setting if they wanted staff to sit at the table with them for meals. We observed another person going to the shared sitting room picking up a DVD and handing it to staff to put on.

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.

- People were given information in a way they could understand. For example, one person used direct eye gaze when making simple decisions and some people used sign language or pictures. We saw that staff used these methods with people when making daily decisions such as choosing an activity.
- Staff had the knowledge and skills to support people's communication effectively. We observed staff following the guidance around communication in line with people's care plans.

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

- People were supported to follow their interests. The pandemic had impacted people's active participation despite this staff had thought about people's interests and found safe ways to maintain them.

- During the pandemic, people had been supported to maintain relationships using a range of methods including safe visiting practices and video calls.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedures in place provided guidance on actions they would take if a complaint was received. This included timescales for responding. The complaints procedure was readily available in different formats to meet people's needs, including an easy to read version.
- Relatives said they were aware of the complaints procedure and they knew how to make a complaint.
- We reviewed complaints and compliments records. These included detailed responses and lessons learnt with action points to make changes where needed.

#### End of life care and support

- Staff were not supporting anyone who required end of life care during this inspection.
- People had active family support and plans which reflected families would take the lead in end of life decisions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The culture was open and inclusive. People and staff were able to share ideas or concerns with the management. There was an open and friendly culture. Staff understood their responsibilities and told us that they were listened to and valued by the registered manager. One staff member told us. "I feel very supported, managers are open and honest."
- There were systems and processes to monitor and analyse accidents and incidents and analysis was used to identify key issues and mitigate risks. There were systems and processes for quality monitoring and auditing and ensuring good governance of the service. The provider's audits identified shortfalls and action plans were developed and followed up. For example, a piece of information was missing from updated as required medicine protocols, this was picked up at audit and corrected.

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

- The registered manager understood their duty of candour and relatives confirmed they were kept informed when issues arose.
- The registered manager was aware of regulatory requirements. Notifying external professions and CQC where required.

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

- The registered manager had a clear vision for the service to deliver support which allowed people to achieve their chosen goals and lead fulfilling lives.
- Roles and responsibilities were clearly defined and understood. The registered manager was supported by the providers senior management team. Staff were actively involved in people's care planning, this meant care was planned with the involvement of staff that knew people well.
- Relatives told us they knew the registered manager and could raise concerns. One relative said, "Any problems I would go to the registered manager, I would be listened to."
- There was a culture of continuous learning and improving care. Staff talked about discussing incidents and learning from each other what has worked well for people. One staff said, "We aim to enhance people's lives to reduce their anxiety." Team meeting records confirmed managers and staff were using meetings to learn and then act to improve people's care and support.
- Learning was shared across the providers services. For example, a gap in monitoring practice in relation to fluid charts was identified in another of the providers services. Bradbury Court managers had been made

aware of this and at this inspection we found that they had updated their system to improve the monitoring practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought of the care they received. Feedback was also sought from people's relatives, professionals and staff. The management team analysed the feedback and incorporated this into the daily running of the service.
- Staff felt able to share their views. One staff member told us, "Both the registered manager and deputy are approachable. I've learnt a lot from them."
- Relatives generally expressed satisfaction with the engagement they had with the registered manager and the staff. Some felt it had been difficult during the pandemic as there had necessarily been much less contact with staff when visiting their relative in their flats, rather than having access to the whole service. Relatives looked forward to getting to know newer staff members better.

Working in partnership with others

- The registered manager worked professionally with outside agencies. We received feedback from health professionals which told us communication was generally good, open and transparent. The management team were open to new ideas and had formed good partnership working and relationships.
- The registered manager demonstrated they were working with health professionals. For example, managers and staff spoke regularly with a visiting health professional in order to ensure both parties had the current information about the person's care.