

Coventry and Warwickshire Partnership NHS Trust

Bradbury House

Quality Report

Bradbury House
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

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Summary of findings

Overall summary

Bradbury House in Coventry provides care for up to seven children with learning disabilities and behaviours that may challenge. It is purpose-built and located in a residential area of Coventry.

We found that the service provided safe, caring and effective care to children. Staff were trained, experienced and showed high levels of motivation and commitment. There was a consistent staff team as many of the staff had

worked at Bradbury House for a number of years. All staff showed a good knowledge of the needs of each child and how to meet them. This led to a responsive and well managed service.

Decisions about bed occupancy were led by children's needs. This enabled children's care to be met by sufficient numbers of staff, in a safe environment where their needs would not conflict with those of others.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The approach to bed occupancy ensured that beds were not filled beyond the capacity of Bradbury House to manage the needs of the children there at any particular time.

Staff showed a good awareness of where a child's needs might conflict with another's or where two children's needs were so demanding they could not be accommodated at the same time. They also showed a good awareness of their responsibilities in safeguarding and had good knowledge of individual risks and how they were managed.

Staff were well supported and received induction and training.

We found that one medication had been signed in with the incorrect amount of tablets recorded. The nurse in charge agreed to record this as an incident and find out what had happened in order to prevent it happening again.

Are services effective?

We saw staff had the skills, knowledge and experience to effectively meet children's needs and work confidently with other agencies and carers to ensure these were met.

There were thorough introductions to the service for new children. Staff were consistent in how they said they would support particular children with complex needs.

The service liaised effectively with parents, schools and other agencies.

Bradbury House had suitable facilities to meet the needs of the children using the service.

Are services caring?

Staff showed a positive and understanding approach towards the needs of individual children whose care we discussed.

One parent spoke positively about staff commitment, and staff showed a good understanding of the needs of parents.

Staff showed a good awareness of children's communication needs and their preferences.

Are services responsive to people's needs?

The service was flexible and responsive to needs and worked with parents and other agencies to maximise benefits for children. The environment was used flexibly to meet different needs at different times.

Are services well-led?

Many of the staff had worked at Bradbury House for a number of years. This made for a stable and consistent service. The nurse in charge was able to get support and advice from outside the unit and staff told us they felt well supported by management.

Staff said the support from the estates management was good, with maintenance and repairs being dealt with promptly.

Staff were supported by the Trust in areas such as bed occupancy and with clinical guidance, as required, from appropriate health professionals. However we did not see evidence of measures in place to share good practice with similar services within the Trust.

Summary of findings

What we found about each of the main services at this location

Services for people with learning disabilities or autism

Decisions about bed occupancy were led by children's needs. This enabled children's needs to be met by sufficient numbers of staff, in a safe environment where their needs would not conflict with those of others.

Staff were trained and experienced and showed high levels of motivation and commitment. Many we spoke with had worked at Bradbury House for a number of years and all showed a good knowledge of the needs of individual children and how to meet them.

We spoke by phone with a parent who expressed great satisfaction with the service.

We did not see evidence of measures in place to share good practice with similar services within the Trust.

We felt the service was safe, caring, responsive and effective.

Summary of findings

What people who use the location say

A parent we spoke with about the service told us that they had got nothing but praise for them; could not fault them and explained that they shared and exchanged ideas at meetings.

Areas for improvement

Action the provider **COULD** take to improve

Bradbury House is one of four children's learning disability respite services run by the Trust across the area.

They have contact with each other but do not at present have arrangements to 'peer review' each other's services. This would enable them to share good practice which may not be common to all services.

Good practice

Bradbury House was purpose-built with facilities specifically designed to meet the needs of the children using them. We saw there was plenty of space and facilities, indoors and outdoors, to meet needs for activities and stimulation.

Bradbury House

Detailed findings

Services we looked at:

Services for people with learning disabilities or autism

Our inspection team

Our inspection team was led by:

Chair: Professor Patrick Geoghegan, OBE

Team Leader: Jackie Howe, Care Quality Commission

The team was made up of a CQC inspector and an Expert by Experience with experience of using care services.

Background to Bradbury House

The Trust has a total of 21 active locations. There are three main hospital sites: Brooklands, St Michael's Hospital and Caludon Centre. There are four locations providing respite services for children with learning disabilities. Bradbury House is one of these.

The Trust provides a wide range of mental health and learning disability services for children, young adults, adults and older adults as well as providing a range of community services for people in Coventry.

Coventry and Warwickshire Partnership NHS Trust has been inspected 21 times since registration. Out of these, there have been 10 inspections covering five locations which are registered for mental health conditions. Bradbury House is a location which has not previously been inspected.

Coventry and Warwickshire Partnership NHS Trust provides overnight short breaks to children with a learning disability and additional health needs (complex physical health needs and/or mental health/behavioural needs). It provides this service in four separate locations, of which Bradbury House is one. These services all provide planned respite care for children and young people away from their parents or other main carers.

Bradbury House in Coventry provides care for up to seven children with learning disabilities and behaviours that may challenge. It is purpose-built and located in a residential area of Coventry.

Why we carried out this inspection

We inspected Coventry and Warwickshire Partnership NHS Trust during our wave 1 pilot inspection. The Provider was selected as one of a range of providers to be inspected under CQC's revised inspection approach to mental health and community services.

How we carried out this inspection

Before visiting, we reviewed a range of information held about the location, and asked other organisations to share what they knew. We carried out an announced visit on 21 January 2014. We spoke with the manager and with staff on

Detailed findings

duty. We reviewed care or treatment records of children who used the services. We spoke with parents who used the services who shared their views and experiences of the location.

Services for people with learning disabilities or autism

Information about the service

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Bradbury House in Coventry provides care for up to seven children with learning disabilities and behaviours that may challenge. It is purpose-built and located in a residential area of Coventry.

Summary of findings

Decisions about bed occupancy were led by children's needs. This enabled children's needs to be met by sufficient numbers of staff, in a safe environment where their needs would not conflict with those of others.

Staff were trained and experienced and showed high levels of motivation and commitment. Many we spoke with had worked at Bradbury House for a number of years and all showed a good knowledge of the needs of individual children and how to meet them.

We spoke by phone with a parent who expressed great satisfaction with the service.

We did not see evidence of measures in place to share good practice with similar services within the Trust.

We felt the service was safe, caring, responsive and effective.

Services for people with learning disabilities or autism

Are services for people with learning disabilities or autism safe?

The needs-led approach to bed occupancy ensured beds were not filled beyond the capacity of Bradbury House to manage the children there at any particular time. Staff showed a good awareness of where a child's needs might conflict with another's or where two children's needs were so demanding, they could not be accommodated at the same time as other children or each other.

Staff showed a good awareness of their responsibilities in safeguarding. We were given examples of where staff had passed on safeguarding concerns which had resulted in action by appropriate agencies. We saw that staff noted and recorded all bruises and identified why they had happened so that they were satisfied there were no concerning reasons for them.

Staff told us how they kept the unit free at appropriate times from objects that some children who used the service might harm themselves with. For example items that could be swallowed. Staff showed a good knowledge of children's individual risks and how they were managed.

Staff were well supported and properly inducted and trained. A member of staff we spoke with told us it was quite good for training. All staff were trained in how to safely restrain a child should they need to do so. Staff showed a good awareness of the children's individual risks and care needs and how these were to be managed in a consistent manner. One recently recruited staff member told us they were still 'shadowing' other staff as part of their induction.

We looked at medication administration. Medication was stored appropriately but we found that one medication had been signed in with the incorrect amount of tablets recorded. The nurse in charge agreed to record this as an incident and find out what had happened in order to prevent a recurrence. We noted good medication practices at the other, similar units we visited. Staff we spoke with agreed they might benefit from observing systems in place at these units.

Are services for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good child-centred practice was not always reflected in the content of care plans. However, we noted that the low staff turnover, high quality of staff interaction and understanding of individual needs meant that person-centred care plan information was not such a vital resource as it might be in units with less consistent staff. We saw staff had the skills, knowledge and experience to effectively meet children's needs and work confidently with other agencies and carers to ensure needs were met.

A member of staff explained how staff introduced a new child to the service. This process included school visits, home visits, tea visits and overnight stays which helped ensure any child was properly introduced to the service and the service had a good awareness of how to work with them effectively.

We talked with different staff and got consistent responses about how they supported particular children with complex needs. All staff we spoke with gave us the same answers in respect of responding to particular challenging behaviours from one child.

Staff told us they liaised with schools to ensure balanced diets and to foster consistent responses to individual needs which meant meals weren't duplicated. Staff told us this was particularly important where some children were not to have certain foods more than once a day.

Bradbury House was purpose-built with facilities specifically designed to meet the needs of the children using them. We saw there was plenty of space and facilities, indoors and outdoors, to meet needs for activities and stimulation.

Are services for people with learning disabilities or autism caring?

There were no children present when we visited Bradbury House as they had left for school prior to our arrival. Staff showed a positive and understanding approach towards the needs of individual children whose care we discussed.

Services for people with learning disabilities or autism

Staff showed in discussion they were committed to the well-being of the children they supported. A parent we spoke with was full of praise for the way the service supported both them and their child and could not fault the service.

Where children had limited verbal communication, staff showed a very good awareness of non-verbal cues, what children liked and disliked and how they preferred to be approached. When we discussed the needs of the child currently staying at the unit, staff were able to demonstrate a clear knowledge of their likes and preferences and how these were catered for in detail, from teeth cleaning to cookery.

Are services for people with learning disabilities or autism responsive to people's needs?
(for example, to feedback?)

We saw the home worked well to balance requested dates of stays with a suitable mix of children who were compatible in their needs. Staff told us that those who needed to use the service were assessed and agreed by a local selection panel but once that process was approved each unit was able to agree with parents what dates would be available. Staff told us there was some scope for emergency stays for people using the service. A staff member at Bradbury told us that if they know parents are struggling they can offer extra places.

A parent said that staff worked in partnership with them. They told us they exchanged ideas at meetings. We saw records that showed the service worked with other agencies to help children progress.

The décor at Bradbury appeared a little featureless and clinical, with few pictures or decoration. Staff told us this was in response to the needs of a child currently using the unit. This was confirmed by the child's parent. They told us there were usually photos of staff on the wall but they remove them when they know there is the risk of a child focussing on the photographs to a degree detrimental to their own wellbeing. This parent said that they had nothing but praise for the staff and really could not fault them. They told us they were fully involved in care and support

decisions, and that they shared and exchanged ideas about managing behaviours at meetings. Staff impressed us as being supportive and understanding of parents' needs and concerns.

Staff told us they were unable to readily access halal meat so children with this dietary requirement had vegetarian or substitute meat. We were told this had not been raised as a concern by the family. At other comparable services, sourcing halal meat was not seen as a problem.

Are services for people with learning disabilities or autism well-led?

Many of the staff had worked at Bradbury House for a number of years, leading to stability and consistency within the service. Because of illness and a recent vacancy, a nurse was covering the manager role at Bradbury House. We were told the manager was returning in the near future. The nurse in charge said they were able to get support and advice if needed from managers on other units. This was confirmed by the manager at Lyndon House, another similar service within the Trust.

Staff told us they felt well supported by managers. They told us they were allowed to make needs led decisions about occupancy. Staff told us the support from the estates management was good, with maintenance and repairs being dealt with promptly.

Staff told us they were given autonomy to use resources to meet assessed needs. This was particularly, and most importantly, the case with bed occupancy where there were sound clinical reasons for only some beds being occupied at times.

Observations and discussion showed staff had done good work in the unit and were supported by the Trust to continue in this work, with clinical guidance as required from appropriate health professionals. We saw evidence of the involvement of other health professionals.

Bradbury House provides a service within Coventry. The manager told us they had regular contacts and meetings with the other three services in Coventry, North Warwickshire and Solihull that provide a similar local service across the Trust. The services were in geographically separate areas and in some cases had been run by different organisations until relatively recently. Although the acting manager told us they could get advice

Services for people with learning disabilities or autism

from managers of other homes, there was no process in place such as 'peer reviews' whereby managers or staff

might visit the similar services within the Trust in order to share good practice. We saw good care plan and medicine audit processes in some of the other children's learning disability respite services.