

# Bradbury House Limited

# Bendalls Farm

## Inspection report

Green Ore  
Wells  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Bendalls Farm is a care home providing specialist support for people who may have complex and enduring mental health needs, a learning disability, and times of emotional distress. The home is in the Mendip Hills, and forms part of a wider farm development. There are ten bedrooms all with en-suite bathrooms, a large shared lounge with adjoining games room and a large communal dining room with kitchenette. At the time of this inspection eight people lived in the home.

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

Since the last inspection the registered manager had introduced new auditing processes to prevent or manage infection/COVID-19 outbreaks. In addition, the home had been refurbished to improve safety and people's quality of life.

All four people we spoke with told us they felt safe living at Bendalls Farm. We observed relaxed and natural interactions between people and staff throughout the inspection.

Although staff knew people well and responded to their needs in a timely way there was mixed feedback from staff about staffing levels. The provider was working hard to recruit and retain staff within a challenging context of national staffing shortages in health and social care.

The service had up to date policies and procedures for safeguarding people from abuse and harm. Staff demonstrated a good understanding of what they should do if they were concerned about a person and how to raise this internally and to external agencies such as CQC and the local safeguarding team.

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

### Right support

Although 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 have made a recommendation about mental capacity documentation to ensure it is decision specific.

People were supported to live the life they wanted by staff who knew them well and put them at the centre

of decision making. Staff enabled people to access specialist health and social care support in the community. People had a choice about their living environment and were able to personalise their rooms.

#### Right care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

#### Right culture

People and those important to them, including advocates, were involved in planning their care. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 and update

The last rating for this service was requires improvement (published 30 September 2021) and there was a breach in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

#### Why we inspected

The inspection was prompted in part due to concerns identified during inspection at some of the provider's other locations. A decision was made for us to inspect and examine those risks. During the inspection we also checked they had followed their action plan and whether they were now meeting legal requirements. This report covers our findings in relation to the Key Questions Safe and Well Led which contain those requirements and also the Effective Key Question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home 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.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bendalls Farm on our website at [www.cqc.org.uk](http://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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Bendalls Farm

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and a member of the CQC medicines team.

#### Service and service type

Bendalls Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority to seek feedback on the provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We met all the people living in the home and spoke to four of them about the care they received. We spoke with an agency worker and six members of staff including the team leader, senior carer, lead support worker, support worker, the registered manager and the locality manager.

We spent time observing people.

We reviewed a range of records. This included four people's care records and four people's medication records. We looked at four 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 registered manager and locality manager to validate evidence found. We looked at training data and quality assurance records. We received feedback from 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Since the previous inspection the registered manager had introduced new auditing processes to prevent or manage outbreaks.
- We were assured by the provider's infection prevention and control policy which had been updated since the last time we inspected.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The home was visibly clean throughout. Since the previous inspection the provider had introduced a deep cleaning schedule for the service and required refurbishments had been actioned. The registered manager said, "There is a regular cleaning schedule across all shifts." Records confirmed this.
- We were assured with the provider's admissions policy which had been updated since the previous inspection. It was now in line with national guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections. Staff followed the provider's visitor's policy.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff had access to PPE stations around the service and foot operated pedal bins for safe disposal of soiled PPE.

### Assessing risk, safety monitoring and management

- People's individual risks were identified, assessed, monitored and reviewed. This helped people remain safe from avoidable harm. Risks included those associated with epilepsy, diabetes, going out and emotional distress. We saw a significant amount of detail in people's epilepsy risk assessments, however, this information was not in a stand-alone epilepsy plan. When we raised this with the locality manager this was immediately resolved.
- Where people needed support with emotional distress, staff had clear and detailed plans of how to support them before, during and after incidents. The service worked with people and specialist professionals when creating these plans. A staff member told us, "[People's plans] tell you exactly who the person is and what you need to do."
- The home environment was well maintained and had improved since our previous inspection. Renovations were ongoing as we observed during our inspection. A home improvement plan ensured priorities were identified and progress monitored.
- Environmental risks were assessed, and appropriate action taken when required. This included fire

equipment and systems, water temperature and quality checks.

- Staff confirmed they had checks of their competency. This included medicines administration and the use of PPE. One said, "We have these [checks] on a regular basis."
- Staff received specialist training in non-abusive psychological and physical intervention (NAPPI). This enabled them to safely support people at times of emotional distress. The training focused on consistent emotional support, identification of stress factors and provision of meaningful activity to enrich a person's life. A staff member said, "We try to predict situations that may escalate to incidents by following our NAPPI training and the personalised care plans in place."

#### Systems and processes to safeguard people from the risk of abuse

- All four people we spoke with told us they felt safe living at Bendalls Farm. They felt comfortable raising issues with staff and were confident they would be listened to and actions taken when required. One person said, "The staff help me feel safe." Another said, "If I was worried about something I could speak to any of the staff." We observed positive interactions throughout the inspection with people appearing relaxed in staff company.
- The service had up to date policies and procedures for safeguarding people from abuse and harm. Staff understood their responsibilities in this area and knew who to raise concerns both internally and with external agencies such as the local safeguarding team, CQC and Police.
- We were assured with whistleblowing procedures in place at the service. Staff told us they would not hesitate to whistle blow on colleagues if they observed or heard about harmful and abusive practice.

#### Staffing and recruitment

- There was mixed feedback about staffing levels. One staff member said, "I think the service to clients can be improved by having more staff [at the home]." The provider had recognised this and had an ongoing recruitment drive to encourage more care staff to work at the home. They were currently block booking agency staff to help with the consistency of care people received. This was in a context of national staffing shortages in health and social care. We observed people's needs being met in a timely way during our inspection.
- The provider had introduced a welcome bonus and automatic leave for staff birthdays, so they did not have to use their leave entitlement.
- The service had robust recruitment and selection procedures. Checks had been done to reduce the risk that staff were unsuitable to support people. This included verified references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- The service held profiles for each agency worker. These included details of training undertaken specific to the needs of the people living at the service. This helped ensure people received more consistent care no matter who supported them.

#### Using medicines safely

- People were supported to have their medicines by staff with appropriate training and regular competency assessments. Where errors occurred staff were supported with refresher training and additional competency checks.
- People's medicines support needs were assessed and recorded in their care plans. This meant staff could support them in a way that met their needs and promoted independence.
- People's medication administration records contained sufficient detail and had no gaps.
- Where people took medicines with potential for significant side effects there were up to date risk assessments and reviews.
- Medicines were audited with appropriate action taken when issues were identified.



### Learning lessons when things go wrong

- All accidents, incidents and near misses were reported, recorded and analysed to help ensure adverse events did not happen again. De-briefs were held after incidents requiring physical interventions. Learning was shared with staff via meetings, emails and supervision.

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Although we were confident staff supported people in their best interests, we saw examples of mental capacity assessments that were not decision specific. We spoke with the management team about this and they advised us they would make the necessary improvements.

We recommend that the service seek advice and guidance from a reputable source, about the assessment of capacity and recording of best interest decisions in line with the Mental Capacity Act 2005

- Everybody at the service had capacity to make their own choices and these were supported. Where restrictions were in place best interests meetings had taken place and discussions with people were recorded. These were the least restrictive option and were reviewed.

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

- The home environment had been improved since we last inspected. The registered manager said, "We have renovated the whole house." Improvements were ongoing.
- People had been supported to personalise their bedrooms and other areas around the home. Two people offered to show us their rooms. These reflected their lifestyle choices, interests and hobbies.
- People moved around freely, spending time as they pleased within the home and its extensive grounds.

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

- People told us they felt involved in decisions about the care and support they received. This included making decisions about their appearance, what they wanted to wear, eat or drink and how they wished to spend their day.
- People were supported to maintain contact and relationships with those important to them both in and outside the home.

#### Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Support was also provided to study for further national qualifications in health and social care.
- Staff received enough training to meet people's needs. A staff member said, "Our training covers all aspects of our roles. The management team offer additional training to increase the quality of the service." A person told us, "I feel confident they can help me."

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

- People were encouraged and supported to have a healthy and balanced diet.
- People were supported to shop for and eat foods they enjoyed. Where required, staff worked alongside them to prepare meals and snacks.
- Since the previous inspection a kitchenette had been created which meant people had the option to make their own drinks and snacks and develop a greater level of independence. Daily notes confirmed people could eat and drink outside of typical meal times.

#### Supporting people to live healthier lives, access healthcare services and support

- Records showed people were supported to access health and social care appointments when required including GPs, social workers, community nurses, opticians, and a chiropodist. This also included mandatory annual health checks. A professional said, "[Name of locality manager] is as good as gold. When we've suggested things [name]'s listened."
- People had detailed and up to date communication passports which supported them when they moved between services, for example, when needing a stay in hospital. This meant people could receive a consistent level of support regardless of the setting.

# 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure that the systems and processes in place to assess, monitor and improve the quality and safety of the services provided were fully or consistently effective. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Since the previous inspection the registered manager had improved oversight of the service's infection prevention and control processes. The registered manager had implemented a robust auditing system to ensure infection prevention and control processes were being adhered to and this was now embedded fully.
- The registered manager and locality manager had ensured a maintenance plan had been created since the previous inspection with evidence all required works had been progressed.
- The registered manager was well supported by the locality manager. They worked closely together to ensure improved oversight at the home. The registered manager said, "I feel supported. My managers are there for me. We have regular managers meetings. I have known [locality manager] for a long time and we have always got on well." A professional commented on the locality manager, "[Name] is turning the place around. The main things [name]'s improved are communication and a more structured, calmer environment. [Name]'s made a difference."
- The service had notified CQC of significant events and incidents, which is a legal requirement.
- The registered manager demonstrated a good understanding of the duty of candour telling us, "This is our responsibility to be transparent. If something happens we need to acknowledge that as soon as possible after it has happened."

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

- The service had a supportive culture. Staff felt supported by the management team and colleagues. The majority of the staff had worked at Bendalls Farm for a long time and therefore knew people and other staff

very well. The registered manager said, "It's like a family here. I'm so thankful for the commitment of staff and agency. They all got us through hard times. I'm indebted to them." A staff member said, "We're like a big happy family, we know each other very well and know how we all work." Two staff commented on the registered manager, "Brilliant, so supportive" and "A down to earth leader who is selfless."

- Staff spoke positively about the service and support they received. Staff comments included, "I have worked for other homes and this is the best", "I think that our team is strong as our work is based on professionalism and excellent teamwork. All management staff are professional and helpful. I can rely on their decisions and get support with my role at any point" and, "We have a wonderful team and the people we support are awesome."
- Staff shared an understanding of the importance of working together to deliver person-centred care and enable people to live as independently as possible. This was reflected in their approach and people's personalised care plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People living at Bendalls Farm were given the opportunity to give their views on the service. For example, following a resident's meeting a post box was introduced to raise issues or concerns anonymously. People were also able to complete surveys using a nationally recognised survey provider. These were then analysed by the provider with feedback shared with the service.
- Improved auditing was helping maintain standards at the home and identify any shortfalls in a timely way. A recent audit had identified people's one to one hours were not being consistently recorded. Staff were reminded how to log these hours and the importance of doing so. With COVID-19 restrictions being lifted, the provider was looking to improve the range and variety of one to one time people received to do activities. The provider was working with the local authority to achieve this within a context of national staffing shortages in health and social care.
- The home liaised with a variety of agencies and health and social care professionals to provide support to people. Although the COVID-19 pandemic had created restrictions on people's ability to be part of the community, now that the restrictions were lifted people were being actively encouraged and supported to re-establish these links and opportunities.