

# Elysium Healthcare (Healthlinc) Limited

# Bradley Apartments

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

Bradley Apartments is a residential care home that provides accommodation, nursing and personal care to a maximum of 14 younger adults with a learning disability, some of whom may also have needs associated with their mental health and autism. Ten people were living in the home on the day of the inspection. Accommodation within the service is provided in five apartments consisting of bedrooms, bathrooms, communal area and kitchen.

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

The provider safeguarded people from abuse. Staff recognised and reported concerns. Relevant risk assessments were completed. Accidents and incidents were monitored to identify and address trends and reduce risk. There were enough staff on duty who were provided with the appropriate training and support to enable them to carry out their roles effectively.

We have made recommendations in relation to information sharing with the local authority safeguarding team.

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.

People were supported to have their medicines safely. The service was involved in STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines).

There were enough staff to care for people. Core staff teams ensured continuity of care for people. Staff recruitment was safe and staff received the training they needed to develop the skills they required. Staff received regular supervision, an annual appraisal and delivered person-centred care.

People's rights were protected. Staff gained consent before delivering care tasks. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's communication preferences were supported and they made their own decisions. People spent their time doing things they enjoyed, which maximised their time spent in the local community.

Staff supported people to have enough to eat and drink and supported healthy eating programmes. People had access to health care and support from other health and social care professionals, which ensured good health outcomes.

People's preferences and the views of their relatives were considered when care was assessed, planned and reviewed.

There was an open culture. The registered manager was approachable and they addressed complaints to make improvements.

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.

Although the size and structure of the service does not reflect the underpinning principles of Right support, Right care and Right culture. Accommodation within the service is provided in five apartments to support this model. People were supported within their own apartments. Care is person-centred and promotes people's dignity, privacy and human rights. Staff were discouraged from wearing clothing that suggested they worked on the premises

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

The last rating for this service was requires improvement (published 11 September 2019) and there were multiple breaches of regulation. The provider completed an action plan after the 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 regulations.

#### Why we inspected

We undertook this focused inspection to check improvements had been made since the last inspection. This report only covers our findings in relation to the review of the key questions Safe, Effective and Well-led only.

We received information of concern from a relative following our first visit to the service. We returned to the service for a second day to meet and discuss the concerns with the clinical team. We reviewed information relating to the person's care and we also spoke with a commissioner of the service. We were subsequently assured that the person concerned was receiving safe and appropriate care and treatment.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bradley Apartments 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.

# Bradley Apartments

## Detailed findings

### Background to this 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.

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 team consisted of three inspectors and an inspection manager. Two inspectors visited the service on the first day. An inspection manager visited the service on the second day.

#### Service and service type

Bradley Apartments is a 'care home' for younger adults with learning disabilities or autistic spectrum disorder. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We also spoke with 13 members of staff including the regional manager, registered manager, residential service manager, physical health coordinator, psychologist, occupational therapist, positive behaviour therapist, well-being therapist, a nurse and four care workers.

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

#### After the inspection

We spoke with five 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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to manage people's health and safety risks in accordance with best practice guidance. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- Improved health and safety and maintenance checks helped to make sure the environment was safe and risks associated with restrictive practices and fire were reduced.
- Staff were recording all incidents. The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again. De-brief sessions for people and staff were consistently completed.
- More detailed care plans, risk assessments and positive behaviour support plans included comprehensive guidance for staff on how to reduce risks and help keep people safe. One professional told us, "The service totally supports positive risk taking. People's needs are very well met."
- People told us they felt safe. One person said, "[Staff member] look's after me."

Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons. This was a breach of regulation 18 (Staffing) 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 18.

- Staff had been safely recruited.
- All staff had pre-employment checks to check their suitability before they started working with people.
- Staffing levels met people's needs and were monitored and adjusted when needed.
- The provider had been able to recruit a skilled set of therapists who provide support to meet people's complex needs effectively.
- There was a core team of staff and people received consistent support from the same team which better supported people to achieve positive outcomes.



Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals.
- Referrals were sent to the local authority safeguarding team when required and outcomes followed up. The local safeguarding team told us they experienced delays in receiving some information they had requested.

We recommend the provider follows best practice guidance in relation to responding to requests for information by the local authority safeguarding team and providing this in a timely manner.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed when they were no longer required.
- Staff received medicine management training and competency checks were carried out regularly.
- Medicines management was audited regularly with systems in place for investigating any potential medicine errors.
- Where people were unable to communicate, staff used comprehensive information within PRN protocols to assess and identify if they suspected a person was in pain.

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 home in accordance with the current guidance.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide appropriate levels of support, supervision and appraisal for staff. This was a breach of regulation 18 (Staffing) 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 18.

- The provider had made significant improvements to ensure all staff received ongoing supervision, appraisal, training and support. Supervision and appraisal records were detailed and informative.
- The provider had made improvements to the induction process. Staff had completed a comprehensive induction to prepare them for their role.
- Wellbeing coordinators had been appointed and a clear support programme in place to support staff. Staff benefited from company initiatives, regular meetings and break out rooms.
- Staff told us they were satisfied with the training they received. One member of staff told us, "There is so much training available." Another told us, "During your induction and probation you are well supported which allows you to get to know the residents well."

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

- People's needs were effectively assessed and care and support regularly reviewed.
- Staff followed best practice guidance, which led to good outcomes for people and supported a good quality of life.
- Commissioning authorities praised the new 'Step to assess' model of care, recently introduced at the service. Effective transition arrangements had successfully enabled people's move from hospital and secure services into a residential placement. One professional told us, "The service has progressed very significantly over time and they work collaboratively with us to achieve very positive outcomes for people."

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

- People were supported to maintain their skills and independence with their meals. For example, people were encouraged to plan, shop and prepare their own meals.
- We received positive feedback about the food. People told us they liked the food and they could choose what they wanted.

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

- Information was shared with other agencies if people needed to access other services such as hospitals.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.
- People benefited from staff monitoring their wellbeing and health.

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

- The premises were adapted to meet people's needs.
- The layout of the service enabled people to move around the service freely. People had access to communal rooms where they could socialise.
- The service involved people with decision making. For example, easy read surveys supported people to make suggestions about utilising additional spaces.
- People's bedrooms were personalised with their own belongings and family photographs.
- People had access to sensory equipment in their accommodation.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- MCA and associated DoLS were in place for people, authorisations were correctly obtained, and any conditions complied with.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

# 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 now 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; Continuous learning and improving care

At our last inspection the provider had failed to use systems effectively to monitor and improve the quality of the service which meant people were at risk of harm and of receiving a poor service. 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.

- The registered manager had made widespread changes to improve the quality and safety of the service. For example, improvements had been made to staffing, risk management, records, the environment and cleanliness and hygiene standards.
- Plans were in place to make further improvements to the service, including environmental changes to expand activities and embrace technology.
- The audit tools had been reviewed and further developed and new checks introduced. The registered manager had an action plan in place which was shared with staff and used to improve the service.
- The registered manager worked closely and collaboratively with the local authority and other professionals to make improvements and develop the service.
- The service was welcoming, and the atmosphere was warm and supportive. We observed people using the service were treated with respect and in a professional manner. A professional told us, "Things are actioned promptly and people are receptive."

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

- The registered manager was clear of their role and responsibilities to be open, honest and apologise if things went wrong.
- The registered manager used local safeguarding procedures appropriately. CQC and the local authority safeguarding team had been notified appropriately of all incidents.
- The service benefited from having a registered manager who was committed to providing good quality care to people who used the service.

- People spoke highly of the registered manager and staff team and their commitment to the service. Comments included, "[Registered manager's name] is really driven and knowledgeable" and "The team work very well together."
- Staff told us they felt listened to and that the registered manager was approachable. A staff member said, "There is an open door approach and [Registered manager's name] is always there to speak to."

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

- The registered manager told us they worked closely with relatives and staff so as their loved ones received consistent support. One relative told us "We are well informed and consulted."
- People were consulted and involved in day to day decisions about the running of the home through regular meetings. For example, people developed their own menu's and activity choices.
- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings. For example, staff suggested to remove key coded locks on doors for free movement in the corridors for residents which was trialled and successful.

Working in partnership with others

- People benefited from partnership working with other local health professionals. For example, GPs, community nurses and a range of therapists.
- Commissioners of the service provided positive feedback. Their feedback included, "The service have worked so hard and have completely changed the lives of some very complex service users."
- The registered manager kept up to date with best practice developments. They encouraged staff to take on more responsibility through introducing lead roles to champion positive behaviour support, safeguarding as well as medicines management.