

Bethphage

Bradbury Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bradbury Court is a purpose-built residential care home providing personal care for up to four people with learning disabilities and/or autism. At the time of the inspection four people were living within the home.

The home is a single level property in a residential area of Market Drayton. All bedrooms have en-suite wet rooms/ toilets and the property is wheelchair accessible throughout. There is a large garden and separate community allotment space. There is a car parking area to the front.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

People were supported by a stable staff group who were kind, caring and delivered high quality, personalised care. Staff had developed close and trusting relationships and detailed care plans with the people they supported, were aware of their life histories and their expressed preferences.

The provider had safeguarding systems to protect people from the risk of abuse or unsafe care. Staff were aware of the procedures, had received training on it and knew what action to take. Staff had the required skills and expertise to meet people's needs effectively and provide good outcomes that promoted well-being and a good quality of life.

Staff assessed and reviewed people's physical, mental health and social needs and the progress they were

making towards their goals. Records confirmed people's choices were always considered and they and/or their representatives had been involved in any decisions about their care.

The safe and effective management and monitoring of medication meant that people received their medicines as prescribed and there was strict monitoring of 'as required medicine'. Staff worked with other agencies and health professionals to support people to receive the care, treatment and support they needed promptly.

The registered provider had procedures in place for assessing a person's mental capacity in line with the Mental Capacity Act 2005. 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 received support to maintain good nutrition and hydration in line with their personal choice and preferences and their healthcare needs. The service worked collaboratively with other agencies and professionals to support people's health and well-being.

People's social and emotional needs were emphasised as part of people's overall individual support. The staff helped people living in the home to maintain their friendships and independence. Advocacy services were available to provide independent support if people needed this.

People's communication needs were thoroughly assessed and understood by staff. This helped to support people's communication needs and the Accessible Information Standard (AIS).

A complaints procedure was in place and people, their relatives and friends were given the opportunity to give regular feedback on the service.

The registered manager and staff showed a clear desire to develop and improve their service in a planned and managed way. They showed knowledge, enthusiasm and an understanding of the importance of openness and working closely with families, other agencies and healthcare professionals to make sure people had the best care.

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

Rating at last inspection

The last rating for this service was good (published 23 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service remained responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our caring 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 under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Bradbury Court is a 'care home'. 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.

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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Our planning considered information we held about the service and included information about events and incidents the provider must notify us about. We asked commissioners for their experiences of 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.

We used this information to plan our inspection.

During the inspection

We reviewed records relevant to the running and quality monitoring of the service, we looked at the recruitment records for all the new staff employed in the last year. We looked at training and supervision records. We looked at four care records, associated records of medication administration and medicines storage and management.

We spoke with two people who lived at Bradbury Court to ask about their life there. We observed people's daily routines in the home and staff interaction.

We spoke with three staff members on duty about their experiences of working for this service and the registered manager, who was present throughout the day.

After the inspection

We continued to seek clarification from the manager to corroborate what we found. This included recruitment and maintenance records. We contacted and spoke with four relatives/friends of people who lived at Bradbury Court and an advocate involved with 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in line with local authority guidance to protect people from harm and abuse. The registered manager understood their responsibility to report suspected abuse to the local authority safeguarding team where it was identified.
- Staff knew how to recognise abuse and protect people from the risk and had received safeguarding training relevant to their roles. Staff we spoke with were confident the registered manager would act quickly if they reported any concerns.
- Friends and relatives we spoke with told us they were confident people were safe in this service. They told us "They [staff] really care and I feel sure [relative] is safe here, otherwise they would not be so happy" and "I know [friend] feels safe, it could not be better."

Assessing risk, safety monitoring and management

- The provider had processes in place to protect people from avoidable harm. Risk assessments were completed to identify any foreseeable risks to people's health and safety. This included, people's medicines, any nutritional or swallowing risks, falls, mobility, using transport, fire and evacuation and the home environment.
- Accidents and incidents were recorded and analysed for themes and records indicated equipment was safe to use and being well maintained.

Staffing and recruitment

- The provider had policies and procedures in place to support safe recruitment.
- Recruitment records were managed by the provider's human resources department and not available in the home so we could not assess their robustness. The registered manager arranged for the information to be made available to us securely following the visit. We saw evidence that the necessary checks on new staff had been done.
- Sufficient numbers of appropriately trained staff were on duty throughout the day and night to make sure people received the support they required. The staffing level was kept under constant review and adjusted as people's need and preferences dictated and so they could take part in activities both inside and outside of their home as they chose.

Using medicines safely

- The provider's policies and procedures provided clear guidance for staff on medicine management and medicines were being managed safely, in accordance with current guidance and regulations. Robust monitoring of 'as required' medicines meant people did not receive them unnecessarily

- Staff told us, and records confirmed, they had undertaken medication training and competency checks to help ensure they had the skills and understanding to administer medicines safely.
- Staff completed risk assessments with people for the management of their medicines and care plans contained information on the support people needed to take them safely.

Preventing and controlling infection

- The service managed the control and prevention of infection well. Staff had received training on infection control and understood their responsibilities.
- The registered manager audited infection control procedures and hand washing. Personal protective equipment [gloves and aprons] were available for providing personal care.
- The home had achieved a 5 Star rating from the national food hygiene standard rating scheme. This meant the hygiene standards were very good.

Learning lessons when things go wrong

- The registered manager was keen to develop the service and learn from events. During the inspection they showed us how they intended to make changes to formalise some processes. This was so they could better document and more clearly demonstrate people's individual journeys and achievements as they became more independent, confident and ready to take on more independent lifestyles.

Is the service effective?

Our findings

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

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

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

- The provider had systems to make sure people received care which met their individual needs and preferences. Senior staff completed an assessment prior to admission to make sure the service was appropriate for the person and could meet their needs.
- Staff assessments of people's needs were comprehensive and detailed and staff used nationally recognised tools to assess risk such as, skin damage, nutritional risk and falls risks.
- Evidence based techniques were used to monitor and assess people's behaviours and changes and to recognise improvements and meeting goals. This had a positive effect on people's well-being.

Staff support: induction, training, skills and experience

- People were supported by a staff team that had the skills and training to assist them.
- Each member of staff had a thorough induction and on-going training to support people's different needs, regular supervision, appraisal and regular team meetings where they could discuss any care and practice issues. One staff member told us their training had been "intense" but also enjoyable and they had felt well prepared when they began to work with the people who lived there.
- Relatives and people's friends expressed great confidence in the staff and their skills. We were told, "They [staff] have the skill and understanding to listen and watch and allow [friend] to teach them about the person and how they communicate. They [staff] learn and adapt to the person."

- Supporting people to eat and drink enough to maintain a balanced diet
- Staff completed nutritional assessments to identify people's needs and any risks they may have when eating and swallowing.
- Staff prepared meals that met people's known preferences and special dietary needs. People were encouraged to help choose their own food and, when needed, given support to eat where they preferred and encouraged to drink often.

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

- The service worked collaboratively with other health care professionals and support agencies such as local GPs, dentist, community nurses, mental health teams, occupational therapy and social services.
- People's care records showed that relevant referrals had been made to professionals promptly to meet individual health and care needs. Everyone who lived at Bradbury Court had annual health reviews and regular contact with specialist services to help them manage their health and well-being.

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

- The home was designed and adapted to meet the physical and recreational needs of the people living there and accommodate any equipment they needed.
- The property had easy access to outside space and the garden areas. These had been assessed for risks and control measures were in place. People had places in the garden to sit and relax and outhouses they used to keep personal items in.

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

- Staff made sure that that consent to care and treatment in the care records had been considered by people with the appropriate legal authority to help make decisions. This helped to protect people's rights and make sure any decisions made for them were in their best interest.
- We saw relevant people had been involved, consulted with, and had agreed with the level of care and treatment to be provided.
- Staff had been trained on the MCA and DoLS and understood the principles behind the legislation. We saw appropriate authorisations to deprive people of their liberty had been obtained from the local authority and staff followed the requirements in the DoLS. The service used some restrictive intervention practices but only rarely and as a last resort, in a person-centred way and in line with positive behaviour support principles.

Is the service caring?

Our findings

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

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

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

- People were treated with kindness, consideration and empathy. There was a clear person-centred culture in the home with highly motivated and skilled staff who created a relaxed and sociable atmosphere for the people. Staff we spoke with expressed warmth and affection about the people they supported and a great understanding of them and their lives so far.

- Relatives and friends were extremely impressed with the caring support people received at the home and the advances in the quality of life experienced by their loved ones. Comments included, "He's so happy here and there is so much more he can do now" and "[Relative] has such a good life here, it's been a long journey but they [staff] have been exceptional, so caring, so understanding."

- People with limited verbal communication showed us they felt well cared for. For example, we saw them relaxed and at ease with staff, laughing, smiling and sharing jokes with them. Those who could communicate more easily told us they were very happy living at Bradbury Court, liked the staff who helped them and saw them as their friends within their home.

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

- Staff understood people's rights and had training in protecting and promoting them. We observed people were treated very much as individuals. Relatives and friends told us, "They [staff] treat everyone as an individual, know their personality and their character. It's so refreshing to see how staff adapt to [relative's] needs to make his life fuller and better."

- People using the service were often supported to express their views by their families, but advocacy services were available if needed or in an emergency. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

- People's advocates/friends and relatives told us they felt they were also respected, listened to, and included in the development of people's care and in tracking their progress. In this way everyone worked together to make sure people had the life they wanted.

Respecting and promoting people's privacy, dignity and independence

- We saw that people were supported to be as independent as they could be. We saw how people were being supported to take on daily tasks that helped them have more control over their actions and daily life, such as with personal hygiene and laundry.

- The staff approach had helped people go out more frequently, become more involved in the local

community, attend local events, social clubs, go out shopping and take holidays.

Is the service responsive?

Our findings

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

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

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

- People experienced consistently focused person-centred care that had a positive impact on their health and wellbeing. We saw from care records and speaking with relatives how the individualised support people received had greatly reduced the level of incidents of behaviours that may challenge others. Strict and highly responsive monitoring of medication use had resulted in people not needing to have 'as required' medicines to help manage behaviours.
- Friends and relatives gave very positive feedback about how people's independence and confidence had increased since coming to live at Bradbury Court. We were told, "He is far more independent living here than he ever was before even in supported living. We have seen his confidence grow, improve and his horizons expand" and "It has been amazing to see him come so far here and be so happy."
- People had developed life skills that made them more self-sufficient and confident. For one person this was around taking responsibility for their own personal hygiene, another person developed computer skills and another greater household skills, like laundry, preparing drinks and food. This helped to prepare people to move forward and take the next step onto more independent lives in the community.
- We saw practical examples of the person-centred ethos of the service and staff commitment to supporting the well-being of those in their care. Staff had supported a person through an emergency hospital admission at Christmas. Management and staff had quickly altered shifts and working pattern as they understood how distressing a hospital admission was for the person and wanted to allay anxiety as a familiar presence that was known to them, trusted and understood them.

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's communication needs were thoroughly assessed, made clear in care plans, shared at team meetings and understood by staff. We observed staff were skilled in listening and using the communication methods people preferred. Relatives told us staff exceeded their expectations in building very close trusting bonds with people. We were told, "They [staff] really do care, [relative] takes some understanding, but they [staff] have built up such a great relationship they understand them so well."
- Staff supported people to communicate in the way they preferred and found easiest about what they wanted in their home and outside it. Pictorial formats and images were used, Makaton signs, verbal and body language cues and using drawing to express thoughts, feelings and anxieties all allowed people to be involved and make their feelings known.

- Relatives and friends told us how staff encouraged people to talk and explore what they were feeling and what they wanted. This included people being involved, in a way, they felt comfortable with, in the interview process when new staff were being recruited. This helped them be could be part of decision making about who came to work with them in their home.

Improving care quality in response to complaints or concerns

- No formal complaints had been received since our last inspection. People's relatives and representatives were aware of the provider's complaints process and who they should speak with to raise a complaint. Staff we spoke with were clear about the importance of listening to people and the process for registering any complaint.

- People and their relatives were given the opportunity to give their feedback on the service informally on a daily basis and during care reviews, meetings and surveys. The feedback we received from families and friends was very positive. We were told, "I have never needed to make any complaint because everyone there works together for [relative's] benefit, we talk through anything that affects him."

End of life care and support

- Currently no one in the service was receiving end of life care. The manager and staff were clear that they would take direction from GP's, district and specialist nurses if they needed to support someone who wanted to stay at home if their condition was deteriorating.

- The management and staff were all aware of and understood people's different cultural or spiritual needs and what would be important to them. If needed the staff team would apply these preferences at the end of life.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 demonstrated supportive leadership, a close daily involvement in the service and had a clear vision for service development.
- Relatives and friends told us the service had been consistently well-led. One relative told us, "The manager is really good, always there for us all, very helpful and encourages us to visit and be involved."
- The registered manager and staff understood their individual roles and responsibilities, the importance of having an open culture and the needed to work together to achieve the best outcomes for people. Staff met regularly to discuss work issues and had great confidence in the registered manager. Staff told us morale was very good and job satisfaction high. We were told, "It's been a positive experience working here" and "The manager is really supportive and gets the best out of us all."
- The registered manager encouraged feedback from staff, people they supported and families. Staff understood the importance of reporting any accidents and incidents and changes in people's health to the appropriate professionals and agencies and of keeping families informed. This indicated that the principles behind a duty of candour were recognised within the service's culture.

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

- The provider used quality assurance systems to ensure safety, quality and improvement were consistently monitored. Records were monitored by the registered manager who checked for any patterns so they could highlight lessons to be learned and take action when needed.
- Staff and relatives told us the registered manager worked hard to improve the service and find ways to enrich the quality of people's lives. The registered manager was aware of their responsibilities to report significant incidents and events to CQC and, when appropriate, other agencies. Notifications had been received in a timely manner which meant that we could check appropriate action has been taken.

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

- The records showed the registered manager and staff worked effectively in partnership with health care professionals from multidisciplinary teams to make sure people had their health and social care needs met. This included collaborative working with specialist nurses learning disability teams, mental health teams and speech and language therapists.

