Bradbury House Limited

Bradbury House

Inspection report

Bradbury House
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Tel: 01179716716

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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

The inspection took place on 26 October 2017 and was unannounced. This was the first inspection of the service under the current provider. The service was previously registered under a different legal entity.

Bradbury House 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.

Bradbury House accommodates 10 people in two separate buildings under one registration. Each building was self contained, though staff could move physically between the two as they were separated only by a small garden.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was also a manager in day to day charge of the home.

The service was safe. Through our observations we saw that people responded positively to staff and were at ease in their company. There were systems in place to support people with their medicines. We found one administration error that had occurred; however this was responded to positively by the manager and an appropriate action plan put in place. The error had not resulted in any harm to the person concerned.

There was a positive approach to managing incidents. Where it had been necessary to use restraint during incidents, these were referred to a specialist who provided advice on whether there was anything that could have been done differently. This gave an opportunity to reflect on the use of restraint and ensure that it was only used when necessary and in a safe way.

There were sufficient numbers of staff to meet people's needs and keep them safe. When new staff were recruited, there were systems in place to ensure they were suitable to be employed.

The service met people's needs effectively. Staff worked with community professionals to manage behaviours that challenged and continually looked and tried new ways to meet people's needs.

People's nutritional needs were met. Some people had particular conditions that required special management and these were well described in people's care plans. Where there were concerns about a person's weight, staff were responsive and took action to speak with the person's doctor so that this could be managed.

Staff were positive about their training and supervision. Through discussion, staff demonstrated their knowledge of key topics such as safeguarding vulnerable adults and the Mental Capacity Act.

Staff were kind and caring and we saw that positive relationships had been built between people and staff. Staff provided care and reassurance if people were upset and people responded positively to this. People were supported to maintain contact with people who were important to them; people talked to us about their plans to visit family members.

The service was responsive to people's needs. Staff understood people and their needs well. People were supported to take part in activities of their choosing. This included people going out independently if they were able to. There were facilities on site for events to take place. People had used this for events to raise money for charity.

The service was well led. Staff worked strongly as a team and spoke in positive terms about working at the home. There was a culture of wanting to continually improve; the home was in the process of making improvements to the building, including adding ensuite bathrooms and creating a sensory room.

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.

There were safe systems in place to support people with their medicines

There were risk assessment in place to support staff in providing safe support for people.

Staff were knowledgeable and confident about safeguarding people from abuse.

There were enough staff to meet people's needs safely and, safe procedures were followed when recruiting new staff.

Is the service effective?

Good

The service was effective.

Staff received good training and supervision to support them in their roles.

People were supported with their nutrition and individual conditions were managed well.

Staff worked with healthcare professionals to meet people's needs and ensure they were well managed.

Is the service caring?

Good

The service was caring.

Positive relationships had been built between staff and people in the home.

People were supported to maintain contact with family and loved ones.

People were involved in reviewing and planning their care.

Is the service responsive?

Good

The service was responsive.

People had care plans in place that were person centred in nature. Staff were clearly knowledgeable about the people they supported.

People were supported to take part in activities of their choosing. Planned events were also held on site.

There was a procedure in place to manage and respond to complaints.

Is the service well-led?

Good

The service was well-led.

Staff were positive about working in the home and received good support from the managers.

There were systems in place to monitor the quality of the service provided and this included gathering views from people in the home.

Bradbury House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 October 2017and was unannounced. The inspection was carried out by two adult social care inspectors. Prior to the inspection we gathered all information available to us, including the Provider Information Return (PIR). The PIR is a form that gives information about how the service is performing and any improvements they plan to make. We also looked at notifications. Notifications are information about specific events the provider is required to send us by law.

Not everyone was able to speak with us due to their communication needs. However we spoke with four people who were able to answer some questions verbally. There wasn't opportunity to carry out our formal SOFI observation; however we made informal observations throughout our inspection. We spoke with four support staff as well as the manager and registered manager. We reviewed care records for four people as well as other records relating to the running of the home such as quality audits and staff records.

Good

Is the service safe?

Our findings

The service was safe. We observed that people interacted confidently with staff and freely approached them to initiate conversation. People didn't answer specific questions about how safe they felt, however from our observations it was clear that people were happy and content. We also observed one person discuss an ongoing dispute they were having with another person. Staff discussed the best ways to manage the situation and talked to the person about how to stay safe.

People received safe support with their medicines. These were stored securely in a locked cabinet so that only authorised staff had access to them. The temperature of the cupboard where medicines were stored, was taken daily to ensure that they were stored at a safe temperature. The majority of people's medicines were contained in a monitored dosage system (MDS). A MDS is where medicines arrive from the pharmacy in a format that organises the medicine in to the days and times they need to be administered. Where people had PRN (as required) medicines, these were stored in individual boxes for the person they were prescribed for. We checked the stock levels of two PRN medicines and these were correct according the home's own records. There were PRN protocols in place to guide staff in when and how a person should be offered their PRN medicines.

Where people had topical creams prescribed, there were body maps with instructions in place to guide staff in where on the body to apply the cream. When medicine were administered, these were recorded on a medicine administration record (MAR), supplied by the pharmacy. One person was having a medicine crushed to meet their individual preference. This was included as an instruction on the MAR sheet. The manager confirmed they would only crush medicine if this was agreed by the pharmacist.

We found an error in administration during our inspection. One person's medicine had been taken from the wrong section of their MDS meaning they'd had a higher dose of the medicine than was prescribed (the morning and evening dose of the medicine were different). This error had occurred very close in time to our inspection and so there hadn't been time for it to be picked up through the service's own monitoring. On discovering the error, the manager immediately sought medical advice and was told that the error would not cause the person any harm. The manager also told us they would retrain the member of staff concerned to ensure their competency in administering medicines.

There were risk assessments in place to guide staff in providing safe care and support. These were comprehensive and the measures required to ensure people's safety were clear. Where people had particular health conditions that could potentially affect their safety, there were risk assessments in place to manage them. For example, there were some people in the home living with epilepsy. Their risk assessments provided guidance as to when medical intervention should be sought and also stated that staff should have training in how to manage epilepsy. We saw from staff files that this training was in place. Staff were knowledgeable about the risks associated with people's care. One member of staff commented, "I don't write any risk assessments, but we are always told as soon as they have been updated. When they are updated we always get time to read them and sign to say we have seen the updates." We also noted that risk assessment encouraged people's independence and didn't place unnecessary restrictions on their support.

Staff commented "the layout of the house makes it easy to tell when someone has gone into the kitchen; when X goes in, all staff pop in and make sure she is safe and ok, we might then ask her about what drink she is going to make, or have a chat, and then can observe that X is safe, without preventing her from being independent."

There were sufficient numbers of staff to ensure people's safety and wellbeing. We observed during our inspection that staff were deployed effectively to enable them to provide an appropriate level of supervision for people. One person's behaviour could be challenging to others and we saw staff were always close by to manage incidents before they escalated. We also observed that people were able to go out with staff. Staff confirmed there were enough staff to meet people's needs. On the day of our inspection, one member of staff was absent due to illness. One member of staff commented "There are some days when an incident happens, or someone phones in sick and it can be frustrating as it makes less time to support people to do what they want to be doing right at that moment; but nobody misses out on anything due to time constraints, it just might happen a little later, or with a different member of staff."

Staff were confident about identifying and acting on signs of abuse. Staff confidently identified the different kinds of abuse that could occur. One member of staff commented "Staff are there to help protect; an example is we support people with their finances and check what comes in and what goes out, to help prevent financial abuse." Staff understood the process for whistleblowing. Whistleblowing is the process for staff to follow if they are concerned about poor or unsafe practice in the workplace.

When new staff were employed by the service, safe procedures were followed to ensure they were suitable for their role. This included carrying out a Disclosure and Barring Service (DBS) check. A DBS check identifies people who are barred from working with vulnerable adults and also identified whether a person has any convictions that might affect their suitability.

There were systems in place to manage incidents effectively. Where physical restraint had been used to ensure people's safety during an incident, this was clearly recorded and gave opportunity for staff to reflect on whether the restraint was proportionate and effective. It was also clear that only recognised techniques taught in specialist training were used. Incidents involving behaviour that challenged were reviewed by a specialist who could advise on ways that the incident could potentially be managed in a better way in the future. One example of this, was the advice given to move a person to an outdoor space during incidents. The manager told us this advice had proven beneficial for the person concerned and had provided a calming effect meaning the incident was managed more quickly. This positive approach to reviewing incidents meant there was a culture of learning from incident and constantly looking for ways to prevent reoccurrence.

There were records in place to show that the building and vehicles were safely maintained. Fire safety equipment was checked regularly and fire drills carried out. There were also certificate in place to show the gas, electric and water temperatures were checked. The home had access to two vehicles and these had regular checks to ensure they were suitable for people to go out in.

Good

Is the service effective?

Our findings

The service was effective. Staff received good training and supervision to enable them to carry out their role effectively. On joining the organisation, staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised qualification that provides staff with the skills and knowledge to work in the care sector. In addition to this, staff were provided with training specific to the needs of people in the home. This included for example, autism, epilepsy and 'non abusive psychological and physical intervention' (NAPPI) training. Staff were positive about the training opportunities available to them. One member of staff commented, "Recently I have received training refreshers in safeguarding, MCA and DoLS, as well as autism, epilepsy and medication." The manager was proactive in identifying and acting on training needs amongst staff. In response to medicine errors over the past 12 months, training from the pharmacy had been arranged and medicine administration had also been discussed at individual staff supervision.

Staff received regular supervision. Supervision is a one to one meeting with the member of staff's manger to discuss their performance and development. One member of staff commented, "Supervisions are every six weeks, but you can ask for an earlier date if you need it." It was clear from staff files that they were receiving regular supervision.

Staff were confident in their knowledge of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 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. Staff understood how to apply the principles of the Act in their daily practice and knew the process to follow if decisions had to made on a person's behalf. One member of staff commented, "Mental Capacity means if someone didn't have the capacity to understand risks or dangers, like out in the community they may be able to physically go out and about, but might not understand the road safety, or what dangers they might face."

Where decisions were made in people's best interests, the recording of these decisions was clear and showed the process followed to assess the person's capacity. For example we saw a record of a decision relating to a person's finances. The record showed that relevant questions had been asked of the person to assess their knowledge and capacity, such as giving them two values and asking which was the higher. It was clear how the decision had been made on their behalf and this protected the person's human rights.

It was also clear that staff understood the process that needed to be followed if people needed to be deprived of their liberty in order to receive safe care. 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. The application procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Two people in the home had DoLS authorisation in place; there were no conditions placed on these authorisations. Other people had application in place but these had not yet been authorised by the local authority. It was clear that the progress of these applications had been checked by the manager.

There was clear information in people's care plans about the support they required with their nutrition. Some people had particular health conditions that required careful management and these were clearly described in their care files so that staff were aware of how to support the person. Where there were concerns about a person's nutrition or weight, these were identified and reported to the person's GP. The manager told us that for one person, checks on their weight had identified a weight loss which was reported to the GP. This resulted in an increase in the person's nutritional supplements. The manager also told us that for this person they tried to identify their preferred snacks and ensure they were always available. We saw during our inspection that this person had snacks available to them. People didn't talk to us directly about food and nutrition, however we overheard one person discussing healthy choices of food with staff in advance of going shopping. Staff encouraged them towards healthier options and the person agreed with them

Staff were trained in and understood the importance of equality and diversity. There was information in people's support files about their cultural needs and staff clearly understood these. One member of staff told us about certain food products that a person wasn't able to eat due their family culture.

Where people had behaviours that challenged others, there were effective plans in place to manage them and also to support the person in managing their own behaviours. For one person we saw how they became agitated and a member of staff spoke with them in a calm and reassuring tone which ensured the incident didn't escalate further. Another member of staff was observant and on a number of occasions positioned themselves to prevent a service user grabbing another person. This demonstrated that effective strategies were in place to manage people's behaviours.

For one person in particular the manager told us how they had worked with both local specialist teams and a professional specialising in behaviour management and this had led to particularly positive results for them. This involved a positive reinforcement strategy where the person earned tokens which could then be exchanged for a trip out or another item they wanted. The person understood and engaged in this strategy and demonstrated this by choosing the design of their token board and requesting that it be kept in a safe place in their room. There were clear records over time of what strategies had been used with this person and regular evaluation and reflection on how well they were working.

Good

Is the service caring?

Our findings

Staff were kind and caring. One person commented to us that, "staff are very kind". It was evident from our observations and from our discussions with staff that positive relationships had been built and that staff worked hard to meet the needs of people they supported. Staff spoke with people in a respectful manner and engaged them in conversation. People were clearly comfortable and at ease with staff. Staff told us about times when they had gone beyond the expectations of their role by supporting a person in hospital. Staff told us they went to visit the person on their days off to ensure the person was well cared for and supported during their stay.

People were clearly supported to be independent where possible. Information about people's independence was included in their support plans. Staff also identified goals for greater independence and new skills. Staff had worked with one person to enable them to go to a local supermarket independently. This had been achieved over the space of a year, with staff supporting the person to take small steps towards achieving this goal. The person had been given opportunity to achieve independence in visiting another venue locally but had chosen to go to the supermarket twice weekly. Staff monitored closely how this achievement had affected the person and were proactive in finding further activities to support the person's wellbeing. For example, for a short period after achieving this goal, staff noted an increase in the number of behavioural incidents. In response to this, a cooking activity was introduced to help the person use their time constructively.

People were able to stay in contact with people who were important to them. There was information about people's relative included in their support plans. One person told us about the gifts they'd recently bought for their relatives. Another person was discussing a forthcoming visit to see their relative. This person became a little tearful whilst contemplating their visit, but staff promptly noticed and encouraged the person to talk whilst reassuring them about the visit. The person responded positively and their mood noticeably improved.

People's care and support was reviewed regularly and with the involvement of the person concerned. Thought had clearly been given as to how people could be best supported to be involved in their care reviews. People were given choice for example about where the review meeting should be held. Staff also talked to people about their support prior to the review meeting and produced a booklet containing photographs so that the person could share this at the meeting.

Good

Is the service responsive?

Our findings

The service was responsive. Staff understood people's individual needs and were proactive in finding the best ways to meet their needs. For example, one person had a behaviour that required careful management. This was described sensitively in the person's care records. It was clear from talking with the manager that they had tried various ways to manage the behaviour, and had been innovative in thinking of ways to support the person. This included ensuring they had taken in to account any health implications and working alongside other professionals involved in the person's care.

Care plans were person centred and gave clear details and guidance about how the person should be supported. This included the person's preferred way to be addressed. We heard staff addressing people by their preferred name, as outlined in their care plans. Information was provided about people's lives prior to arriving at the home including places they'd lived and schools they attended. This helped staff understand people as individuals. Information about how people communicated was included. In one person's support file, we saw personalised photographs of staff demonstrating the signs that were used with that person. One member of staff commented ", "We have picture aids, Makaton, PECs (Picture Exchange Communication Sysem) to help people make choices and decisions."

Care plans covered a range of people's needs such as their mobility, nutritional needs and the support required with their personal care. From speaking with staff and our observations, it was clear they knew people well and understood their needs. One person was due to go out in the afternoon of our visit. Staff told us that the person could get quite anxious if they knew too far in advance about going out so when the person asked about it, staff responded, "we'll see". Staff were consistent in this approach and the person appeared to remain calm.

There was a keyworker system in place. A keyworker is a member of staff with particular responsibility for the wellbeing of the person they are allocated to. Staff spoke knowledgeably and positively about the people they supported. One member of staff commented, "Being a key worker means making sure that their voice is heard. I support (person) to make a complaint, I would ask (person) is everything is ok, or when I see changes in him as he is very placid and wouldn't always speak out so willingly without being asked, so I check in with him to make sure everything is ok."

People were supported to take part in activities of their choosing. There was a 'workshop' on site where events could take place. This had recently been refurbished to include a kitchen area with hatch, to create a 'café' style space. Staff took responsibility on a rotational basis for coordinating events in the workshop. The manager told us about events that had recently been held, such as the 'wear it pink' event, raising money for a cancer charity.

People took part in individual activities of their choosing such as going to the gym and swimming pool. One person helped with the health and safety checks around the home and received payment for doing so. This demonstrated a positive and innovative approach to providing meaningful activities for people. People also socialised with service users from another home within the organisation, that was located geographically

close by. This gave people opportunity to build relationships and make links with the community. One person talked to us excitedly about their plans for the morning to go shopping.

There was a process in place for responding to complaints. One formal complaint had been received in the past 12 months. The person raising the complaint received an initial acknowledgment making clear when they could expect a response and then a further response detailing the findings of the complaint investigation and what action had been taken in response. The service had also collated a number of positive comments from professionals involved with the home. Staff were proactive in ensuring that people's voices were heard and that their concerns were noted. One member of staff commented, "To help a service user make a complaint, someone like (person) writes a lot of things down, so actually encouraging her to pass the notes on to a member of staff to raise any concerns."

Compliments about the service had also been collated and these evidence a positive view of the home from professionals visiting the service. One professional wrote, "I commend staff efforts and the high quality of care observed". A relative wrote, "Just a short note to thank you and your staff for the service and comfort you all give to our brother".

Good

Is the service well-led?

Our findings

The service was well-led. Staff were all positive about working at the home and referred to the staff team as being like a 'family'. Comments included, "Morale is really good, apart from now and then, it is always really good and, "Of all the places that I have worked, this place feels like home, the whole thing feels really homely. I think we have the best staff team there is, no one person cares more than anyone else. I love my job; I wouldn't want to do anything else. I think we are all here for that reason." Staff told us communication was good amongst the team so that all relevant information was provided at staff handovers. This helped ensure that people's needs were met effectively.

There were systems in place to monitor the quality of the service provided. These were aligned with the Care Quality Commission inspection process. The quality audit covered the five domains of Safe, Effective, Caring, Responsive and Well Led. We saw that the quality audit generated action plans to improve the service and it was recorded when these actions had been completed.

People's views were actively sought in order to inform improvements in the service. In some people's care files we saw questionnaires in an easy ready format to collate information about how people were feeling. Previously there had also been some service user meetings taking place. However, due to the needs of people using the service, the manager told us they were moving towards using keyworker time to assess people's wellbeing and collect their views and opinions.

There was commitment within the service to continually improve. At the time of our inspection there was a programme of refurbishment taking place to improve the quality of people's accommodation. This included ensuring that people had access to an ensuite bathroom with either a bath or shower according to the person's preference. People had been fully involved in deciding how they wanted their room to be decorated. The manager told us there were also plans to create a sensory room for people to use within the main building.

The registered manager told us they attended meetings within the organisation to share knowledge and best practice. There was a monthly 'manager's charter meeting' with other managers to help develop and improve practice across the whole organisation. The registered manager also held management meetings with the other home they were registered for to ensure consistency across the homes. Close links had been built with this home; during our inspection we observed a person from the other home attending Bradbury House to do some work on the computer. The manager also told us that on occasion they had shared staff between the homes to increase the skill base for each location. There were also arrangements in place for the managers of each service to monitor the other location in the event of the manager being on leave. This helped to ensure the smooth running of the homes.

Staff felt involved in the running of the home and that their views were taken in to consideration. One member of staff said, "There was quite a bit that needed improvement a year ago, but now we are being listened to, management listen to what the staff are saying and now positive changes are happening."

The manager and registered manager were both clearly involved and knowledgeable about the needs of the people they supported. This was evident through our discussions about individuals; both managers talked about incidents in people's past lives that had led to current behaviours and used this knowledge in their planning for the future. For example, one person, due to previous experience found it difficult to give their clothes to staff to be cleaned. The registered manager told us that as part of their current refurbishment programme they were looking at fitting a washing machine in their room.

The manager was aware of the responsibilities associated with their role such as making notification to Care Quality Commission. Notifications are information about specific events that are required to be submitted by law.