Healthlinc Individual Care 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Bradley Apartments 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.

The service is purpose built and comprises of a range of two, three and four bedded apartments with kitchens and living areas on the first floor, there is an activity room and lounge area on the ground floor. The service is located on the same site as Bradley Woodlands Hospital on the outskirts of Bradley, which is on the south western edge of Grimsby. Bradley Apartments has an allocated garden area in the grounds.

We undertook this comprehensive inspection on the 19 and 20 January 2017 and there were seven people using the service.

At the last inspection on 4, 10 and 12 February 2016 we found the registered provider was in breach of two of the regulations we assessed. We issued requirement notices as there were shortfalls in providing sufficient numbers of staff and shortfalls in the staff supervision and appraisal programmes. We also found assessments of people's mental capacity and records of best interest decisions were not in place to demonstrate staff were acting lawfully in relation to aspects of people's care and treatment.

During this comprehensive inspection we found improvements had been made in two domains and have changed the rating for the domains 'Safe' and 'Effective' to 'Good'. We have kept the rating for 'Caring' and 'Responsive' as 'Good'. We identified a new shortfall in the 'Well-led' domain and have kept this rating at 'Requires Improvement'. The overall rating for the service has improved and changed to 'Good'.

The service had a registered manager in post. 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.

The CQC had not received a notification for a safeguarding incident as required by registration regulations and there were also delays in receiving the notifications for three other incidents. The registered manager confirmed this had been an error and they would notify us of any future safeguarding incidents as they occurred. We have written to the registered provider and registered manager to remind them of their responsibilities in this area.

We found the registered manager and staff better understood their responsibilities under the Mental Capacity Act 2005. They were aware of the need to gain consent when delivering care and support, and what to do if people lacked capacity to agree to it. People's abilities to make decisions had been assessed and appropriate support had been provided to ensure that their views were taken into account when making decisions, where possible. Relatives and other professionals had been involved when important decisions

about care had to be made including the use of any physical interventions.

Staffing levels had been better maintained through positive recruitment programmes and improved management of staff sickness. There had been and continued to be a reliance on qualified agency staff until full recruitment was in place. Improvements had been made to ensure staff were provided with regular support, supervision and an appraisal of their performance. This helped them to be confident when supporting people who used the service.

We found staff were recruited in a safe way and all checks were in place before they started work. The staff had received an induction and essential training at the beginning of their employment and we saw this had been followed by periodic refresher training to update their knowledge and skills. Staff had received more specialist training to support people's individual needs, in areas such as communication and autism.

There were policies and procedures in place to guide staff and training for them in how to keep people safe from the risk of harm and abuse. In discussions, staff were clear about how they protected people from the risk of abuse. In recent months the senior management at the service had worked closely with the local adult safeguarding team to investigate some safeguarding concerns. Some issues around staff culture had been identified which the management team were addressing robustly.

People had access to a variety of food and were encouraged to be involved in the sourcing and cooking of food as part of initiatives to improve their skills and independence. Healthy living choices were being encouraged and promoted more to help manage some people's weight gain.

Assessments of people's needs were completed and care was planned and delivered in a person-centred way. The service used tailored communication techniques to help ensure effective communication with people. People's independence was promoted through the setting of goals to help people develop life skills. Improvements had been made with transition arrangements to ensure people's admission and transfer on to other placements was appropriately supported.

Risk assessments had been developed to provide staff with guidance in how to minimise risk without restricting people's independence. We saw arrangements were in place that made sure people's health needs were met. The service worked closely with community healthcare teams. People received their medicines as prescribed.

We found positive behaviour plans were in place which effectively directed staff to support people's behaviour that challenged the service. Social care professionals considered some people had continued to make good progress in this area. Robust systems to monitor and review all incidents were in place.

People were supported to maintain friendships. We saw care plans contained information about their family, friends and people who were important to them. People had access to an activity programme that was tailored to their individual needs and interests. People told us they enjoyed the activities they took part in.

We found positive and caring relationships had been developed between staff and people who used the service. We saw people were treated with respect and their dignity was maintained. Staff were overheard speaking with people in a kind, attentive and caring way.

We saw the complaints policy was available to people who used and visited the service. The people we spoke with told us they would feel comfortable speaking with any of the staff if they had any concerns. We

saw where concerns had been raised these had been appropriately recorded and addressed.

The registered provider had systems in place to check and audit the quality of the service. People who used the service, relatives and staff were able to express their views on how the service was run through surveys and a range of meetings.

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.

Staff were recruited safely and we saw improvements had been made to ensure there were sufficient numbers of staff on duty to meet people's needs.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Staff knew how to keep people safe from harm and abuse and how to report any safeguarding concerns.

Medicines were managed, administered and stored safely.

Is the service effective?

Good

The service was effective.

The application of the Mental Capacity Act 2005 (MCA) was now consistently applied and the best practice principles of MCA regarding restrictions placed on people had been followed for each person they applied to.

Staff had access to a range of training. Improvements had been made to the staff supervision and appraisal programmes to ensure staff received appropriate support and direction.

People liked the meals provided and were being supported with healthy living choices such as exercise and balanced diets.

People's health care needs were met and they had access to community health care professionals when required.

Is the service caring?

Good

The service was caring.

There was a kind and caring relationship between people who used the service and staff. Staff knew people's personalities and their strengths and used this to encourage people to develop.

People told us they were happy with their care and had developed positive relationships with the staff. People were treated with respect and their dignity and privacy was promoted.

People were involved in the planning and reviewing of their care, where possible.

Is the service responsive?

Good

The service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People were supported to access community facilities and were encouraged to participate in meaningful occupations within the service. They were enabled to maintain relationships with their friends and family.

People and their relatives understood how to raise concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Due to a reporting error and delays, the Care Quality Commission had not always received all timely information about issues which affected the wellbeing of people who used the service.

The culture of the organisation was more open and inclusive. The registered manager had received appropriate support and direction to implement the changes in the day-to-day management of the service.

The registered provider had quality monitoring systems in place to support the continued development of the service. The views of people using the service, relatives, and staff had been gathered.

Bradley Apartments

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 was planned to check whether the registered 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 19 and 20 January 2017 and was unannounced. The inspection was led by an adult social care inspector who was accompanied on the first day of the inspection by a second inspector and a specialist professional advisor, who had experience of working with people with learning disability and/or mental health problems.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

We spoke with the local safeguarding team, service commissioners and four health and social care professionals. We contacted two relatives after the inspection.

During the inspection we observed how staff interacted with people who used the service. We spoke with four people who used the service. We spoke with the registered manager, the operations director, a nurse and six care workers.

We looked at four care files which belonged to people who used the service and their medication administration records. We checked how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documents relating to the management and running of the service. These included, one staff recruitment file, the training record, supervision records, the staff rotas, minutes of

meetings with staff, quality assurance audits and maintenance of equipment records. We also completed a tour of the premises.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at Bradley Apartments. One person said, "If I'm worried I talk to staff and I know where to find them." Another person said, "They (pointed to staff) help me stay safe."

When we talked with people who used the service and their relatives about the staffing levels they gave us positive feedback. Comments included, "The staff are nice and help me. I like all the staff here", "The manager has done their best to recruit more staff and it's definitely much better now" and "I don't think there are any issues with the amount of staff and it's more organised now."

At the last inspection on 4, 10 and 12 February 2016 we found insufficient staff on duty to meet people's needs safely. This meant there was a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice. At this inspection we found staffing levels had been better maintained. There were seven people residing at the service on the day of the inspection. The staffing hours each person required was agreed with their commissioning team and reviewed regularly. Some people had one-to-one support hours in place when in the service and required two-to-one support when accessing the community. The registered manager confirmed the dependency and occupancy levels had determined minimum numbers of six staff for the day shifts and four at night. Checks on staff rotas showed overall these levels had been maintained, with bank and agency staff used to cover shortfalls. On many shifts the numbers of day staff provided were seven. There was evidence the registered manager was taking action to manage staff sickness rates more effectively and had taken disciplinary action where necessary.

Feedback from staff indicated that overall staffing had improved, their comments included, "Staffing seems okay at the moment", "Staffing seems fine", "Yes, we have enough staff. Agency staff provide cover if necessary", "We have worked short on occasions due to short notice sickness but most times we can get cover from permanent or bank staff."

The registered manager confirmed and records showed the service had experienced some continued staff turnover and recruitment programmes were on-going. They were currently recruiting new qualified and care staff and a new administrator. The service now employed a cleaner, which meant care staff no longer had responsibility for cleaning the communal areas of the service. Discussions with the operations manager confirmed a recent decision had been made to recruit and appoint a clinical manager with a key role of supporting the organisational values and monitoring and developing the quality of care delivery. From our observations of care and support and speaking with people, relatives and staff, we concluded these staffing levels were suitable for the needs of the people who used the service.

The registered provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff understood the procedures to follow if they witnessed or had an allegation of abuse reported to them. They also understood they could escalate concerns to external agencies if required, and considered they would be supported appropriately.

Records showed all staff had received training in safeguarding adults from abuse and an annual refresher course.

Records showed safeguarding referrals and alerts had been made where necessary, with the exception of one low level incident. There was evidence this incident had been reviewed by senior staff and appropriate action taken to reduce the risk of re-occurrence. The incident was discussed during the inspection with the visiting safeguarding officer. Following the inspection, the registered manager confirmed that regular, additional checks on all safeguarding concerns identified at the service would be carried out by the organisation's quality manager, to ensure reporting procedures were being followed.

A number of safeguarding concerns had been raised in recent months and feedback from the adult safeguarding team demonstrated the service had co-operated fully with any investigations undertaken or overseen by the Local Authority. We found the service had taken action in relation to the concerns, which included staff disciplinary procedures, increased staff supervision, staff memos and meetings, further training for staff on safeguarding people and reviews of some people's positive behaviour support plans. The safeguarding adults team considered appropriate action had been taken to safeguard people and mitigate future risks to people.

We found there was a satisfactory recruitment and selection process in place. The staff file we checked contained all the essential pre-employment checks required. This included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The registered manager also checked the qualified staff had maintained their registration to practice and if there were any concerns.

The environment was seen to be safe for people who used the service. Equipment used was maintained and serviced in line with manufacturer's instructions. Staff had completed first aid training and there was a first aid kit and portable defibrillator in the service to support emergency care support. We saw the service was clean, tidy and well maintained throughout.

We saw risk assessments had been undertaken to minimise any potential risks. Where assessments had identified any potential risks, clear information was available to provide staff with step-by-step guidance on how to minimise risks by avoiding triggers, and what to do if specific incidents occurred. For example, if someone's behaviour was triggered by a noisy environment there was detailed information about the agreed actions staff should take if they saw early warning signs, and if things escalated. Staff we spoke with demonstrated a good knowledge and understanding of the care and support people needed and how to keep them safe. They described how they encouraged people to be as independent as they were able to be, while monitoring their safety. Records showed where there were concerns about people's risk management the service had involved appropriate agencies for advice and support.

Records showed staff were trained to manage and administer medicines in a safe way. We saw medicines were ordered, administered, recorded, stored and disposed of in line with national guidance. This included medicines which required special control measures for storage and recording. Where people were prescribed medicines to be taken on an 'as and when required' basis, protocols were in place for each person to guide staff as to how and when to administer these. Records showed staff requested that people's medicine prescriptions were reviewed regularly. We found a small number of hand-written prescriptions on the medication administration records had not been witnessed by a second member of staff, which is good practice. We mentioned this to the registered manager to follow up. The registered manager and senior staff completed regular audits of the medicines systems. Records showed actions had been taken to address any

issues that had been highlighted during audits.

Good

Is the service effective?

Our findings

People told us that the food was good. One person said, "I like cooking and doing the washing up. The staff ask me what I want to eat. I like the meals." Another person said, "Food is okay, but I would like more sausage rolls." A relative told us their family member had put on some weight, but they knew staff encouraged healthy meals.

Relatives felt their family members' health care needs were met and staff were skilled in providing the level of care required. Comments included, "The staff understand [Name's] health problems, really well. They always let me know if they have needed the doctor or has to go to the hospital."

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.

At the last inspection on 4, 10 and 12 February 2016 we found the principles of MCA had not been applied consistently and lawfully. This meant there was breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice. At this inspection we found improvements had been made and people who used the service were supported to consent to their care and had their capacity assessed as necessary. The care files we checked had assessments of capacity and records that evidenced decisions were made in the person's best interest when it was decided they lacked capacity for all aspects of care support, this included the use of physical interventions and medicines.

The registered manager had recently completed a second level course in MCA and demonstrated their understanding of the legislation and how they would apply this in practice. Staff we spoke with also demonstrated a good understanding of MCA and staff told us that people had the right to refuse care and in such situations, they would always consult with senior staff for further support and advice.

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 procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS). There were three people who used the service who had DoLS authorised by the supervisory body and further applications for four people were being considered. The DoLS were in place to ensure those people got the care and treatment they needed and there was no less restrictive way of achieving this.

We saw care and support focused on ensuring people were supported in the least restrictive way to protect people's freedom and rights. This included ensuring people were able to live an active social life in the community and work to achieve independence improving goals.

At the last inspection on 4, 10 and 12 February 2016 the staff had not always received on-going or periodic

supervision or an appraisal of their performance. This meant there was a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice. At this inspection we found improvements had been made and members of staff now received regular supervision from their line manager, this included qualified staff and the registered manager. A supervision programme was in place and an electronic matrix record identified when the supervision meetings were planned. A copy of the supervision records were stored in staff personnel files. The registered manager told us appraisal meetings had been conducted with all staff employed over 12 months and records confirmed this. Annual appraisals provided a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received regular formal and informal supervision, and attended staff meetings to discuss work practice.

Staff were provided with a range of training to help ensure they had the required skills to support people effectively. New staff completed a formal induction programme and those without previous experience were required to complete the Care Certificate. This is a recognised training qualification for new care workers to ensure they achieved a standardised set of skills and knowledge.

Existing staff received periodic training updates in subjects such as fire safety, epilepsy, health and safety, Mental Capacity Act 2005, safeguarding, infection prevention and control and moving and handling. We found most staff to be up-to-date with training. Staff were supported to achieve further qualifications in health and social care.

Specialist training had been provided to help staff support the individuals who used the service. For example, 24 staff had received training in Autism in 2016. Some people who used the service displayed behaviours that challenged; staff received training which provided them with the skills on how to manage these types of behaviours in the least restrictive way possible. Staff confirmed they had access to a range of training, although some felt they would benefit from more in-depth training in mental health, autism and learning disability. We mentioned this to the registered manager to follow up.

Overall, we received positive comments from health and social care professionals about improved working arrangements and communication between the staff at the service and partner agencies. Most felt the care support was more consistent and staff understood the needs of people well.

People's day-to-day health needs were being met and they been referred to health professionals for assessment, treatment and advice when required. These included: psychiatrists, psychologists, GPs, dieticians, speech and language therapists, specialist nurses for epilepsy management, podiatrists, dentists, and opticians. Records indicated people saw consultants via out patient's appointments, accompanied by staff, and had annual health checks which included attending well women/men clinics.

We saw people's nutritional needs were assessed and kept under review. Where people were at risk of choking or malnutrition they had been assessed by the speech and language therapist and dietician. We found guidance and direction for staff was provided in the care files and people's apartments. Some people planned their weekly menus, whereas other people chose what they wanted on a daily basis, or at the mealtime. Staff supported people to shop for their food and in some cases people prepared their own food, with staff support.

The registered manager explained how some people who used the service were reluctant to choose healthy meal options and their weight was increasing. They had reviewed the amount of activities which involved people visiting fast food outlets and had directed staff to encourage healthier meal options where possible.

The registered manager understood they needed to continue to review the support approach, to ensure staff were effectively supporting and encouraging people to have a healthy lifestyle including diet and exercise. Following the inspection the registered manager confirmed they had consulted with people's care managers and would be making referrals to health care professionals where appropriate, to support some people with reducing diets. They had commenced weekly communal meal activities to encourage people to sit together and eat a low calorie meal. Feedback about this activity and support had been positive. They had also directed staff to complete food diaries for some people and were looking into providing smaller plates to improve portion control.

Good

Is the service caring?

Our findings

People told us they liked the staff, liked living at the service and they were confident staff gave them good care. Staff were described as kind and friendly. One person said, "It's good here. I'm happy here. We do different things and go out a lot." Another person said, "Staff are nice." A person's relative said, "I have no concerns about the care support at all. I definitely think the atmosphere in the service has got lighter."

People said they were supported to make choices and their preferences were listened to. One person said, "Staff help me to do things like cleaning and jobs. I like that." A relative told us, "The staff are a great team and are very patient, caring and kind. They are welcoming when we visit and keep us up to date with everything."

Relatives told us they were listened to and their views for care and support taken on board. Comments included, "We have meetings about [Name's] care and discuss what is working and the progress they are making. It's been positive." One person's relative expressed disappointment that staff had forgotten to support their family member to post their birthday card, they put this down to changes in the key worker allocation. We mentioned this to the registered manager who confirmed they would follow this up.

Staff treated people with respect and engaged in friendly interaction with them. For example, in talking to them about their interests, the activities they wanted to do and their goals over the next few days. Throughout the inspection we observed people to be calm and comfortable. Staff demonstrated a commitment to providing a good level of person-centred care and that they genuinely cared about enabling people to develop life skills and achieve their goals.

Due to the extensive one-to-one support provided, staff were able to build up strong relationships with the people they were caring for. Each person had a named key worker in order to provide them with a familiar face who regularly discussed their care and support requirements. The registered manager confirmed they were in the process of reviewing the key worker system to ensure it was effective. Some people also had a dedicated core team of staff to help ensure a consistent approach with their care support. Care plans contained a high level of person centred information which demonstrated staff had taken the time to listen to people, learn about their past experiences and life history and their individual likes, dislikes and preferences. Staff we spoke with had a good understanding of the people they cared for. Staff told us how important it was for people to maintain their family relationships.

Care and support plans also had a focus on helping people to increase their life skills and independence. People were involved in daily home life, for example, changing their bedding and making their bed, completing their laundry, helping to tidy their apartment, shopping and preparing drinks and meals.

The service used a range of communication techniques to communicate effectively with people. Some people could verbalise and we saw staff patiently took the time to listen to people and let them express their views. One person used their own version of Makaton [language using signs and symbols]. A staff champion had been appointed who ensured the staff in this person's support team understood the person's key words

and could communicate effectively with them. Some information was translated into an easy read or pictorial format to aid understanding. Two people used the Picture Exchange Communication System (PECS) to help them express their views, likes and preferences. The staff had worked closely with the occupational therapist in recent months to provide assistance for one person with their communication. Although the person had been provided with an iPad [tablet computer], the person currently preferred to use picture cards.

We saw people's privacy and dignity was respected. The observation window in people's doors remained covered up and not in use. Although we observed staff knocked on people's bedroom doors we found they didn't often knock on the apartment door when entering and mentioned this to the registered manager to discuss with people, to check what they would prefer.

Bedrooms were personalised with people's own belongings and they were encouraged and supported to individualise their rooms with items they favoured and which meant something to them, where appropriate. Some people's rooms contained few items in line with their preferences and needs. One person didn't want their curtains up at their bedroom window and the registered manager confirmed they were looking into the provision of a type of glazing which would offer more privacy. Some staff told us they thought more could be done with some apartments to make them more homely. A health care professional considered more sensory equipment could be provided at the service to meet people's needs. We passed this comment on to the registered manager who confirmed there were plans to upgrade the facilities.

We saw people were provided with information. There were notice boards in the entrance and in the corridors in the service. We found information was provided about keeping people safe, complaints, fire safety and activities. People had regular access to advocacy support; sessions were held at the service every week. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People told us they were happy at Bradley Apartments. Comments included, "I like to go out with staff. I go to the disco and we watch films" and "I like living here, I get to go out shopping and visit the café."

A relative told us, "The staff do their best to encourage [Name] to join in with activities. [Name] likes to go with them shopping and to the pub sometimes. We had a family celebration recently and two of the staff came with [Name] for the party to support them. It was great and [Name] had a lovely time."

Relatives told us staff communicated with them well and kept them up to date with any information they felt they needed to know. Comments included, "The staff have followed up appointments with the neurologist, they are very good like that" and "The manager and staff are helpful and approachable, I don't always see senior staff because of the times I visit, but I would ring if there were any issues or I needed to speak with them."

Health and social care professionals we spoke with described the progress some people had made whilst living in the service. They told us people were happy at the service and liked the staff. One professional described how a person had 'thrived' at the service and interactions observed between the person and staff were very positive. Social care professionals also told us about the positive transition work the staff had completed to support one person's recent discharge to a supported living placement and with a new admission to the service.

People's needs were regularly assessed and plans of care put in place to help staff provide a consistent level of care and support. These covered a range areas, for example eating and drinking, behaviour, medication and social activities. These were detailed and contained a good level of personalised information to help staff provide care and support that met people's individual needs. Each person had a detailed communication plan.

We saw a thorough and detailed pre-admission assessment process was in place to ensure that any new person would be compatible to the living environment and people they had to share an apartment with. It was clear the registered manager was diligent in ensuring the service could meet the person's needs and continue to meet the needs of the other people who used the service, before accepting a potential placement.

When we spoke with one person they told us they didn't like the other person they shared their apartment with. The registered manager and staff were aware of this issue and confirmed it had been discussed at the person's multi-disciplinary meeting with relevant health and social care professionals. A decision had been made to increase the amount of key worker time for the person and use this to support them to spend more time out of the apartment, in the activity room and the local community if they chose. The change in care support would be reviewed at future multi-disciplinary meetings.

Some people who used the service had needs associated with their autism. We found the service took steps

to plan appropriate and compassionate care for people with autism. This included assessing people's sensory needs, and considering their sensory experience when reviewing behaviours and incidents. One person had sensitivity to light and sound; the nurse call had been muted in their apartment and the lights had been dimmed. Ear defenders were provided and during the weekly fire alarm test the person was supported to access an activity in the community. Staff also understood people's routines were important to them and they provided regular assurance and information to people on their daily and weekly activities and routines.

Staff demonstrated a good knowledge of the people we asked them about. Due to the high level of support provided to people, this had allowed staff to develop extensive and in-depth knowledge of the people who used the service, how to reduce their anxieties and meet their preferences and needs. For example, a member of staff was able to describe in great detail how they assessed one person's mood and then deployed a range of techniques to de-escalate their anxiety. It was clear that this knowledge had come from extensive experience of working with the person.

Clear positive behaviour support plans and protocols were in place which informed staff on the preferred strategies to use to reduce anxiety and keep people safe, if people displayed behaviours that challenged. These were detailed and categorised behaviour into 'primary', 'secondary' and 'tertiary' [indicated the use of physical intervention] with clear guidance provided for staff. Care plans focused on proactive and reactive strategies to help people and promote positive behaviour.

We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals. In addition, each person had a 'Hospital passport.' These records contained details of people's communication needs, together with medical and personal information.

The service had its own transport to support people's access to the local community on a daily basis. The registered manager explained how they had reviewed people's activity programmes and there was a stronger focus on ensuring the activities had some therapeutic value and were what people preferred to do. There was further work in progress developing life stories for individuals which would identify potential person-centred activities for people. Some people were funded to have additional staff hours when supported in the community. Discussions with staff, people and their relatives identified the community facilities accessed and this included, gardening at a local allotment, discos, and sports activities with a wellbeing group, swimming, bowling, fishing, pubs, shops and cafes. There were also trips to places of interest such as animal parks and theme parks. Communal activities also took place within the service such as bingo, film and pub nights.

Staff described how one person had recently been supported to access a new leisure activity, which had been recommended by the physiotherapist to improve their mobility. Staff told us the person had required support and encouragement and was enjoying the regular trampoline sessions. The registered manager told us about the new healthy lifestyle activities they were planning to encourage people to participate with. These included the provision of exercise equipment at the service, joining local a local gym and additional walks in the local community.

There was a complaints policy and procedure and staff were familiar with the actions to take if they received a complaint or concern. A system was in place to log and respond to complaints. We saw evidence that where complaints had been received, action had been taken to address these by the management team. Systems were in place to bring the complaints process to the attention of people who used the service

through accessible information and at key worker, apartment and service meetings.

Requires Improvement

Is the service well-led?

Our findings

One person told us they saw the registered manager all the time and liked them. Another person commented, "I like [Name of manager] they have meals with me." Relatives told us there had been improvements in the overall management of the service. Comments included, "The service had dipped and now it's better again. The new manager knew there were changes needed and has made them. It does seem better organised now" and "I'm satisfied with the management of the service."

We found there had been three occasions when the Care Quality Commission (CQC) had received late notifications of safeguarding concerns about incidents that had occurred between people who used the service. We identified that the service usually reported all safeguarding concerns, but CQC had not been notified of one incident. Although we were satisfied that appropriate action was taken to investigate the concerns and keep people safe, it is important we receive timely notifications for these incidents so we can monitor the amount of them and check with the registered manager how they are supporting and protecting people. The registered manager told us this had been an error and in future the CQC would be notified of all safeguarding incidents when they occurred.
This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations and on this occasion we have written to the registered provider reminding them of their responsibility regarding notifications to CQC.

The registered manager had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. They had been managing Bradley Apartments since January 2016 and completed their registration with the CQC in November 2016. We found the registered manager was very person-centred in their approach and had made many positive changes with the day-to-day organisation and management of the service. These included improvements with staff recruitment, management of staff sickness, the admissions and discharge processes, records, activities, meetings, staff training and supervision. They were dedicated to providing a high standard of service for people and sustaining the improvements made.

We received positive comments about the management of the service from health and social care professionals. They described more positive working arrangements and one professional told us they had a good relationship with the current manager and was able to discuss matters openly.

The registered manager told us they continued to be involved in networking events and kept up to date with changes in practice and current guidance. This was also achieved through accessing training, attending national conferences and organisational link meetings. They also received regular support and supervision from the operations director.

The registered manager explained how it had become clear through observations of staff practice, feedback from some health and social care professionals and the outcome from recent safeguarding investigations, that there were concerns about the culture and conduct of some staff. The registered manager confirmed they were addressing this robustly, with support from the senior management team. The registered

manager had addressed appropriate communication and professional conduct at staff meetings and confirmed this would be a standing agenda item. Staff supervision records reflected discussions about the importance of staff attitude. We saw memos had been sent to staff on this topic and posters had been put up in the staff room and nursing office about the use of positive language. The registered manager was also reviewing the current staff team allocation to better support and ensure appropriate staff dynamics and deployment.

All staff we spoke with told us they enjoyed working at the service but some felt staff morale was varied. When we asked staff if they were supported by the registered manager they told us, "The manager is hands on and is trying hard to make improvements", "I think the manager is always willing and tries to improve the service", "Any complaints dealt with immediately" and "Yes, very much." One member of staff did not consider the registered manager was always supportive and felt their voice was not heard.

There were systems in place to assess and monitor the quality of the service provided. We saw a corporate audit programme was in place and regular audits were carried out for areas such as: records and documents, handover, security and safety, health care records, staffing, people's personal finances, medication, cleanliness and infection prevention and control. Action plans were produced when required and these were reviewed by the registered provider's senior management team. A monthly operational report was produced for the senior management team which covered staffing and human resources issues, audits and quality and external stakeholder relationships.

Records showed all incidents and accidents were monitored at service level and at the registered provider's clinical governance meetings. Detailed incident summary reports were produced, which provided information on times of incidents, duration of physical intervention, staff involvement, injury and an analysis 'trend line' for each person. The registered manager shared learning from incidents and complaints with staff in order to change practice and we saw evidence of this. For example, a review of recent incident records had shown some inconsistency by different staff teams in the approach and management of a person's behaviour that challenged the service. The registered manager had discussed the person's positive support plan and use of 'as and when' required medicines with staff to support a more consistent approach. The registered manager also confirmed they had identified some inconsistency and shortfalls in the records to support the debrief, following use of physical intervention. Checks on the incident records showed these were completely more consistently in recent weeks.

Relatives told us they had been asked their opinion of the service. Surveys were sent out to people who used the service and relatives and although there were few respondents for the survey in 2016, the results were positive.