

The Brandon Trust

Badgers House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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

About the service

Badgers House Care Home is a residential care home providing accommodation and personal care to up to 6 people. Six people were living at the service at the time of our inspection. Badgers House Care Home supports people with learning disabilities and autistic people. People live in individual flats across two houses on the same site.

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

Right Support

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.

Staff knew people well and communicated with them effectively to ensure they were involved in discussions which affected them as far as possible.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

The service gave people care and support in a safe and clean environment which met their needs. People had a choice about their living environment and were able to arrange and decorate their flats in the way they preferred.

Staff supported people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

Staff promoted equality and diversity in their support of people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff communicated clearly and understood and responded to people's individual needs consistently. People who had individual ways of communicating could be

understood and interact comfortably with staff.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Staff worked with people, relatives and other professionals to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

People were supported by staff who understood the needs of individuals. This meant people received compassionate support which was tailored to their needs.

Staff were able to meet people's needs and wishes and provide good quality support. They knew and understood people well and respected people's choices.

Staff regularly reviewed and evaluated the support provided. Relatives and advocates provided support and people were involved in planning their care where possible.

There was a culture of continuing development and improvement. There were effective systems and checks, and staff received training to ensure they remained up to date and improved people's quality of life with the support they provided.

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 22 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service and the time since our last inspection. We only reviewed the safe and well led key questions at this inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Badgers House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Badgers House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

Badgers House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Badgers House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information we had received about the service since the last inspection. This included the statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with one person living at the service and 3 relatives. Some people were not able to share their views with us, but we observed care and the atmosphere of the home to help us understand their experience.

We spoke with 5 members of staff, including the registered manager. We received feedback from 4 professionals who worked with the service. The views of everyone we spoke with have been incorporated into this report.

We viewed a range of records and documents. This included 4 people's care records and all medicine records. We spoke with the provider's recruitment team and checked training and supervision records. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance checks and health and safety documents.

We considered this information to help us to make a judgement about 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- The service worked well with other agencies to protect people. Professionals told us they were confident in the abilities and experience of the staff team.
- Most people were not able to tell us about their safety, but their interactions with staff were relaxed and positive. This suggested they felt safe.
- People's relatives told us, "I know there are people looking out for [Name]" and "Definitely 100% safe".
- Staff had training on how to recognise and report abuse and knew how and when to act. They told us they would act if they had concerns and were confident steps would be taken to keep people safe. Comments from staff included, "We always make sure people are alright. We take precautions. I would always report and record accidents or things that weren't right" and "We've worked hard on [safeguarding]".

Assessing risk, safety monitoring and management

- People lived safely and free from unnecessary restrictions because the service assessed, monitored, and managed safety well.
- Assessments were carried out before people came to the service to ensure their needs could be met. Some people had been at the service for many years, and their changing needs were also monitored and responded to. For example, one person had started to fall more as they became older. Investigations had been carried out, and support about aids, adaptations and different methods was received to ensure the person was as safe and unrestricted as possible.
- People's records provided staff with information and guidance about risks and how to manage or reduce them. For example, health conditions, safety in the community and expressions of emotional distress.
- Staff acted when people were experiencing emotional distress. They knew how to support them to minimise restrictions and keep them and others safe.
- Risk assessments were comprehensive, and staff worked with people and other professionals to manage ongoing risks. For example, one person enjoyed being in the kitchen, but was not always safe in this environment. A low gate had been installed which meant they could be in the kitchen, interact with staff and enjoy the sensory stimulation, but were protected from risks such as hot surfaces and sharp items.
- The living environment and equipment were regularly checked to ensure they remained safe and did not present unnecessary risks to people. Staff highlighted the difficulties of working with a landlord as one of their key challenges, and repairs took time and co-ordination.
- Fire risk assessments, water checks and health and safety audits were all carried out regularly.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff knew people well and understood how they communicated decisions both verbally and non-verbally. A new person moving into the service had reminded the staff team to always ensure they worked in people's best interests and with as little restriction as possible.
- People were supported by family members or advocates to ensure their best interests were reflected.

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels changed as necessary depending on individual needs. This meant people had the support they needed to take part in activities and stay safe in their routines.
- There was a core staff team who knew people well and provided consistency and experience to the people living at the service.
- A relative told us, "The staff are great. They really know what they're doing".
- Professionals said, "The staff know the service users very well and have a good rapport with them" and "It is clear that the staff know and care for their residents very well".
- Staff recruitment and induction training processes promoted safety. Staff completed application forms, and interviews were carried out. Before a staff member started in post, a range of checks were carried out. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People's preferences about how they liked to take their medicines and information such as allergies were clearly recorded.
- Staff ensured people's medicines were regularly reviewed. This helped ensure people were not negatively affected by their medicines.
- Some people had medicines prescribed 'as required' (PRN). People had appropriate PRN protocols and the medicines administered were recorded.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Families and friends had been supported to visit in line with government guidance throughout the pandemic.
- Visiting was now encouraged and would only be restricted if there was an increased risk from infections.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to ensure changes were made to practice and lessons learned when necessary. This helped to keep people safe.
- The registered manager was open and keen to learn and make improvements when required. Lessons learned were shared with the staff team to make sure changes were consistently applied.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- Staff relationships with people were caring and supportive. One person told us, "The staff are nice. [Staff name] is kind".
- People's relatives were happy with the culture at Badger's House. Comments included, "I don't think [Name] could get a better place" and "We're more than happy with the support [Name] gets".
- The provider's vision and values were clear and held the person at the core. They aimed to empower people to develop and lead fulfilling lives. We saw these values embedded in practice at Badgers House. For example, in skill development, engagement in meaningful activities and involvement in the community.
- Staff shared the provider's vision and were motivated by and proud of the service. One staff member said, "Everyone really cares. We want the best for people. We all love going out and about and doing things together". This supported a positive and inclusive culture.
- Staff understood the importance of meeting people's individual needs and considering their protected characteristics. They liaised with others where necessary and provided specific food types, considered gender needs and empowered people with different abilities.
- The registered manager was visible, well known and approachable. They led by example and worked with staff to support people. They took an interest in what people, staff, families and others had to say and aimed to provide a high quality service.

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

- Staff apologised to people, and those important to them when things went wrong.
- The registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- Records of incidents and accidents were kept and regularly reviewed and analysed to understand any themes or areas for improvement.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and their responsibilities.
- Senior staff and managers understood and demonstrated compliance with regulatory and legislative requirements.

- The provider had systems in place to monitor and improve standards and safety. Audits of subjects such as health and safety, infection prevention and control and safeguarding were carried out regularly. There was oversight within the organisation which helped to hold staff to account, keep people safe, protect their rights and provide good quality care and support. There was evidence that actions had been taken to resolve shortfalls or concerns.
- The staff team had a clear understanding and respect for each other and the different skills and abilities they brought. One staff member said, "It's a good staff team. We look after each other and help each other".

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

- We saw staff giving people opportunities to make choices and suggestions about day to day matters. Staff knew people well and used different methods to ask them about their preferences or opinions.
- Staff encouraged people to give their views and make decisions such as how to decorate their flat, or activities they wanted to do.
- Relatives told us they had contact with the staff team and felt involved in decisions and plans. They told us staff communicated well when they were unable to visit the service, and everyone said they would be confident in raising concerns or making a complaint if necessary.
- Staff were encouraged to give feedback and make suggestions to shape the service and the culture. Staff told us they felt able to do this at any time.
- There were regular team meetings and handovers to ensure all staff were informed and kept up to date about key issues.
- One professional told us they had worked with staff to manage a difficult situation and noted, "Communication has been excellent".

Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service.
- A complaints process was in place, and feedback was encouraged. Lessons were learned and actions taken when necessary.
- Staff were actively supported to develop their knowledge and skills at all levels. One staff member told us about the training and qualifications they had achieved whilst working at the service. They shared their knowledge and skills for the benefit of the people who lived at Badgers House. Another member of staff took a lead role in supporting and promoting the wellbeing of the team.
- The manager and staff team were open to feedback and responsive during our inspection.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for people. This included GPs, speech and language therapists, social workers and specialist services.
- Two health and social care professionals shared examples of how people's health conditions had improved at Badgers House. Another told us how staff had sensitively balanced people's needs and best interests when arranging flu and Covid vaccinations.