

Bethphage

Bradbury Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 01 February 2017 and was announced.

Bradbury Court provides accommodation and personal care for up to four people with learning disabilities. At this inspection they were providing care and support for four people.

A registered manager was in post and was present throughout this inspection. 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 registered manager was supported day to day by a deputy manager who was present at this inspection.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risk associated with their care. Staff knew what to do in order to minimise the potential for harm.

People were supported by enough staff to safely meet their needs. People received help with their medicines from staff who were trained and assessed as competent to support them safely. The provider followed safe recruitment practices and completed checks on staff before they were allowed to start work.

The provider had systems in place to address any unsafe staff practice including retraining and disciplinary processes if needed.

Staff members had the skills and knowledge to meet the needs of those they supported. Staff attended training that was relevant to the people they supported. Additional training and support needed to meet people's specific requirements was provided when necessary.

Staff members were aware of the guidance and legislation that governed their practice. People were supported in a way that maintained their individual rights. People were involved in decisions about their care and were given information they needed in a way they understood. When people were not able to make decisions themselves staff members knew what to do to ensure any decisions made were in their best interests.

People had positive and caring relationships with staff members who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them.

People had their privacy and dignity respected by staff members. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently. People were supported to eat and drink sufficient amounts to maintain good health.

Staff were supported by a management team who they found approachable. The provider undertook regular quality checks in order to drive improvements. People were involved in their home and felt their opinions mattered to the provider. Any suggestions people made were valued. The provider had systems in place to respond to the suggestions of others.

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.

People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. There were enough staff to safely meet people's needs. Checks were made before staff could start work to ensure they were safe to work with people. People were supported with their medicines by trained and competent staff members.

Is the service effective?

Good ●

The service was effective.

People were supported by staff members who had the skills and knowledge to effectively meet their needs. People had their rights protected by staff members who knew the current guidance governing their practice. People were supported to access healthcare when needed to maintain their well-being.

Is the service caring?

Good ●

The service was caring.

People were supported by a kind and compassionate staff team. Staff spoke about those they supported with warmth and respect. People were supported at times of upset and distress. People were involved in making decisions about their own care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. Regular reviews took place and accounted for any changes in people's needs. People's individual preferences were known by staff members who supported them as they wished. The provider had systems in place to encourage and respond to any concerns or comments raised with them

Is the service well-led?

Good ●

The service was well led.

People felt involved with their home and their suggestions were valued by the provider. The provider and staff team had shared values in supporting people in a way they wanted. The provider

had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements.

Bradbury Court

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 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 01 February 2017 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We spoke with three people, the registered manager, assistant manager, and three care staff members. We also received feedback from one social worker. We looked at care and support plans for two people including individual assessments of risk and medicine administration records. We looked at records of incident and accidents, compliments and complaints and quality checks completed by the registered manager and the provider.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. One person told us, "Staff are very clear about our welfare. We talk all the time and I can tell them anything I think is wrong or is bothering me." The staff we spoke with told us they had received training on how to identify the signs of abuse and knew what to do if they suspected anything. One staff member told us, "There is all the information we need in the office. This contains the contact numbers for who to report any concerns to." We saw the registered manager had made notifications to the local authority in order to keep people safe and had taken action to prevent abuse at Bradbury Court.

We saw that people living at Bradbury Court were kept safe from the risks of harm associated with their care. People told us they were involved in their individual assessments of risk which took account of their personal circumstances to reduce the potential for injury. These assessments included skin integrity, mobility, swallowing and risks associated with the environment within which they lived. We saw staff members supporting people whilst following people's assessments. For example, one person said, "When I am cooking I make sure any sharp knives are put away and I am always aware that the cooker could be hot so I am very careful around it."

People were supported by staff members who knew how to report any incidents or accidents. Any accidents were recorded and analysed on a monthly basis by the registered manager. They did this with the guidance of the provider's health and safety team. This was so that any trends or patterns could be identified and actions taken to minimise the potential for harm. For example, following the reporting of concerns regarding the suitability of flooring, non-slip matting was provided to minimise the risk of injury to people.

Risks to people regarding their physical environment was minimised as regular maintenance checks of their home and equipment was completed. People were aware of any maintenance issues within their home and were able to show us and tell us about the repairs which were needed. One person showed us damage to an internal door. The registered manager was aware of the issue and had taken action to report it and was waiting for the repairs to be completed.

People were supported by enough staff members to meet their needs. At this inspection we saw people being supported by staff on a one on one basis. This meant people could take part in activities in and outside of their home. If they chose to stay at home staff were available to support them as they needed. The registered manager told us if anyone needed any additional support this would be provided.

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff members told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members. This included re-training and disciplinary action if required.

We looked at how people were supported with their medicines. People told us they were assisted with their medicines by staff who they believed were competent to do so. One person told us, "I can take my own medicine. I always have a staff member with me just to make sure I don't make any mistakes." Staff members told us before they were allowed to support people with their medicines they had to complete the safe handling of medicines course. Following this staff members were observed on a number of occasions to ensure they followed correct practice and were safe to support people. Staff members we spoke with knew what to do if they believed an error with people's medicines had occurred. One staff member told us, "The first thing we would do is make sure the person is alright and phone the doctor for advice. Following that we would complete an incident form." One staff member told us that following a medicine error additional safeguards were introduced by the provider to minimise the potential for the error reoccurring. This included an extra check made by staff members following each administration of medicine to ensure the correct process had been followed.

Is the service effective?

Our findings

People were supported by a staff team that had the skills and training to assist them. One person told us, "I think everyone (staff) here knows how to do what they need to do." Staff members we spoke with told us when they first started they were introduced to their role by undertaking training relevant to those they would be supporting. This included moving and handling and infection control and prevention. One staff member told us, "When I first started I did all my introduction training. I then got the time to get to know people. I assisted people alongside a more experienced staff member. This also let me ask questions and learn as those I was supporting also got to know me." Staff members told us during their introduction to the role they had the opportunity to meet with senior support staff. It was during these meetings that staff members could seek additional advice or guidance and to receive feedback on what was going well and what could be improved on. One staff member said I felt very supported when I first started. It gave me a good grounding into what I would be doing. I never felt pressured into doing something I did not feel comfortable doing."

Staff members told us they had access to on-going training and development they believed benefited those they supported. We received feedback from a social worker involved with Bradbury Court. They said, "Staff attended training sessions provided by an NHS psychologist to better manage identified risk. Training was positively received and staff were proactive in making the move successful. Since the move, risk has been well managed, needs are met and the person appears happy, settled and reports having more opportunity."

People and staff we spoke with told us they received assistance from the positive behaviour support team (PBS) employed by the provider. The aim of this team was to undertake behaviour assessments, develop individual plans for people and to monitor their implementation. One staff member told us, "I worked alongside (PBS team member's name) when supporting someone. Afterwards they gave me some feedback on what I did well but also what I could improve on. This was clear practical advice on something really simple which I would never have thought of." We saw the registered manager had systems in place to monitor any staff interventions with people in order to recognise patterns or alternative ways of working with people.

One staff member said, "I had a particular interest in developing my skills in one area that interested me. They (provider) supported me and I am now a trainer for other staff members in the organisation." Staff members told us they felt supported by the management team as well as their colleagues. One staff member said, "We have regular one-to-one sessions with a senior support worker. I can talk about what support I need and if there are any improvements I need to make. It is done in a supportive way that does encourage development." Other staff members we spoke with told us the management team was approachable at any time they needed and were supportive.

We saw staff sharing information appropriately between people they supported and other staff members. For example, we saw one person had changed their mind regarding what they wanted to do. This had a slight impact on a planned activity and staff members communicated the changes with others. They worked with this person's change of plans to accommodate what they wanted whilst keeping others informed. This

communication between them ensured the person's wishes were respected whilst any potential impact for anyone else was minimised.

People were supported to make their own decisions and were given choice. We saw people were given the opportunity to make decisions about what they wanted to do, wear and eat at this inspection. People were given time and space to make a decision and were not rushed by staff.

One person told us, "I get the choice of what I want to do. In the morning someone will always ask me who I want to support me today. I decide what I want to do or where to go."

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. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding of the principles of the Mental Capacity Act and the process to follow if someone could not make a decision which included the best interest decision making process.

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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and followed the guidance provided. The decision on these applications were still pending. However, we saw the provider had taken action to ensure the least restrictive measure were in place for those they supported. The staff members we spoke with were aware of the pending DoLS applications and how to support people in a way that protected their rights. The provider had systems in place to monitor the time scales for reviews, or a repeat application if necessary, to ensure people's rights were maintained.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us, "We get to set the menus ourselves and then plan the shopping. I like buying the ingredients and making pizzas." We saw measures were in place to meet individual's specialised diets. One staff member told us, "We have to be aware of the effects of certain foods with [person's name]. However, we make sure they don't miss out. For example, when having fish and chips we will always get the batter removed. It's not about excluding people because of something outside of their control but doing what we can to make eating still a pleasurable experience for them." We saw speech and language therapy assessments were in place for those that required this guidance. Staff we spoke with knew the recommendations and followed them when assisting people.

People had access to healthcare services and were supported to maintain good health. These included doctors, district nurses and dentists when needed. We saw records of visits and treatments prescribed. Staff we spoke with knew any changes in people's health and what advice to follow. We saw that when needed people were referred for more specialised medical assessment. For example, cardiology or epilepsy specialist referrals had been made to promote people's well-being.

Is the service caring?

Our findings

People were supported by a staff team with whom they had a positive and caring relationship. One person said, "They are fab." Another person told us, "I get on with everyone and we have a laugh." Throughout this inspection we saw people being treated with kindness, warmth and respect. We saw people and staff laughing and appropriately sharing jokes between themselves. One person told us, "I always make fun of [staff member's name]. It's what we all do." We saw people being treated as if they mattered to those supporting them. We saw staff members engaging in conversations about subjects they knew people enjoyed and found interesting.

We saw people were given the time and opportunity to do what they wanted and to communicate their needs to staff members. We saw one person start to become anxious over a decision. The staff member recognised this immediately and responded to this person to ease their anxiety. This person was then involved in an alternative activity until they were more prepared to make a decision. This enabled the person to engage in what they wanted at a time and a pace individual to them.

We saw people were supported by a staff team who had the skills to communicate with them effectively. Staff members told us that they use Makaton to support them when they are working alongside people. Makaton is a language programme using signs and symbols to help people to communicate. Throughout this inspection we saw staff members using speech, gestures, pictures and objects of reference to aid their communication with people.

People were involved in making choices about their own care and support. At this inspection we saw people making decisions about how they wanted assistance. For example, we saw people making decisions about their personal care and support and where they wished to be assisted. One person told us, "I am the one who decides about my care. They (staff) respect what I want and the decisions I make. We always talk about what it is I can do and what I am going to need some help with." Another person told us how they wanted their bedroom decorated and then the help they received from staff members to create a room they liked. One staff member showed us a number of painted squares, each a different colour. They explained these were being used to assist one person identify a colour preference which could be used to redecorate their bedroom.

People had access to advocacy services at Bradbury Court. We saw information was available to people informing them of the advocacy service in a format which they could access and understand. One person told us, "If I can't decide for myself I can get help." One staff member told us, "We have regular contact with [advocate's name]. There is a desire to move toward more independent living with them which is a big decision. The advocate is there to make sure we truly hear what [person's name] wants." One person told us they regularly saw their advocate and that they were happy with the support they received.

We saw people were encouraged to have visitors at Bradbury Court and to maintain contact with those that mattered to them. People told us they could see friends or family when they wanted and a space was available for people to meet. Alternatively staff members supported people to visit their families at their

home.

People were encouraged to be as independent as they could. One person said, "I can come and go as I want. If I need anything I can just get it and do as I wish." We saw people being supported to develop skills which promote independence. For example, one person was supported with a personal care task. This task was broken down into manageable and achievable steps for the person. This person was provided with clear instructions with physical and gestural prompts to aid their understanding. Throughout this they received appropriate encouragement with the development of their skills.

We saw people were treated with respect and their dignity was maintained. We saw staff members knocking on doors and announcing themselves when entering people's rooms. People were asked their permission before any personal care was undertaken with them which was then completed in private. We saw people were supported to do what they could for themselves whilst receiving support and encouragement from staff members. One staff member told us, "One of our aims is to promote people's independence. This can be as simple as choosing what they want to wear to a move towards independent living. We are here to support the development of these skills in a way which promoted their dignity and self-respect."

Staff members had a clear understanding of confidentiality. We saw staff members confirming people's authority to access information personal to people. Once this was confirmed the staff members shared information which was only relevant to the decision or enquiry. Records personal to individuals were kept securely and accessed only by those with authority to do so.

Is the service responsive?

Our findings

People had care and support plans which were personal to them and reflected their individual needs. People we spoke with told us they were fully involved in the development of these plans. They said the plans reflected what they felt they needed support and assistance with. One person said, "When I first came here I had several visits. I got to know those I would be living with and the staff members. I had time with [staff member's name] and we went through my whole plan together. As I had moved from another Bethphage location I already had my plans in place. They just needed to be updated following my move." We received feedback from one social worker who had supported someone with their move into Bradbury Court. They said, "The transition was managed very well. Core staff from previous placement initially worked with the service user with other new staff being introduced only when they felt appropriate. This person centred approach was reassuring for the service user and helped make the move a successful one."

There was a keyworker system in place at Bradbury Court. This was a named staff member who would assist people with their day to day needs but who would also involve them in regular reviews of their care. One person told us, "Once a month I meet with [staff member's name]. Between us we identify three things that I want to achieve within the next month. At the moment I am saving up my money as I have a bigger activity planned."

Staff members we spoke with had a detailed knowledge of each of the people they supported. This included individual likes and dislikes along with things that make them happy and things that potentially could cause anxiety. One person told us, "They (staff) know me and what I like to do. They also know I like a laugh." We saw one person chatting with a staff member about a shared interest. The staff member was interested in what the person was saying and the conversation flowed between them. During this conversation we saw the staff member took the opportunity to assist the person to develop educational skills. The staff member introduced counting and spelling as part of their conversation. This person was able to expand on their learning in an environment which was comfortable and at a pace that suited them.

At this inspection we saw a range of activities taking place. These included meal preparation, shopping, and daily living activities. One person told us how they enjoyed being creative and make things which they would then give as gifts to others. A separate space was available for them to work and to make what they wanted. Another person said, "I like to do the weekly shop and to get out and about. I have plans for quad biking and skiing which [staff member's name] will help me with." People told us they also attended a number of clubs and activities which included film nights and discos. People were involved in a range of activities which were specific to them and which they found interesting, stimulating and fun.

People had information on how to raise a concern or a complaint in an easy to read format. We saw that the registered manager and the provider encouraged people, families and advocates to raise any concerns. We saw that the registered manager had systems in place to investigate and feedback to the person in order to resolve any complaints to the person's satisfaction.

Is the service well-led?

Our findings

People told us they knew who the registered manager was and that they had regular contact with them. We saw that the registered manager frequently worked alongside people and staff and had a good working knowledge of the day to day culture at Bradbury Court. People told us they were involved in the developments in their own home. One person showed us their room which they had designed with the assistance of staff members. They explained what they would like to do next in their room and that this was planned with the help of staff. The decoration in communal areas was sparse and neutral but staff members and the registered manager explained that this was as a result of people's individual needs. The areas were low stimulation which suited those living at Bradbury Court. Those we spoke with confirmed that they liked the environment within which they lived and that it reflected their needs and choices.

People and staff we spoke with felt they were involved in, and kept informed about, changes in the provider's organisation. The provider circulated a newsletter called "The Bethphage bulletin". This included changes about other locations and the development of the service and information from the chief executive officer of the provider.

People and those that mattered to them were encouraged to provide feedback on their experiences at Bradbury Court. We saw feedback was passed onto staff members for them to make changes where required. For example, one family member requested a different method of contact from those supporting their family member. Staff we spoke with were aware of the personal request and had systems in place to ensure they adhered to this request.

Everyone we spoke with believed the provider created a culture that was open and transparent. One staff member told us, "We have regular team meeting and everyone has a say. It is an opportunity to share ideas as well as keeping up to date with things." Staff members told us that information from family feedback and quality checks had been passed on to them so they could develop how they worked with people and be consistent in their approach. We saw information was also given to staff members where learning had been identified in other areas of adult social care. The registered manager told us, "We keep up to date with things which have gone well in other areas as well as when things go wrong. The aim is to learn from other locations and if we can adapt or adopt innovations we will do so." We saw the latest information passed on to staff members involved the risks of choking and what can be done to prevent this from occurring at Bradbury Court."

Staff members told us they felt valued by the provider. There was a staff recognition scheme which anyone could nominate an individual or a team for recognition. One staff member told us, "Awards are presented yearly to those who have made a difference in people's lives. We have been nominated as a team in the past and it is nice to be recognised for the work we do."

Staff members told us there were appropriate policies in place to guide their practice including a whistleblowing policy. Staff understood the whistleblowing process and felt they would be supported by the provider should they ever need to raise a concern. Staff understood what was expected of them and were

supported to complete their role. Staff told us they felt the management team was supportive and approachable for advice and guidance when they needed.

We asked staff members about the values the provider demonstrated. One staff member told us, "We aim to be honest and transparent in what we do. If something goes wrong we need to look at why and learn from it. We engage people in all the decisions that affect them and show respect in all that we do. We are here to support and promote personal growth for all those we assist." Throughout this inspection we saw staff members demonstrating these values in their interactions with people.

At this inspection there was a registered manager in post. The registered manager maintained their personal and professional development by attending regular training and support sessions appropriate to their role. Any learning or changes to practice were cascaded to staff members through regular team meetings or one to one sessions. The management team understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, the registered manager completed regular checks on the environment and the risk management within Bradbury Court. During one of these checks they identified areas which could have been a potential choking hazard. This hazard was removed immediately and staff members we spoke with were able to tell us the reasons for doing so as it had been fed back to them by the registered manager.