

Wiltshire Council

Bradbury House

Inspection report

The Portway
Salisbury
Wiltshire
SP4 6BT

Tel: 01722438100

Date of inspection visit:
17 April 2019

Date of publication:
22 May 2019

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

Bradbury House provides planned and emergency short term respite care for up to ten people with a learning disability, some of whom may have additional physical care needs. There were four people having short term care.

People's experience of using this service:

Protocols for medicines to be administered "when requires" (PRN) lacked detail. We recommend the service review and update medicine procedures.

The in-house induction for new staff did not follow Care Certificate standards. This meant the induction for new staff was not comprehensive.

We recommend that the service finds out more about in-house training for new staff which must be based on current best practice.

The home was recently audited by an external company. There were a number of recommendations made in line with the inspection findings. The registered manager said action was being taken. However, an improvement plan was not developed on how the recommendations will be actioned.

The quality of the care plans had improved since the last inspection. Care plans lacked agreed goals although they were clear on people's abilities and how staff were to assist the person in their preferred manner. There was little evidence that where relevant people were supported to maintain and develop their independence.

People were safeguarded from abuse. The staff had attended safeguarding training and knew the procedures to follow where there were concerns of abuse.

Risks were assessed and where they were identified action plans were developed on how to reduce the potential of harm to people.

Staffing levels were good. There were existing vacancies and staffing levels were maintained with relief and existing staff covering vacant shifts.

Systems were in place to support staff with developing their skills and to monitor their performance.

There was a process for referrals for respite care. Staff told us there were visits organised before respite care was offered.

People's capacity was assessed, and best interest decisions taken where people lacked capacity.

Menus were devised and were adapted to the people that were on respite care. Menus in the dining room were in picture format and in words. People's dietary requirements were catered for.

Arrangements were in place in the event people needed medical attention. One person told us the staff were kind. We saw staff supporting people. We saw people enjoyed the attention they received from the staff.

People's feedback was sought about the quality of service delivery. People mostly said the service was good.

Staff told us the team worked well together. They said the registered manager was fair and approachable.

There was learning and partnership working with external agencies

Rating at last inspection:

This service was rated Requires Improvement at the inspection dated 14 March 2018 This report was published on 25 April 2018.

Why we inspected:

This inspection was scheduled and based on previous rating.

Follow up:

We will monitor all intelligence we receive about the service to inform when the next inspection should take place.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Bradbury House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Bradbury House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on the 17 April 2019 and was unannounced.

What we did:

Before the inspection we reviewed information we held about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person and observed the interaction between people and staff. We used the short observational framework inspection (SOFI) to observe interactions.

We spoke with three staff including seniors. The registered manager and head of services were also present at various times during the inspection.

We reviewed records related to four care plans in detail. We looked at other records that including daily reports, recruitment files, staffing rotas and quality assurance system. Records that related to the safety and suitability of the service were also reviewed. We looked around the property.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement:

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

- Some people were prescribed with medicines to be taken "as required" (PRN). However, protocols lacked guidance on when the medicines were to be administered. The protocols for one person detailed the same symptoms for two different types of PRN medicine. For example, anti-sickness and pain relief. This meant the staff may not recognise which medicine was the most appropriate to administer.

We recommend that the provider reviews the policy for the use of PRN medication and ensures that it is implemented.

- Systems were in place for the safe use of medicines. One person told us the staff administered their medicines and this was acceptable. Individual medicines files included a current photograph of the person and their preferred method of taking their medicines.
- Medication administration records (MAR) were signed to show the medicines administered. The quantity received, and the running balance was detailed in the MAR record. This meant there were systems in place to audit medicine stocks.
- Where medicines were no longer required a record was maintained which the supplying pharmacist signed to indicated receipt of the medicines for disposal.

Systems and processes to safeguard people from the risk of abuse

- One person we spoke with said they felt safe living at the home. This person told us the staff gave them a sense of security. The staff we spoke with had attended safeguarding of adults at risk training. They knew the types of abuse and who to report concerns of abuse. Copies of safeguarding procedures were on display in the home for staff's reference.
- The registered manager made referrals of abuse to the local authority as appropriate. The registered manager said there were no outstanding safeguarding referrals.

Assessing risk, safety monitoring and management

- Systems were in place to assess risks and to monitor people's safety. Individual risk assessments were in place for travel, finance and on how to support people during an epilepsy seizure. The staff we spoke with were knowledgeable about individual risks. They told us that risk assessments were in place on how to minimise the risk. Staff had attended appropriate training to ensure they had the skills needed to assist

people. For example, moving and handling training.

- Positive behaviour plans, and risk assessments were devised on how staff were to manage situations when people used behaviours to express emotions such as frustration and anxiety. The staff told us they had attended training in positive behaviour management.
- Risk assessments and care plans for one person detailed the behaviours that expressed anxiety and frustrations. The triggers of these behaviours were detailed in the care records along with guidance to staff on managing these situations. For example, staff were to have a calm approach, have an awareness of the person's proximity and to give a firm response when there were signs of escalating behaviours.
- The staff made referrals for specialist support to manage behaviours deemed to be challenging. There was a visit from the behaviour nurse to support staff and to review one person's behaviour guidelines.
- Personal Emergency Evacuation Plans were in place which detailed the assistance needed from the staff to evacuate the premises in the event of fire.

Staffing and recruitment

- There were sufficient numbers of staff on duty. Staffing levels depended on the needs of people having respite or emergency care. and relief staff covered staffing vacancies.
- We saw there were people assigned one to one staff. One person told us there was always staff available. The registered manager told us while people were at day services two staff were on duty. Once people returned from day services four staff were to be on duty. At night two staff were awake and two staff asleep at the premises. The staffing levels during the inspections confirmed the comments made by the registered manager.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. Recruitment files were to be returned from Wilshire Council head office to the home. There was some documentation held at the home which included interview procedures and proof of identification. Records of checks undertaken included seeking references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Preventing and controlling infection

- We found the home clean and free from unpleasant odours. We saw housekeeping staff on duty who were ensuring the home was clean.

Learning lessons when things go wrong

- Accidents and incident were documented. The registered manager said incidents were reported to Health and Safety and accidents to "head office". Accidents reports were analysed for patterns and trends and where advice was given it was followed to prevent and reduce the level of risk. The staff told us accidents were reported, a debrief occurred following accidents and they were given advise on the actions they must take to prevent reoccurrences.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff received an in-house induction when they started work at the home which included familiarisation of the property and "running a shift". The registered manager said the in-house induction also included mandatory training which included safeguarding adults at risk, moving and handling. However, the induction programme did not follow the Care Certificate standards which sets out the knowledge, skills and behaviours expected of specific job roles.

We recommend that the service finds out more about in-house training for new staff which should be based on current best practice.

- A member of staff told us they were recently promoted to their current post. This member of staff said "I knew the lay out of the building. It was more about the paper work. There is mandatory training. Most of the training is online."

- There were systems in place to support staff performance and develop their skills. The staff told us the frequency for supervisions meetings which the registered manager confirmed. Staff said that at their supervision meetings they discussed training and developmental needs. The registered manager said although the frequency of one to one meetings would change there were opportunities for ad hoc meetings to discuss concerns.

- The training matrix showed the mandatory training set by the provider. For example, first aid and food hygiene. We saw some training was overdue and notices of upcoming training were in the office.

- Staff told us their preference was for face to face training as there were opportunities to discuss scenarios. The registered manager had agreed for staff to undertake online training in groups.

Supporting people to eat and drink enough to maintain a balanced diet

- The person we spoke with said "the food is good". This person confirmed alternatives meals were available on request. Refreshments were prepared in between meals and this person was able to make them as necessary.

- Menus were prepared by the staff and adapted for the people on respite care to meet people's dietary requirements. Menus were on display and were in pictures and words.

- There was a well-stocked pantry as well as fresh and frozen food stores.

- The registered manager acted promptly and moved information about people's diets to a less visible area. This was to ensure people's privacy.

Staff working with other agencies to provide consistent, effective, timely care

- People's care was consistent and coordinated when they were referred for respite care and when they moved between services.

- Handover diaries were used by staff, day care services and relatives. These diaries included current information about the person.

- Hospital passports were designed to give medical staff helpful information about how to deliver care in the event of an admission to hospital. The information to be kept with hospital passports was amended by the registered manager during our visit. Copies of medical administration records will be attached to the hospital passport as needed.

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

- The registered manager told us the property was to be refurbished and equipment was to be replaced. There was an action plan in place which included maintaining the property.

Supporting people to live healthier lives, access healthcare services and support

- Arrangements were in place for people that were in need of medical treatment during their respite care. A member of staff explained "we have arranged GP visits in the past. We inform the parents." This member of staff told us relatives kept them informed of healthcare visits. Another member of staff told us where urgent medical attention was needed the staff contacted emergency services or 111.

- One person told us they had a GP appointment and were accompanied by the staff.

- The Health action plans in place showed people were supported to access mainstream NHS facilities. Where there was support from social and healthcare professionals this was documented. For example, dentists, opticians and specialist community nurses.

- Epilepsy profile and Emergency Plans were in place for people that experienced seizures. Guidance detailed the types of seizures and how to manage them. Where the prescribed directions were not effective there was guidance to contact emergency services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

- People were supported to make day to day decisions. One person gave us examples on the day to day decisions they made. This person told us they made decisions about "what to wear, what time to go to bed" and about their personal care. They also told us the staff accompanied them out the home as they may become "lost and would need help to find his way".

- The staff had attended MCA training and were knowledgeable about the principles of the day to day decisions people made. A member of staff said people made decisions from the choices offered. For example, meals, personal care and clothing.

- People's capacity to make decisions were assessed. Where people lacked capacity best interest decisions were taken. For example, personal care, accessing the community, medicines and finances.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- DoLS applications were in progress for people whose liberty was deprived.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The person we spoke with said the "staff are nice I like all the staff. The staff are kind and caring. They are always happy. They tell jokes."

- The registered manager told us how they ensured staff had a kind and caring approach towards people. This registered manager explained that staff attended training on privacy and dignity and their practice was observed. They told us there was a person-centred approach to care.

- The staff we spoke with explained how they ensured people were treated with kindness and compassion. A member of staff said "We talk to people. We listen, and we ask people. People get what they want". Another member of staff said "I talk to people in a soft manner and use a gentle approach. I touch people to reassure them. I sit and have a conversation. I ask people about their day".

- Staff told us how compassion was shown. A member of staff said, "it's the way you talk to people." Another member of staff gave us an example on how compassion was shown. This member of staff said they initially one person was given time to express their feelings and then they explained how their behaviour had impacted others.

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

- House Meetings were held monthly with people on respite care. At the meeting held in March 2018 activities and menus were discussed. There were opportunities during the meeting to discuss additional issues based on group living. The minutes of the meeting were in pictures and words. For example, thumbs up to indicate yes and thumbs down for no.

Respecting and promoting people's privacy, dignity and independence

- People's rights were respected. One person told us "I like my bedroom and can lock bedroom [door] from the inside."

- The staff we spoke with gave us examples on how people's rights to privacy were respected. For example, closing doors during personal care and ensuring care was not rushed.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans did not demonstrate that people were enabled to maintain their independence or on their agreed goals. While staff said they read the care plans there were a few who said they were confusing. The registered manager said support plans were to be reviewed with the appointment of key workers.
- Support plans reflected people care needs. Comprehensive care plans were devised by care coordinators before people received respite or emergency care at the home. Support plans were person centred and gave staff guidance on people's preferences, their abilities and the assistance needed from staff. Guidance on aspects of care that were important to the person and how best to support them were detailed in the support plans.
- People's support plans were in pictures with photographs and in words which met Accessible Information Standard. AIS was introduced to make sure that people with a disability or sensory loss were given information in a way they could understand. There were people with sensory loss but for one person the information on how best to communicate was not clear.
- We saw people using the sensory room to watch TV and having stimulation from sensory objects
- One person told us they had a care file and staff helped them understand their support plans. The support plans for one person detailed their communication needs. For example, the person made their wishes known by making eye contact and "some" eye pointing.
- The registered manager told us a keyworker system was introduced. The staff were assigned specific people and maintaining support plans was part of their role.
- Activity timetables were kept in people's care records. People had day services organised. Surveys showed that people had commented on having more activities. The registered manager said people's suggestions were to have a pool table but space for this was limited. There was little evidence that people had access to clubs in the community. The registered manager said people could access a local snooker club.
- One person told us they joined community and in-house activities. For example, day care services, chair exercise and bingo. This person also told us there was a games room at the home which they used and there were in house activities. They participated in some household routines. For example, maintaining their

bedroom tidy and prepared their lunch.

Improving care quality in response to complaints or concerns

- One person told us they would approach the registered manager with concerns. There were no complaints since the last inspection.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager told us there was an organisational framework of behaviours expected from the staff. These behaviours included excellence, responsibility working together, leadership, trust and respect. This meant that staff were expected to arrive "ready to carry out the role they were employed. Speak respectfully towards peers. Respect the opinion of others. Do the job to the best of their abilities."

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

- The staff told us the registered manager was good and they felt the registered manager was fair. One member of staff said the registered manager "will say no when it was necessary." The staff said the team worked well together.

- The staff were assigned lead roles which included COSHH and medicines. This meant there was a single point of information for the staff.

- The staff received feedback from the registered manager on the actions they needed to take. Staff told us team meetings were an opportunity for them to bond. At the meeting in February 2019 the staff discussed systems such as medicines, health and safety and training. Routines of the home and people were also discussed.

- Quality assurance systems were in place. The quality of the service was recently audited by an external company and the recommendations made were in line with the findings of this inspection. The registered manager said action was being taken to meet the recommendations. This registered manager said there were regular visits from the head of services to monitor the quality of the service delivery. However, an improvement plan based on the recommendations was not in place.

- The head of services told us there was a shared point where [registered] and managers of services uplifted onto the online system the areas for improvement and the actions taken. However, the online improvement plan was not based on the home's consolidated action plan. This meant an improvement plan for the home which the registered manager assessed, prioritised actions and monitored the progress was not in place.

- Records were secure. We saw information was in pictures and words. It was difficult to establish that this

format was understood by people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager told us "I am fair and where there are errors then staff have additional training before they practice. We talk it through. We learn from people."
- There were staff vacancies and vacant shifts were covered by relief and permanent staff. The registered manager told us agency staff were not used. They said "I have brilliant staff they work above their hours. We have good regular relief [staff] that people know. We have new staff and they will fit in well. I like new staff to meet people before they read the care plan."
- The property was to be refurbished. The registered manager said "I have worked hard on getting new equipment. We are going to get money for décor."

Working in partnership with others

- The registered manager said there were links with community day service and local clubs. The registered manager said there was partnership working with social workers and they attended meetings. There was contact with colleagues from other homes.