

Bradbury House Limited

Bendalls Farm

Inspection report

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09 August 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bendalls Farm is a care home providing specialist support for people who may have complex and enduring mental health needs, a learning disability, and expressions of emotional distress. The home is in the Mendip Hills, and forms part of a wider farm development. There are ten bedrooms all with en-Suite bathrooms, a large shared lounge with adjoining games room and a large communal dining room. At the time of this inspection nine people lived in the home.

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

The management and staff worked together to help ensure people received a good service. However, on our first day of inspection we found issues of concern with the providers infection control policy as it did not address COVID 19 and did not highlight any additional tasks staff should carry out to prevent cross infection during a pandemic. The registered manager did not have full oversight of the home's infection control processes and issues found during this inspection had not been identified through the registered managers audit processes. We also had concerns regarding the cleanliness of the environment and the general maintenance and condition of the environment.

People told us they were happy with the care they received and people said they felt safe living there. One person said; "Yes, I'm happy here as staff support me."

The people living at the service were relaxed and comfortable with staff and observations showed they knew people well. Staff were caring and spent time chatting with them and supporting them when they became distressed or anxious.

Following our visit to the service on the first day of the inspection we requested an action plan from the provider to demonstrate how they would address the shortfalls we had identified. This included signposting the provider to resources to develop their approach.

On the second day of the inspection we found the registered manager had addressed some of the concerns identified. The registered manager and locality manager assured us the improvements were ongoing.

Everyone living at the service had capacity to make their own choices and could communicate these to staff, staff knew people well and we observed positive interactions throughout the inspection.

People were supported by staff who completed an induction, training and were supervised. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activities with staff. Staff knew how to keep people safe from harm.

People were protected from abuse because staff understood the correct procedure to follow if they had any concerns. People appeared happy in the company of the staff. Staff received appropriate training and support to enable them to carry out their role safely, including fire safety and mental health training.

People were supported to access healthcare services, staff recognised changes in people's mental health, and sought professional advice appropriately. People received their medicines safely.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were assessed and identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified.

Staff told us the registered manager of the service was approachable and listened when any concerns or ideas were raised. One staff member commented that the registered manager was; "Very involved in supporting people and understood their needs."

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

Staff worked to support the person in line with their preferences providing choice and control.

Right care:

Staff demonstrated a person-centred approach to care and support. People were treated as individuals and staff promoted people's dignity, privacy and human rights.

Right culture:

Many of the staff working at Bendalls Farm had done so for some time therefore knew people well. They were supporting people to have as good a quality of life as possible.

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.

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

Rating at last inspection and update:

The last rating for this service was Good (published 11 August 2018).

Why we Inspected

We carried out an IPC (infection Prevention and Control) inspection on the 19 July 2021 and we found issues of concern.

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 and other infection outbreaks effectively.

We requested an action plan from the provider following the visit 19 July 2021, due to issues identified with

infection prevention and control at the service. Due to these and other issues of concern found we visited the service again on the 9 August 2021 to look at the key questions of Safe and Well-led. This report only covers our findings in relation to those key questions. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

On the second day of inspection we found the provider had addressed some of the concerns we identified on 19 July 2021.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report

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

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bendalls Farm

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we could 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

The inspection was carried out by two inspectors.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We met all the people living in the home and spoke to three of them about the care they received. We spoke with two members of staff, the registered manager and the locality manager.

We reviewed a range of records. This included two people's care records and three people's medication records. A variety of records relating to the management of the service, including finance and health records were reviewed.

After the inspection

We continued to seek clarification from the registered manager and locality manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

Preventing and controlling infection

- We were somewhat assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The service had not had any outbreaks of COVID 19 and people living at the service had capacity to make their own decisions and choices. However, the inspection identified that the registered manager did not have full oversight of the home's infection control process. Issues found during the first day of inspection had not been identified through the registered managers audit processes. The registered manager had addressed these issues and introduced new auditing processes to prevent or manage any outbreaks.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Visitors were expected to wear personal protective equipment, (PPE), sanitise their hands, record their temperatures and take a COVID 19 test when entering the building. However, staff were not following the providers visitor's policy. The registered manager had taken action and addressed this issue and sent us the new updated visitors' policy.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. Staff did not adhere to social distancing within the home or remind people to keep their distance. People left the home to access the community throughout the day, and whilst staff encouraged people to wear PPE in public, they could not be assured they did. The registered manager had not considered the risk of cross infection for people who choose not to leave the home.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One staff member told us, "We encourage outside visits as much as possible".
- We were somewhat assured that the provider was admitting people safely to the service. The providers admissions policy was not in line with current national guidance. This meant staff did not have clear guidance on how to admit people safely during the pandemic. The admission policy was updated and sent to us by the registered manager as evidence they had address this concern.
- We were not assured that the provider's infection prevention and control policy was up to date. The providers infection control policy did not address COVID 19 and did not highlight any additional tasks staff should carry out to prevent cross infection during a pandemic. The registered manager had taken action and updated and sent us the new infection prevention and control policy which now showed how the

service would address COVID 19 and the pandemic.

- We were not assured that the provider was using PPE effectively and safely. Staff did not have access to PPE stations around the home and there were no foot operated bins available for safe disposal of PPE. Fresh PPE was kept in the office on the ground floor, this meant staff had to walk through the building to change soiled PPE. The registered manager told us staff did not carry out any personal care, this minimised the risk. The registered manager addressed this straight away and set up suitable PPE stations around the service. This enable staff to access full PPE wherever they were in the service.

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was not clean. We found multiple rooms with cobwebs, excessive dust, ingrained food and drink spills on surfaces, walls and skirting boards. People's bedrooms had en-suite toilets that were soiled, we saw urine stained floors and bedrooms that were not clean. The environment was not well maintained. Furniture was permeable from worn material and broken surfaces, and there were walls where the paint had worn away. There was a microwave that had rusted on the inside, this can cause microwave radiation leakages. The registered manager disposed of the microwave immediately and purchased a new one. They had also carried a out a deep clean of the service and some areas had already been painted. With additional painting planned.

- We were assured that the provider was accessing testing for people using the service and staff. There was a contingency plan that outlined plans for COVID 19 related infection control measures within the service, and a new policy was issued the day after the first inspection that was now in line with current government guidelines. There had not been an outbreak of COVID 19 in the home. If there was an outbreak people could isolate in their rooms. The registered manager assured us they would review this process and implement a risk assessment that ensured everyone living at Bendalls Farm remained safe during the pandemic. Staff would be allocated to only work with specific people.

- The registered manager assured us they would implement a deep clean of the service immediately and recruit a housekeeper to ensure the cleanliness of the service is maintained in the future.

Assessing risk, safety monitoring and management

- The provider had taken positive action during the inspection to ensure risks were identified, assessed, monitored and reviewed. Risks identified on the first day of the inspection, infection control concerns and the environment being unhygienic, had mostly been actioned by day two with additional plans in place to complete them.
- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. For example, when people were at risk due to their behaviour.
- People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed and updated as required. Risk assessments supported staff with how to support and protect people whilst minimising any restrictions placed upon them.
- Where people were assessed as being at risk due to their challenging behaviour care plans were in place which gave guidance for staff. Records showed reviews on people's needs were being carried out in line with each individual's assessed needs and specialist advice was sought when needed.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff on people's mental health needs, so they could respond quickly to prevent situations from escalating.
- The environment was now being maintained with ongoing updates currently being carried out.

Equipment was being replaced where it had been worn and utilities were regularly checked to ensure they were safe to use. However, some additional work was required and the provider had a clear action plan to evidence how and when this would be addressed. The providers action plan assured us this would be embedded into the service.

Learning lessons when things go wrong

- On day two of our visit we found the provider and registered manager had taken started to take appropriate action to address our concerns found on day one.
- Appropriate action was taken following any incidents to minimise the risk of adverse events reoccurring. For example, additional support for people was sought when needed.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

Systems and processes to safeguard people from the risk of abuse

- The service was well managed which helped protect people from abuse.
- Staff had undertaken updated safeguarding training and knew about the different types of abuse and how to report it.
- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet the persons assessed needs. Staff also told us there were enough staff on duty to meet the person's needs.
- The staff covered any additional hours required, so people had staff they knew and trusted. Agency staff were used, however these staff members worked regularly at the service and therefore knew people and the service well.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend supporting people if they became distressed and anxious.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not have full oversight of the home's infection control process. Issues found during the first day of inspection had not been identified through the registered managers audit processes. The registered manager had taken action during the inspection to implement an improved auditing system to ensure IPC processes were being adhered to, but this needed time to embed fully.
- Risk identified on the first day of the inspection, including the completion of policies and procedure in relation to COVID 19 records had been addressed. Where we found areas of the home unclean and a poor state of repair, some of these actions had been resolved. However additional action was still required. For example, other areas of the home still required painting and replacement of furniture.
- The registered manager was supported by the newly appointed locality manager. During the first day of the inspection we noted that the registered manager did not have full oversight of the service. The registered manager was very visible in the service and took an active role in the running of the service. The locality manager plans weekly visits to the service until all issues identified at the first inspection are actioned.

The provider had failed to ensure that the systems and processes in place to assess, monitor and improve the quality and safety of the services provided were fully or consistently effective. This is a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC and the registered manager was aware of the principles of right support, right care, right culture.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run, and our own observations supported

this.

- Staff and people living in the service complimentary about the service. Comments included; "I like it here and can always talk to X [the registered manager]."
- There was a warm and friendly atmosphere in the service. Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. There was good communication between all the staff employed. Important information about changes in people's care needs was communicated to staff.
- There was a person-centred culture which kept people at the heart of the service. However not all documentation was person-centred. By day two of our inspection many records, including care plans, had been updated to start to reflect a person-centred approach. Additional work was still required on updating care plans.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included; "We work well together" and "Very supportive and that's all staff and management."

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

- The registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided. However, on day one we found that not all audits in relation to infection and prevention had been completed and over seen by the management. By day two this had been actioned with additional audits planned to support the oversight of the service.

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

- Systems were in place to enable staff and relatives to give feedback.
- Communication between staff and families was good. Currently not many people living in the service had family contact. The registered manager had arranged a visit to support a person meeting up with relatives. These visits were arranged taking into consideration current COVID 19 rules.
- Staff told us the service was well managed and they felt valued. Staff told us the registered manager was very approachable and always available for advice and support.

Continuous learning and improving care

- The service had an emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the last year of the pandemic.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures did not always support staff. However additional policies and procedures were being developed.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and

improve care.

Working in partnership with others

- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The registered manager told us how they had worked alongside the local GP surgery and other health care professionals to support people with their changing mental health needs.
- Where changes in this person's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that the systems and processes in place to assess, monitor and improve the quality and safety of the services provided were fully or consistently effective.</p>