

Bradbury House Limited

Cypress Lodge

Inspection report

The Witheys
Bristol
Avon
BS14 0QB

Tel: 01275832012

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cypress Lodge is a residential care home providing personal care to 7 people at the time of the inspection. The service can support up to 10 people.

Cypress Lodge consists of 2 detached buildings, Cypress Lodge and Willow Cottage. Both buildings provide level access to communal gardens, kitchens, and lounges. Private accommodation is laid out over 2 floors in each building. The manager's office is located on the ground floor of Cypress Lodge.

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.

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

Right Care: Although improvements had been made since our last inspection, further improvement was needed to ensure people received consistently safe care. Areas of people's private accommodation was still visibly unclean and provider checks had not identified these shortfalls. We found 1 occasion when the provider failed to report unexplained bruising to the local authority safeguarding team and observed 1 person had access to cleaning chemicals on 1 occasion during our inspection.

Right Support: The deputy manager was in the process of introducing a key-worker role to ensure care was more person-centred. People's thoughts and feelings were explored through 'it's all about you' meetings. Staff told us they respected people's privacy and protected their dignity.

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.

Right Culture: Staff told us the culture of the service had improved since our last inspection and there were sufficient numbers of suitably qualified staff to meet people's needs. The provider was aware of CQC's framework in relation to inspecting services for people with autism and learning disabilities and was working towards ensuring care delivery in line with these principles.

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 inadequate (published 16 June 2022)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since June 2022. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of 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.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Cypress Lodge

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

The inspection team was made up of 2 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cypress Lodge is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Cypress Lodge 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 registered with CQC, however they had resigned from their post and were not in charge of the day to day running of the service.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 6 people, 3 relatives and 4 staff. We reviewed various records in relation to the running of the service, including audits, checks and medicines records. We undertook a visual inspection of the premises.



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 inadequate. At this inspection, the rating has changed 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection, the provider had failed to effectively implement infection prevention and control measures and store cleaning chemicals safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- At our last inspection, we found improvements had been made in relation to infection prevention and control. However, at this inspection we found these improvements had not been sustained. This placed people at increased risk of harm from the spread of infection.
- We found people's en-suite shower rooms and shower mats were visibly unclean. For example, some shower mats had extensive black staining to the underside and some shower trays were stained with unknown residues.
- We found 2 people's sinks were visibly unclean. For example, 1 sink had extensive brown staining and a soap box covered in an unknown black and brown residue.
- People's support plans indicated the level of staff-support people needed to maintain cleanliness in their private accommodation. However, records we reviewed did not show people were being offered this support.
- At our last inspection, we found improvements had been made in relation to the storage of cleaning chemicals. However, during the first day of this inspection, we observed cleaning chemicals were left unattended and accessible to a person on 1 occasion.

The provider's failure to ensure infection prevention control measures were consistently effective and to ensure cleaning chemicals were not accessible to people was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback, the deputy manager told us they would introduce daily record checks to ensure staff documented what support, including with cleaning, staff had offered people.
- During our inspection, the provider purchased replacement shower mats and spoke with a staff member about leaving cleaning chemicals unattended.
- The provider had made improvements to communal areas, refitting 2 kitchens, and upgrading a communal 'snug' people used to sit and relax. The areas were now bright and visibly clean.

- At our last inspection we found improvements to fire safety had been made. These improvements had been sustained. For example, files we reviewed showed people had up-to-date personal emergency evacuation plans (PEEPs) to help them evacuate safely in an emergency.
- Support plans described in detail the steps staff should take to reduce the risk of harm to people. For example, there was clear information about how people might present if they were having a seizure, and step by step guidance for staff about how to keep people safe.
- People were able to have visitors when they wished. To help ensure visits were undertaken safely, hand gel was available and visitors were required to sign in and out of the service.

Using medicines safely

At our last inspection, the provider had failed to manage medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Previously we found medicines were not always stored within safe temperature ranges. At this inspection we found temperatures were checked regularly and had remained within safe limits.
- At the last inspection, protocols for 'as required' medicines (PRN) were not personalised and did not always provide enough information for staff to administer medicines safely. At this inspection, PRN protocols were personalised and provided clear information for staff, including guidance about how staff could recognise when people were in pain.
- Medicines were administered by staff who were trained and competency checked.
- At our last inspection we found guidance in relation to medicines patches was not in place. At this inspection, guidance had been implemented, however it did not reflect manufacturer guidance in relation to the frequency of patch rotation. Guidance for staff required rotation between 2 sites, but manufacturer directions stated the same site should not be used for 3 weeks. In response to our feedback, the deputy manager said they would review the guidance and inform staff.

Staffing and recruitment

At our last inspection, the provider had failed to recruit staff safely and ensure they received training relevant to people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we found staff had not always received training relevant to people they supported. At this inspection we found staff now received training relevant to people's needs.
- There were sufficient numbers of suitably qualified staff to keep people safe. Comments from staff included, "Most of the time we have 5 or 6 staff on duty, there are enough staff."
- Staffing requirements were assessed based on people's individual needs and 1 to 1 hours. The deputy manager planned rotas 2 weeks in advance, requesting the same agency staff revisit to ensure continuity of care.
- Safe recruitment checks were in place to help prevent unsuitable applicants from gaining employment in the service.

Systems and processes to safeguard people from the risk of abuse

- Overall, actions were taken when potential safeguarding concerns were identified, for example through investigations and information sharing with the local authority safeguarding team. We found 1 occasion of unexplained bruising that was not reported to the team. The operations director completed this retrospectively.
- Staff received safeguarding adults training and additional training in relation to safeguarding children.
- Staff spoke confidently about actions they would take if abuse was witnessed or suspected. Comments from staff included, "If I had seen abuse I would tell me manager about what I have seen. We are here to protect the service users [people]" and, "If I saw anyone being abused I would report it to management."

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)

- At the time of our inspection 2 people had DoLS authorisations in place.
- 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.

Learning lessons when things go wrong

- The provider had learned lessons and implemented learning across their services. For example, introducing bedding checks weekly to ensure people's bedding was clean.
- Management teams at service and provider level were working to drive improvement in the service, this included reflecting on things that had gone wrong and taking action to prevent a recurrence.

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.

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant 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

- Staff told us the culture in the service had improved since our last inspection. Staff comments included, "The relationship between [staff] and people has changed, it's better" and, "The culture in the service is amazing and that's 1 thing I love about working here: the culture."
- Staff received equality and diversity training. One person we spoke with told us they were supported to attend an event linked with their sexuality and had enjoyed the experience.
- Interactions we observed between staff and people were kind and caring. One relative said, "The staff I've met are always nice and friendly, but it's difficult to hold on to them."

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

- Staff told us they supported people to make decisions about their care. Comments from staff included, "I respect people's choice and let them make decisions on their own" and, "I give people options, let them make a choice and decide for themselves." One person said, "I choose my own food, go for walks, visit my key worker."
- Since our last inspection, people had been involved with redesigning and improving the garden. For example, people had chosen to paint the fences in vibrant colours and 1 person had their own vegetable patch.

Respecting and promoting people's privacy, dignity, and independence

- Staff told us they respected people's privacy, for example by knocking on doors to their private accommodation before entering.
- Staff told us they protected people's dignity. Comments from staff included, "When I'm giving a shower to a [person] I make sure the door is locked to preserve their dignity" and, "I try to uphold the fundamental that people are not children and I am here to support them."
- People's independence was promoted. One person told us they had been supported to, "Get control of my money" and other people told us they were supported to undertake food shopping independently.

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 inadequate. At this inspection, the rating has changed 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

At our last inspection, the provider had failed to effectively implement safety and quality checks to identify shortfalls and drive improvement. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Previously we found shortfalls were widespread and systemic. At this inspection we found improvements to the governance framework had been made, however checks and audits were not always being used consistently to identify shortfalls, errors, and omissions.
- The infection prevention and control checks completed in the week prior to our inspection did not identify people's en-suite facilities were visibly unclean, this meant no action was taken to improve cleanliness.
- We found recording gaps in people's daily records. The deputy manager confirmed there was no process for checking people's daily records to ensure they had received, or been offered, support they needed with cleaning and other activities. This meant the provider could not be assured people were being offered support in line with their assessed needs.
- Checks had not been used to identify one safeguarding alert was not raised in relation to a person sustaining unexplained bruising.

The provider failed to ensure checks and audits were used consistently to identify shortfalls and drive improvement in the service. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback about gaps in recording, the deputy manager said they would implement daily checks to ensure records were completed consistently and with sufficient detail.
- The operations director told us they would be reviewing and amending their audits to incorporate checks in relation to the cleanliness of people's living accommodation.
- Since our last inspection, the provider had implemented an action plan, reviewing progress against their action plan and the results of ongoing checks and audits. There was increased input from the provider's health and safety lead and checks had been re-designed to improve efficacy.

- Members of the senior leadership team were now visiting weekly to support improvement in the service.
- At the time of our inspection, there was a manager registered with CQC. However, they were not responsible for overseeing quality and safety checks in the service as they had resigned from their post.
- Statutory notifications were submitted as required. Statutory notifications are important because they tell us about notifiable incidents and help us monitor services we regulate.

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

- The deputy manager was in the process of implementing a key-worker system. They hoped the system would encourage more consistently person-centred care and support.
- Compliments received by the service included, "Thank-you for looking after [my relative] and taking care of them."
- During our last inspection, we observed staff smoking in the smoking shelter located in people's communal garden. At this inspection we did not observe staff smoking in the shelter, although it remained in people's communal garden.

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

- The provider had recently implemented 'it's all about you' meetings with people. These offered the opportunity for people to feedback about their experiences and ideas for improvement.
- The provider was aware of CQC's 'Right support, right care, right culture' inspection framework and was working to implement this culture across the service.
- The deputy manager knew people well and operated an open-door policy for people to access them when they wished.

Continuous learning and improving care

- In response to findings at our previous inspection, the provider had introduced 'responsible roles' which meant named staff were in charge of monitoring compliance in specific areas, such as vehicle safety.
- Staff told us they felt the quality and safety of care provision had improved since our last inspection.

Working in partnership with others

- In response to findings at our previous inspection, the provider had worked with the local authority and fire service to drive improvement and safety in the service.
- Records we reviewed showed staff worked with external professionals to ensure good health outcomes for people.

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 management team was aware of their responsibility to act openly and honestly when things went wrong.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure infection prevention control measures were consistently effective and to ensure cleaning chemicals were not accessible to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure checks and audits were used consistently to identify shortfalls and drive improvement in the service.