

Aitch Care Homes (London) Limited

Bradwell House

Inspection report

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Date of inspection visit:
20 February 2019

Date of publication:
29 March 2019

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

About the service:

Bradwell House is registered to provide personal care and accommodation for up to 10 people. There were 10 people using the service at the time of our inspection who had a range of health and support needs, these included learning disabilities. Some people had additional conditions such as sensory impairment, epilepsy and autism. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; there were no signs outside the property to identify it as a care home. People were encouraged to be a part of the local community; attending clubs, the library, pubs, visiting local shops, cafes, swimming pools and gyms. People were supported to move on to supported living services to become more independent.

Staff were positive about the manager of the service and worked well as a team

The provider had been responsive to the recommendation we made at our last inspection about medicines. Peoples medicine was managed safely.

At our last inspection we recommended that the service provide furniture with different handles to reduce the risk of detachment and handles becoming a choking hazard or the risk of a fixing causing a skin tear. The provider had acted on this and this was no longer an issue at this inspection.

There were enough staff to support people with their needs. Staff had a good understanding of people's specific needs and were consistent in their approach.

Staff were supported and trained to carry out their roles. People received personalised care that promoted their independence.

People were communicated with and supported in a person-centred.

People had access to health care professionals as required. Staff worked together and with other healthcare professionals to ensure people received joined up care and support.

The service was compliant with the Mental Capacity Act 2005.

Staff spoke to people with kindness and in a patient way. People were treated with respect and compassion.

Auditing and checking procedure's continued to review the service to ensure people received safe care and support.

The service had a registered manager who promoted an open and fair culture.

Rating at last inspection:

This service was rated, "Good" at the last inspection on 20 and 21 July December 2016. We published this rating on 14 September 2016.

Why we inspected:

This was a planned comprehensive inspection to check the service remained Good. We found overall that the service continued to meet the characteristics of Good.

Follow up:

We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

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 safe

Details are in our Safe findings below.

Good ●

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 ●

Bradwell 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 two inspectors.

Service and service type:

Bradwell House is a care home. People in a care home receive accommodation and nursing or personal care. 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 was unannounced

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as serious injuries. The provider had completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Not everyone living at Bradwell House could verbally tell us about their experiences living at the service. We spent time observing interactions between staff and people in communal areas during the inspection.

During inspection we looked at the following:

We reviewed some records and made observations, these included;

- The environment, including the kitchen, bathrooms and one person's bedroom
- We spoke with one person
- We spoke with the deputy manager, regional manager, four staff and one visitor
- Medicines records
- Training records of staff
- Two people's care records
- A sample of medicines records
- Deprivation of Liberty records

After the inspection we received additional evidence from the provider to corroborate our findings.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- At our last inspection we recommended the provider reviewed and amended their medicines policy to ensure 'as and when' (PRN) medicine practices conformed with and reflected best practice in published guidance. We also recommended that the medicines cabinet needed to be improved as the cabinet used to store medicines was not safe.
- The provider had acted to meet our recommendations which were no longer a concern at this inspection.
- Medicines were stored appropriately, and records of administration were up to date and accurate.
- Medicine records included a photograph, side effects of medicine, the reasons prescribed, how the person took their medicine and how the person may respond.
- Each person had their own individual protocol if they required PRN medicines.
- Staff received training and were competency checked before administering medicines.
- Medicine was audited to ensure no errors had occurred.

Assessing risk, safety monitoring and management

- At our last inspection we recommended that the service provide furniture with different handles to reduce the risk of detachment and handles becoming a choking hazard or the risk of a fixing causing a skin tear.
- The provider had acted to meet our recommendation which was no longer a concern at this inspection.
- A visitor told us, "Having been a regular visitor to Bradwell House over a number of years there have been many occasions where staff have ensured not only my safety but that of the residents. I have been present at fire drills and all staff knew exactly what to do, quickly efficiently and safely."
- People had individual risk assessments to cover various aspects of their lives. Staff had guidance to follow to reduce risks but understood the importance of positive risk taking and how to encourage this.
- One staff member told us how one person had been unable to leave the service on a one to one basis due to their behaviours. The staff member described how over time they built up trust with the person and now they were able to go out on the bus and train with only them. The staff member said this was their 'proudest achievement' as nobody thought the person would be able to do this.
- Staff received training in managing people's behaviour and could describe the action they took to support people in a consistent way.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff understood their responsibilities to keep people safe.
- The provider had effective safeguarding systems in place and staff had received appropriate training in this area.
- A staff member said, "If I have a problem here, there are various stages I can do. I could go straight to

safeguarding, the police or to you (CQC) if I couldn't go to the manager. We are quite transparent. The behaviours here have drastically reduced."

- The registered manager had reported concerns to the local safeguarding authority and notified the Care Quality Commission as required.

Staffing and recruitment

- There were sufficient staff to meet people's needs. The deputy manager said, "Recruitment used to be a challenge, but we haven't used agency for several years. It's something we have continuously worked at. We recruit to 110% to cover sickness and annual leave."
- Staff continued to be recruited safely and checks were completed before they started to work at the service. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers to make safer recruitment decisions.

Preventing and controlling infection

- The service was clean and staff had access to protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- There continued to be effective monitoring around learning when things went wrong.
- Staff recorded any accidents and incidents which were analysed for trends through the providers internal system.
- Regular reviews helped the service to learn from incidents and put processes in place to reduce the risk of repeated incidents.

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.

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 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).
- We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised and found they were.
- Although CQC had been notified of authorised DoLS applications when they had been initially granted CQC had not been notified when expired authorisations had been re-granted. The provider took immediate action to rectify this.
- When people lacked capacity to make certain decisions about their lives best interest meetings had been held. This helped to ensure that the right decisions were made for the right reasons.

Staff support: induction, training, skills and experience

- All staff continued to receive regular training in areas essential to the effective running of the service.
- Training was a mixture of eLearning, distance learning and face to face training.
- We observed staff supporting people in a way that demonstrated they were knowledgeable and understood how to support people well.
- All staff received supervision every three months but could request additional supervisions if they felt this was necessary, staff told us they felt well supported.

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

- People continued to be supported well with their food and drink and made their own choices.
- A staff member said, "(Person) will help prepare food. (Another person) will do their own. Earlier they put their own muffin in the toaster, they like to make their own breakfast. There are always different options for people. The other day no one wanted what was on the menu so they all got a take away."
- If people were at risk of losing weight or becoming dehydrated staff monitored and recorded this on weight and fluid charts and took the appropriate action to support them.

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

- People were involved in the decoration of the service and chose how they decorated their bedrooms. One person showed us their bedroom which they had decorated how they liked. They had lots of personal photographs and objects and had made the bed in their preferred way. They told us they loved the view from their window.
- The service had been recently decorated in areas and was homely and inviting. Murals had been painted onto the walls in the dining area. There was a mural of trees with each person's initials painted on.
- One person liked to collect seashells from the beach and a 'shell garden' had been made by the front door.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Peoples healthcare needs continued to be met by the service, they had regular appointments with dentist, opticians and chiropodist.
- People were referred to specialised healthcare professionals to help them manage their specific healthcare needs such as epilepsy.
- People had annual health checks and hospital passports contained within their care files in case of any hospital admissions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There were no vacancies at the service at the time of inspection. The regional manager described how if a vacancy did become available people would be fully consulted before another person moved in.
- The regional manager had run a number of workshops around the values of Registering the Right Support and had a good understanding of its principles. They told us how they continually assessed if people were a good fit living together.

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

- People were spoken to in a caring way, in the way they preferred.
- There was a relaxed pace of engagement with people.
- We saw people being treated with kindness and respect.
- A person told us, "I am happy here, the staff are nice."
- When people became anxious staff recognised signs early on and intervened to prevent their anxieties becoming worse. A staff member helped a person update the staff board, so they knew who would be working that day.
- We observed a staff member sit with a person and massage their hands which helped the person relax.

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

- People were encouraged to make their own decisions about how they spent their time.
- One person preferred to sit in the hallway, a staff member sat with the person to ensure they were okay.
- People freely came to the office to speak to staff. Staff were interested in what people said and gave them time and encouragement to communicate.
- One person wished to move onto a supported living service in the future. Supported living is an arrangement whereby someone wants their own tenancy or own home, but also has support from a care provider to help them live as independently and safely as possible.
- Staff and the manager were working with the person to plan how they could achieve this and worked at a pace that suited the person, so they felt comfortable and in control.

Respecting and promoting people's privacy, dignity and independence

- Staff asked for permission before entering people's bedrooms, if people were unable to verbally answer when staff knocked they knocked again to make sure the person knew they were there. One person chose to lock their bedroom door and had their own key.
- A staff member told us they used a lot of distraction to support people to manage their behaviours. They said, "(Person) may start to hurt themselves, they will say stop which could indicate something is wrong. I will do some distraction activity like singing with the person. We always knock on people's doors before going into rooms."
- People's care records were kept securely and staff understood their role in maintaining people's confidentiality.
- Peoples protected characteristics were considered. (The Equality Act 2010 protects certain characteristics including age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion, sex and sexual orientation). For example, one person had certain dietary requirements due to

their cultural background which were respected. Another person was supported to attend church each week.

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

- Care plans continued to be person centred and were presented with pictorial prompts to make information easier for some people to understand.
- Each person had their own individual care plan which detailed the support they required.
- Care plans contained information which was important to the person. For example, routines, how to support their behaviour, specific risk assessments, how to support any health needs, and how to communicate with the person in their preferred way.
- Staff were proactive when trying to improve communication with people who were unable to verbalise their needs and preferences. One staff told us they taught other staff Makaton signs each week (Makaton is a language programme using signs and symbols to help people to communicate).
- Documentation included information about progress and goals for people. One person had been unable to go out independently when they had moved into the service. Their goal was to increase going out independently which they had successfully managed to do.
- People were encouraged to be a part of the local community; attending clubs, the library, visiting pubs, visiting local shops, cafes, swimming pools and attending the gym.
- An activity cabin set in the gardens of the service provided a place for people to relax and contained sensory lighting, a bubble machine and large mats and pads on the floor. A staff member told us how a person liked to use this, and they liked to go outside and lie on the grass in the summer as they loved the heat.
- During the inspection an aromatherapist visited people and offered treatments. Some people left the service to do activities outside.
- Some people had been on holiday to Germany, Austria, Cumbria, and Blackpool. Some people had chosen to go on holidays to caravans and other chose to stay in hotels.
- People were supported to move on to supported living services to become more independent.

Improving care quality in response to complaints or concerns

- There had been no complaints logged since our last inspection.
- There was a complaints procedure that described how people could make a complaint or raise a concern.
- A pictorial version was accessible to everyone living at the service.

End of life care and support

- There was no one being supported with end of life care at the time of our inspection.
- Staff had discussions with people and their relatives to develop end of life care plans which were documented in their care plans.

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.

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

- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had recently redecorated the service and the ratings, although displayed were not conspicuous. The provider addressed this during the inspection, so the ratings were visible to any visitors.
- Auditing and checking procedure's continued to review the service to ensure people received safe care and support.
- Statutory notifications had been sent as needed, these are notices the service is required to send to us notifying us about certain changes, events and incidents affecting their service or the people who use it.

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

- Staff were positive about the management of the service and said they enjoyed working there.
- A staff member said, "I feel I could raise concerns with the manager if I needed to and I have the confidence." Another staff member said, "(The registered manager) is on things straight away if there's an issue, changing the care plan and risk assessment. She's a fantastic manager to be honest."
- A business continuity plan was in place in the event the service was unable to operate due to events such as fire or loss of utilities.

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

- Staff felt comfortable with each other and there was a supportive relationship between them.
- Staff felt they worked together to achieve positive outcomes for people.
- Staff had access to the providers policies and procedures in the service and on the providers on line computer system. Staff were kept informed of any changes made.
- A staff member said, "Yeah definitely get enough support. (Registered manager) is an extremely supportive manager, if I needed training she would source a course and get us on it."
- The views of people and other individuals were sought through quality assurance forms. From the feedback obtained actions were created. Feedback had been received in 2018 which had been positive.

Working in partnership with others

- A visitor told us, "The Managers and staff at Bradwell House have always taken my professional advice and recommendations with regard to their residents. They are very resident focused, there is always room for improvement, even in the very best establishment. It appears to me that the management, senior staff and staff alike know where they need to improve and do their best to do so. It is always a joy to go to Bradwell as there is such a friendly atmosphere and homely feel."