

# The Salvation Army Social Work Trust

## Bradbury Home

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected Bradbury Home on the 8 April 2019.

About the service: - Bradbury Home caters for up to 36 older people. At the time of our inspection 23 people were using the service. The service was set in a residential area with easy access to the local community and a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection the service was rated as requires improvement. At this inspection we saw improvements had been made and the service was now rated as good.

People's experience of using this service: People and relatives were very complimentary of the service and staff. One person said, "The staff look after me very well, they are all very friendly." Another person said, "The staff listen and are very helpful, they understand me."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were cared for and supported by staff who had received the appropriate training. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The manager responded to complaints received in a timely manner. Support was given to people at the end of their life.

The manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: Requires Improvement (report published 17 July 2018)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was exceptionally caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Bradbury Home

## Detailed findings

### Background to this inspection

#### The Inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection Team:

The inspection was carried out by two inspectors.

#### Service and service type:

Bradbury Home caters up to 36 older people, some of whom may be living with dementia. The service had a manager who was at the final stage of being registered with the CQC. This means when registered 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 8 April 2019 and was unannounced.

#### What we did:

Before the inspection, the provider completed a 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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with seven people and three relatives and observed interactions with staff. We spoke with the manager, head of care, Chaplin, chef and three care workers. We reviewed care files and records held in relation to the running of the service.

# Is the service safe?

## Our findings

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

At our previous inspection we rated safe as requires improvement due to issues with medication practices and recruitment. At this inspection we found improvements had been made and it is now rated as good.

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I feel safe living here, there is always someone around to help you or you can call someone." A relative told us, "I feel confident she is safe here when I leave."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. One member of staff told us, "I would report anything to my senior or manager, if it was not dealt with I would go to outside organisations like the CQC or social services."
- The manager clearly displayed guidance and posters external to the organisation that people or staff could contact if they had concerns about abuse.
- The manager knew how to raise concerns with the local safeguarding authority and would work with them to investigate these and ensure people were kept safe.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people. Staff undertook risk assessments which focussed on supporting people to move safely, prevent falls, have the correct nutrition and prevent pressure sores. Risks were also assessed for people's individual needs such as accessing the community.
- Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid.
- The service had emergency plans in place and this included guidance to staff on fire evacuation procedures.
- People were cared for in a safe environment. For any maintenance requirements there was an on-site maintenance person. We recommend that the manager puts an action plan in place to track work that was in the process of being completed to ensure where important maintenance was identified this was completed in a timely manner.

Staffing and recruitment

- The manager used a dependency rating tool to calculate the level of staffing required to meet people's needs. However, the manager told us they worked above the required numbers.
- We saw the service was well resourced, one member of staff told us, "We have enough staff to support people."
- People were very complimentary of the staff. One person said, "The staff are wonderful."

- The manager was actively recruiting more staff to lessen the use of agency used at the service. There was an effective recruitment process in place to ensure staff recruited were suitable for the role.
- People were involved in interviewing new staff and their opinions were considered before new staff were appointed.

#### Using medicines safely

- The head of care had spent time reviewing and improving medication practices at the service and we saw significant improvements had been made.
- People received their medication safely and when they needed it. One person told us, "The staff take care of my medication for me."
- Only trained and competent staff supported people with their medication.
- Regular audits were completed to check medication was managed safely.

#### Preventing and controlling infection

- Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections.
- There was an infection control lead at the service responsible for maintaining oversight of this.

#### Learning lessons when things go wrong

- We saw following a significant incident at the service the provider acted to learn from this and put steps in place to prevent this from happening again.
- Lessons learned included additional training for staff and the revision of equipment used at the service to keep people safe.
- Accidents and incidents were fully investigated. However, we recommend that the manager develops a tool to track themes and actions taken to give them a clear oversight.

# 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.

At our previous inspection we rated effective as requires improvement due to issues with staff induction, training and supervision. At this inspection we found improvements had been made and it is now rated as good.

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

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

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices and needs. Care was managed and delivered within lawful guidance and standards.
- People their relatives and advocates were involved in reviewing their care with staff.

Staff support: induction, training, skills and experience

- People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care.
- New staff were given a full induction when they first started. One member of staff told us, "Even though I was experienced in care I still had a full induction for two weeks which included shadowing."
- Staff were provided with a mixture of face to face and on-line training to provide them with the skills they needed to perform their role.
- Staff new to working in care now completed the Care Certificate, this is an industry recognised training to equip staff with the knowledge and skills they need to support people.
- Staff had regular supervision with a senior member of staff and attended regular staff meetings. All staff had a yearly appraisal on the anniversary of their start date.

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

- People were supported to have enough to eat and drink. Everyone we spoke with was very complimentary of the food. One person said, "The food is excellent and I can always have a cup of tea when I want."
- We saw the service had recently received a 5-star food and hygiene rating from the local authority.
- Throughout the day we saw people were encouraged to maintain a healthy fluid input with a variety of drinks and snacks being offered.
- Staff supported healthy eating and monitored people's weight for signs of changes and sought medical advice where required.

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

- People were supported to have all their healthcare needs met. People were registered with a local GP to provide consistent healthcare.



- The GP attended the service once a week to carry out reviews but also attended at other times if needed.
- For any on-going nursing requirements people were supported by the district nursing team.
- One person told us, "We have no problem seeing a doctor they come every week."

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

- The environment was appropriately designed and adapted to support people. The service was spacious, people had their own large rooms. We saw that all the rooms had been individually personalised with people's belongings.
- Consideration had been given to make the environment dementia friendly. For example, corridors were painted in different bright colours and people could chose the colour their room door was painted.

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

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and were reviewing this training to include DoLS.
- Appropriate applications had been made to the local authority for DoLS assessments and the head of care tracked these to completion.

# 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 told us they were happy living at the service. One person told us, "The staff are lovely, they listen and are very helpful." Another person told us, "All the staff are friendly but there are one or two who go the extra mile."
- Staff had good relationships with people, there was a lot of social interaction, chatting and laughing with staff.
- Staff were kind and considerate of people's needs, we saw staff assisting people to walk at their own pace providing verbal support.
- Care plans considered people's diverse needs and respected their choices and autonomy.
- People were supported to follow their faith and services were held if people wished to attend them.
- A chaplain was based at the service and provided religious support for people on an individual basis if people wished.

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

- Each person was allocated a member of staff as a key worker to support them and work with them to ensure they were comfortable and had everything they needed.
- People had care plans that had been discussed with them and were regularly reviewed.
- Where appropriate families were involved with decisions about care, along with advocates and other healthcare professionals. An advocate is an independent person who is appointed independently to ensure a person's views and wishes are listened to and their best interest is supported.
- People were frequently asked for their feedback on their care by the manager and the head of care during their daily interactions with people.
- There were communication books in people rooms where they or relatives could raise any questions or issues for staff to address.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. People were supported as individuals and had their own routines and activities they followed each day.
- People had memory boxes outside of their room if they wished containing photos or items that held meaning for them to help them recognise their room.
- One person said, "I want to be as independent as I can but I know if I need help the staff will help me."
- People were supported to maintain contact with their friends and family. One person said, "My family come most days to see me."

# Is the service responsive?

## Our findings

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

At our previous inspection we rated responsive as requires improvement due to issues with care plans not being person centred or reviewed. At this inspection we found improvements had been made and it is now rated as good.

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

- The head of care had made significant improvements with people's care plans.
- Care plans were detailed and had information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives.
- Each person's plan was regularly reviewed and updated to reflect their changing needs. One person told us, "The staff go through my care plan with me, it is all okay." A relative told us, "We have been involved in reviewing the care plan."
- The manager had considered how to meet people's information and communication needs and was complying with the Accessible Information Standard. Staff could explain people's communication styles and we saw people were able to express their needs.
- People enjoyed varied pastimes and engaged in meaningful activities. There was an activities person employed at the service to provide support. We saw photographs of people enjoying varied activities.
- The activities coordinator told us how they supported trips out and that people had gone bowling and were going to the circus that afternoon.
- There were two planned activities a day and activity stations set up with the aim of providing five-minute activities for people with shorter attention spans.
- People told us that there were always activities going on if they wanted to get involved. One person was so engaged in an activity they were doing they asked their family not to visit as they didn't want to be interrupted.
- People had access to a well-maintained garden. The manager told us that they had plans to make a sensory area in the garden with a water feature.

Improving care quality in response to complaints or concerns

- The manager had a complaints procedure in place and responded to any complaints in a timely way. We reviewed the complaints registered and saw there were not any themes, and complaints had been responded to and acted up on.
- People and relatives generally told us that communication at the service was good and that they did not have any complaints. Where concerns were raised we discussed these with the manager.

End of life care and support

- The manager knew how to access support for people at the end of their life. They worked closely with the GP and palliative nursing services to support people when needed.

- We saw some people had expressed their wishes for the end of their life in preferred priority of care documents.

# 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 previous inspection we rated well led as requires improvement due to issues with medication, staffing and audits. At this inspection we found improvements had been made and it is now rated as good.

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

### Continuous learning and improving care

- The provider had appointed to the service a Head of Care and new manager who was in the final process of being registered with the CQC.
- The Head of Care had completed significant work to improve practice at the service with regards to the safe administration of medication. They had also changed documentation and processes to make care planning more person centred.
- Since the new manager has been in post they have worked on staff recruitment and employing people suitable to work in care.
- The provider had audits in place to gather information about the service.
- We recommend that the manager reviews how they gather information so that they can clearly see any themes and trends with the audits they complete. Any actions that come out of audits should be put into an action plan and tracked to completion.

### 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 head of care and manager had worked hard to promote person centred care and give people autonomy over their lives.
- People and relatives were very complimentary of the service. One relative said, "We are very happy here." One person told us, "Everyone is very helpful I like it here."
- The manager understood their registration requirements including notifying us of significant events that happened at the service. We found peoples information was kept secure and confidentiality was maintained.
- We saw the provider and manager fulfilled their responsibility to say when things went wrong and investigated these fully to learn from these and take steps to put right. This is known as 'duty of candour.'

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

- People benefited from a staff team that worked together and understood their roles and responsibilities.
- Staff were clear about their roles and worked within regulatory requirements.
- Staff felt very supported by the manager and head of care and said they felt they had a good team. Staff

told us that they had regular team meetings and handovers to discuss people's care.

- The management team had oversight of what was happening in the service, on a day to day basis.
- There was a positive management structure in place which was open and transparent.
- Staff shared the managers vision to provide good care. One member of staff told us, "We want people to be comfortable and have the best life they can. We care for people how we would want our own relative cared for."

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

- People were actively involved in improving the service they received. Staff gathered people's views on the service daily through their interactions with people.
- There were meetings held with people and relatives, and people had communication books to share information with staff.
- The registered manager sent out questionnaires to people, relatives, staff and other health professionals to gain their feedback.
- Feedback was analysed and put into a 'You said', 'We did' format. For example, people requested for their main meal time to be changed and this was done.

Working in partnership with others

- Staff worked closely with local healthcare providers such as GPs and district nurses.
- Healthcare professionals requested a dedicated room to see people, the manager has responded to this request and made a room available.
- The manager had made links with the local community and was continuing to expand on these.