

Livability

Bradbury Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 14 July 2016 and was unannounced.

During our comprehensive inspection on 6 & 10 March 2015 we rated the service as 'Requires Improvement'. The service was in breach of Regulation 9 HSCA (RA) Regulations 2014 Person-centred care and a number of recommendations were made. In response to the breach of Regulation 9 and the recommendations made we undertook a focused inspection on 2 July 2015. During the focused inspection on 2 July 2015 the provider responded to the breach of Regulation 9 and put systems in place to address the recommendations made. As a result of this we rated the service overall as 'Good'.

Bradbury Court is a care home providing accommodation and support for 21 adults with physical disabilities. Bradbury Court was purpose built and fully accessible for wheelchair users. Appropriate adaptations such as a passenger lift, accessible bathrooms and toilets ensured that people were able to access all areas in the home independently. The home is in a residential area in Harrow close to public amenities.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received the training and support required to meet people's needs. However staff did not receive monthly supervisions as stated in the providers supervisions policy.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect people they supported. People told us they felt safe with staff and we saw there were systems and processes in place to protect people from the risk of harm.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff.

Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

There was opportunity for people to be involved in activities within the home or the community. The home did not have an activity coordinator in the home at the time of this inspection. The registered manager told us they were currently in the process of recruiting a suitable person.

Staff understood people's needs and provided care and support accordingly. Staff were aware and knew how to respect people's privacy and dignity.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005. Care plans contained relevant mental capacity assessments where appropriate.

People were supported with their nutritional and hydration however people told us that on some occasions they didn't like the food. The service recently employed a new part-time cook and was recruiting to find a permanent cook to address this.

Care plans were detailed and provided an accurate description of people's care and support needs.

There was an effective system in place to respond to complaints and concerns. Effective systems were in place which ensured people received safe quality care.

People had opportunity to comment on the quality of service and influence service delivery.

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. People's personal safety and any risks associated with their care were identified and reviewed.

The service had effective systems in place to ensure that recruitment of staff was safe.

There were appropriate arrangements for the management of medicines. People received the right medicines at the right time.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff were supported to provide appropriate care to people because they were trained, however the provider did not always provide monthly supervisions.

Staff understood how to support people who lacked capacity to make decisions.

People's nutritional needs were met.

Systems were in place to monitor people's health and they had regular health appointments to ensure their healthcare needs were met.

Is the service caring?

Good ●

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive. People were supported to engage in meaningful activities.

People's care was planned in response to their needs.

People and their relatives were supported to raise concerns with the provider as there was an effective complaints system in place.

Is the service well-led?

Good ●

The service was well-led. The provider had effective systems to check and monitor the care of people received.

The culture of the service was open and transparent.

The manager regularly checked the quality of the service provided and ensured people were happy with the service they received.

Bradbury Court

Detailed findings

Background to this 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.

This inspection took place on 14 July 2016 and was unannounced.

The inspection was carried out by an inspector, a specialist professional advisor who was a social worker with knowledge of needs of people with physical disabilities and an 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.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider, about the staff and the people who used the service. 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 spoke with the local safeguarding team to obtain their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with 12 people who used the service, one visitor, six care workers, the deputy manager and the registered manager. We spent time observing care and support.

We also looked at a sample of four care records of people who used the service, seven medicine administration records, six staff records and records related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. One person told us that he felt safe "because the staff are always around." Another person told us "I feel safe here; if I am concerned I can speak to the manager or the staff" and "This is a very safe place."

There were arrangements in place to protect people from the risk of abuse. Information regarding who to contact if people or their relatives had concerns about the way they were treated by the service was available. Staff understood the service's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and to external authorities such as the local safeguarding team and the Care Quality Commission. Staff had received training in safeguarding vulnerable adults.

There was evidence that staff were able to raise concerns with the manager, and staff were aware of the whistle blowing procedure when we spoke with them.

Risks to people were managed appropriately. Assessments were undertaken to identify any risks to people who used the service and staff. People and relatives told us that risks arising from the care they received were monitored and addressed. One person said that they had recently needed more support to move around their flat and staff had carried out a risk assessment to make sure that this was done safely. The person's risk assessment and care plan identified how they should be supported to move safely and transfer from chair to bed. Staff understood the possible risks when providing care to people who used the service. Risk assessments identified the action to be taken to prevent or reduce the likelihood of risks occurring. Where necessary professionals had been consulted about the best way to manage risks to people. An occupational therapist had been consulted by the service regarding people who needed equipment and adaptations to their flat so that they could retain their independence and be self-caring with some staff support.

The provider had arrangements in place to deal with emergencies related to people's individual's needs, or common potential emergencies such as risk of fire or other environmental health and safety issues.

We also noted that all electrical equipment was checked to ensure the equipment was safe to use. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

Each person had a personal emergency evacuation plan (PEEP) in their plan of care. This gave guidance to staff to ensure people's safety was protected during the evacuation of the building in the event of fire or other emergency. A PEEP sets out the specific physical and communication requirements that each person needed to ensure that they can be safely evacuated from the service in the event of a fire.

There were sufficient staff, people who used the service and relatives told us that the availability of staff was tailored to meet their individual needs. One person said, "Staff come in the morning at the time I have

agreed and help me with the things I had asked for help with." The registered manager explained that as part of people's assessment before they used the service it was discussed and agreed with the placing authority how much staff support people needed each day. We looked at four care plans and these identified the support needs of people. People received funding for in-house and community based activities, this however ranged from some people receiving no funding to some people receiving up to 15 hours per week. The deputy manager told us of the staffing ratios, one staff to three people during the day, and one staff to seven people during the night. Staff numbers had been assessed using the dependency tool, however the registered manager told us that the service was flexible and staff numbers were increased if people's needs had changed or people required additional staff for outings or activities. This ensured sufficient staff were deployed to meet people's needs.

Safe recruitment procedures were in place that ensured staff were suitable to work with vulnerable adults as staff had undergone the required checks before starting to work at the service. We looked at six files of staff who had been recruited to work with people who used the service. Staff files contained disclosure and barring checks, two references and confirmation of the staff's identity. We spoke with one member of staff who had recently been recruited to work at the service. They told us they had been through a detailed recruitment procedure that included an interview and the taking up of references. We noted that the newly appointed deputy manager was still waiting for his police check and saw that a comprehensive and robust risk assessment had been put into place to ensure people who used the service were protected in the interim period. The risk assessment clearly stated that the deputy manager was not allowed to work unsupervised with people. During conversations with the deputy manager and observations we were satisfied that while the deputy manager was waiting for his police check all necessary actions had been taken to protect people who used the service.

We spoke with two care staff with regard to the process for handling and administering medicine and all had clear knowledge of the correct procedures. The provider had a policy and procedure in place and staff were able to talk us through this. Medicines were prescribed by a local GP practice and when they were delivered they were checked by the senior person on duty at the time. Each person had their medicines stored in a locked cabinet in the medicines room. The medicines administration record (MAR) sheet included each medicine, the dosage, known allergies and individual's photo to minimise the risk of medicines errors.

Medicines were only administered by staff who had received training. One person said that in the past staff never used to have a lot of training but 'we' do now, especially in medicines. Staff had also received training for complex administration, for example via a PEG feeding tube (this is a tube that goes directly into a person's stomach).

We saw that the service recorded all incidents and near misses and responded to them promptly by reporting to the Care Quality Commission or local authority. Where action had to be taken in response to accidents and incidents we saw that the service took immediate actions. For example during one incident staff did not respond to the call bell, as a result of this the provider introduced a daily call bell monitoring system to reduce the risk of further incidences.

Is the service effective?

Our findings

People told us "The staff are generally good and know what they were doing" and "I get on well with my key worker, who helps me if I speak with him."

People's needs were met by staff who had the right skills, competencies and knowledge. The provider had effective systems in place to make sure staff received appropriate training. We looked at training records which showed staff had completed a range of training courses including emergency first aid, food safety, nutrition, moving and handling, health and safety, fire, safeguarding adults and data protection. Most recently care staff attended training in the use of 'Active support plans'. These were being piloted with four people who used the service, the aim was to encourage greater independence, based on enhancing strengths, and an analysis of the tasks people could undertake for themselves. We viewed two 'Active support plans' one supported a person to gain greater independence in toileting and another supported a person to make hot drinks independently. During our inspection we observed the latter in practice. Care staff told us that they found the training very useful and helped them to work more pro-actively with people.

The registered manager showed us a matrix which detailed individual staff and showed their training was up to date. Any refresher training due was highlighted.

We spoke with staff about training. They told us the training they received provided them with the skills and confidence to carry out their roles and responsibilities. One member of staff said, "We get good training and this helps us to work well with the people that are here." Another member of staff said, "We get to do lots of training. I recently did the 'Active support plan training.'" One member of staff who had recently started working at the home talked to us about their induction programme which they were still completing. They said they had been provided with good support, which had included training, an induction workbook and formal supervision. We looked at the initial induction that had been completed with the registered manager.

Staff we spoke with said they were well supported by the management team who were accessible. They mentioned in particular the recently appointed deputy manager who was very supportive. One comment included "He is like a breath of fresh air." Staff told us that they received regular supervisions where they had opportunities to discuss their work. We looked at six staff records which however showed that in 2016 the frequency of supervisions became irregular and this required improvement. For example only two of the six staff records assessed showed that supervisions had been carried out in 2016. The providers' supervision policy states that all staff have a minimum of six supervision sessions these must take place in every 12 month period. Supervision sessions can take place more frequently than this and once every 4-6 weeks is recommended. We discussed this with the registered manager who advised us that due to not having a deputy manager she found it difficult to ensure that all staff received one supervision per month. The frequency of supervisions required improvement to ensure quality of care was not affected.

Staff were confident any decisions made on behalf of the people who used the service were in their best interest. We spoke with members of staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA covers people who can't make some or all decisions

for themselves and DoLS is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interest or for their safety. Staff told us they had received training and were able to discuss the key requirements of the MCA. Training records viewed confirmed this.

All people living at Bradbury Court were able to make independent decisions and had been assessed to have capacity; therefore no DoLS applications were in place.

We observed the lunch in the dining room and saw people were given appropriate support and time to eat their meal. Staff sat with people who needed assistance. The atmosphere was calm and relaxed, and staff worked as a team to help make sure everyone had a good experience.

However the quality of food required improvement. We viewed the menu for the day of our inspection, which consisted of the following :

Breakfast: A trolley that had a selection of cereals.

Lunch: Chicken burgers in a bun or Quorn balls, Jacket potato, side salad, fresh fruit and yoghurt.

Tea: Braised steak or vegetable chilli, mashed potatoes, choice of 2 veg, semolina and jam, yoghurts.

Not all people who used the service we spoke with were positive about the food provided. The registered manager was aware of this and gave all people a blank menu record their choices. She discussed these with the chef and developed a new menu which was implemented in January 2016. The registered manager acknowledged that there were still ongoing difficulties with employing a permanent chef. This was currently covered with an agency chef and the registered manager told us that this had impacted on the consistency of quality of the meals provided. She told us that the recruitment was on-going.

There was a fridge in the dining area, and areas where people who used the service could make their own drinks. We noted there was no semi skimmed milk available which was required for one of the people who used the service. When we spoke with the deputy manager about this, he arranged for a member of staff to purchase the milk required.

We also saw people's individual care records contained good information about how their health needs were being met. Records confirmed that people had health checks with their local GP and support from health care professionals to meet any specialist health care requirements. When people attended healthcare appointments clear records were made; dates for any follow up appointments were documented. Staff told us good systems were in place to monitor people's health and their healthcare needs were well met.

Is the service caring?

Our findings

We observed good interactions between staff and people in the home. Staff spoke kindly and respectfully to people they supported. All the people we spoke with told us they liked the staff. One person told us, "I am satisfied with the arrangements here." Another person told us, "Staff are very good, respond when you need them, they know what they are doing." A relative told us, "If I had a concern about the staff I would say something but I don't have any."

People looked well presented in a clean, well-cared for way. People were dressed with thought for their own individual needs and their hair was nicely styled. People were encouraged to change clothes when these became stained.

In the PIR the provider told us, 'All staff knocks on doors before entering and staff ensure when delivering personal care it is private and in a dignified manner.' During our inspection we observed this practice and people told us that staff "always knock on my door when before they come into my room."

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. Staff were trained in privacy, dignity and respect during their induction. Staff could describe the ways they cared for people, which included specific moving and handling needs for people they supported.

We saw care interventions such as assisting people to the toilet were carried out with sensitivity and respect. We saw one person asked to be taken to the bathroom. A member of staff accompanied them immediately, chatting with them as they left the room.

People were comfortable in their environment. Rooms were decorated to individual taste and people could choose what items to keep there. We observed staff throughout the day knocking on people's doors.

In the PIR the provider told us, 'Care Plans are focussed on the outcome for Residents and they are person centred reflecting Residents' current needs, choices, abilities and preferences.'

Care plans we looked at contained information about people's preferences, interests, social lives and work histories. We saw information was recorded in a way which would assist staff in developing caring relationships with people. People told us that they had been involved in their care plans and we saw in some care plans information documented in the persons hand writing. The service supported people to maintain their cultural identity. For example they purchased specific coffee for one of the people living at Bradbury Court. People told us that they could go to their chosen places of worship if they wish to do so. One person was supported to make social arrangements by using the internet. The registered manager also told us that she discussed the dangers of using dating websites with this person.

People, and their relative where appropriate, had been involved in planning their care and support One relative said "I am involved in [name of person] care. I always let them know if something isn't right or I look

at the care plan to make sure it's right. I have no concerns."

Is the service responsive?

Our findings

People's care and support needs were assessed and plans identified how care should be delivered. The care plans we reviewed contained information that was specific to the person and contained detail about how to provide care and support. There was information that covered areas such as what is important to me, what people like and admire about me and how best to support me. People's care files contained life story information to help staff understand and know their history.

The provider introduced a new electronic care plan format in 2015 and all care plans had been transferred to the new system. Staff told us that they had received training and a quality assurance visit in October 2015 assessed and monitored the new electronic care planning system and found that the new system was working well. We looked at care plans and saw these were person centred and provided good guidance for staff to help them support people with their daily routines.

We noted that people had call bells to alert staff during the night or in case of an emergency. During a recent visit by the local safeguarding team it was highlighted that call bells had not been monitored. During our inspection we viewed records of call bell checks, hoist checks and sling checks. This showed that the service responds to suggestions made by outside professionals.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified. Meetings were held to ensure any changes in care needs and health issues were picked up. We looked at some of the keyworker meeting records which showed relevant discussions had taken place and goals set for the coming month.

People had individual activity schedules and enjoyed a range of person centred activities within the home and the community. People who used the service told us that they met with their key workers weekly to discuss and agree on activities for the coming week. Some people told us that they were 'bored' and not many activities happened at Bradbury Court. Activity records and daily records of people however told us that people were offered various activities. During the day of our inspection we observed dominoes in the morning and a quiz session in the afternoon. Other people played pool and some people went out in the community. We discussed the lack of activity coordinator with the registered manager. The registered manager told us that during the most recent recruitment drive the home was unable to find a suitable candidate. As a result of this the registered manager reviewed the job description to open the post to a wider audience. Recruitment was ongoing.

People had person centred review meetings to help identify what was important to the person in the future. We saw relatives had been included in the review meetings and following the meetings were asked if they were happy with the process and had opportunity to contribute. They were asked if they had ideas about how the process could improve. We spoke with one relative who confirmed the review meetings always covered what was working well and what they could focus on in the future to make sure the person's needs and preferences were being met.

Both relatives we spoke with said they had no concerns about the service. We saw in residents and staff meeting minutes that any complaints were discussed and addressed. There were no open complaints at the time of the inspection. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We saw that staff had discussed the complaints procedure to ensure everyone was familiar with the process. The complaints policy was available in accessible formats and all people were issued with the procedure during their admission. We saw that people used the complaints procedure to raise concerns and have them dealt with.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager dealt with day to day issues within the home and worked alongside staff overseeing the care given and providing support and guidance where needed. We received positive feedback about the registered manager. One person said, "The manager is great." Another person told us "She always listens to me and makes time talking with me. She is nice." A member of staff said, "Any problems at all, we just talk to [name of manager]. She's very good; she listens and will always come and help." The provider demonstrated a good track record of informing the Care Quality Commission of any occurrences we had been notified about.

Quality assurance arrangements ensured people received care and support that was safe and met their individual needs. People who used the service were consulted annually and the most recent annual service user survey from 2015 was generally positive. We saw that the provider responded to issues highlighted in regards to the environment and decoration had commenced. The registered manager told us that a survey had been completed in June 2016, but so far a report had not been drafted by the organisations head office. In addition to annual surveys people who used the service met monthly as a group to discuss topics such building work, activities, menus and complaints. People who used the service also met monthly with their key worker to discuss their care plans and weekly to plan activities for the next week. This ensured people who used the service were consulted and involved in the care regularly and in various formats.

Staff told us they were happy working at the home and said the team worked well together. They said they were encouraged to put forward ideas to help improve the service and suggestions were always well received. They knew what was expected of them and understood their role in ensuring people received the care and support they required. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation.

Staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw recent staff meeting minutes where discussions were held around quality and safety topics. The team had also talked about any learning opportunities to help develop and improve the service.

Records showed the audits and checks were carried out on a regular basis and covered key areas such as cleanliness of the home. Staff told us good systems were in place to make sure everything was done properly. Two members of staff said they felt the service was currently running very smoothly and there was a real positive culture. The registered manager also said this.

Representatives of the provider also carried out audits when they visited the service. Reports were completed and areas for development were identified. Senior managers had looked at areas which included health and safety, care records, finances, maintenance and nutrition. During the last quality assurance visit we saw that the issue of the lack of supervision had been highlighted.