

Bradbury House Limited

Bradbury House

Inspection report

14 Fairway
Bristol
BS4 5DF

Tel: 01179716716

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

Bradbury House is a residential care home providing personal care to nine people at the time of the inspection. The service can support up to 12 people.

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

Right Support

The service supported people to be independent and they had control over their own lives. One person for example was working with staff to gain independence in going to local shops on their own.

People were supported by staff to pursue their interests. We saw one person independently go to the office to request money to buy magazines they enjoyed looking at. At the time of our inspection, people had also had opportunity to buy Mother's Day gifts.

Staff enabled people to access specialist health and social care support in the community. Support was given to people to attend appointments. People had hospital passports in place to summarise important information about their health needs, should they ever require a stay in hospital.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. We observed that people appeared content and settled in the presence of staff. Feedback from families was positive about how staff supported people.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. The inspection was prompted in part due to concerns received about staffing levels and the culture of the service. A decision was made for us to inspect and examine those risks.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bradbury 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. 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

Two Inspectors, and an Expert by Experience carried out the inspection. 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

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

The service did not have a manager registered with the Care Quality Commission. However, a manager had been recruited and they were intending to register with the Care Quality Commission. A registered manager 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 before inspection

Before the inspection we discussed the service with the safeguarding team and received feedback from another health and social care professional. We reviewed all information available to us, including

information of concern, notifications and the PIR. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We made observations of people and how they expressed themselves through their facial expressions and body language. We spoke informally with two people, though didn't ask specific questions about their experiences. We spoke with six members of staff and the manager. We reviewed a range of records. This included four people's care records and medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to five relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People demonstrated they felt safe in the presence of staff. One person talked excitedly about an upcoming event for Mother's Day with the staff member next to them and the manager as they walked through the home. Another person was excited to be going out to buy magazines and was clearly confident about asking the manager for the money to be able to do this. When one person became distressed, demonstrating this through their vocalisation, staff responded in a calm, reassuring and kind way. The person's distressed vocalisation stopped.
- Relatives told us people were safe at Bradbury House. Comments included, "I think he is safe because they always keep me informed of what's going on. The staff are nice and kind whenever I've seen or heard them and most important, he is happy there", and "I think she is safe and well looked after, no reason not to. She is well accommodated there."
- It was clear from support plans and feedback from staff, that physical restraint would only ever be used as a last resort, in a safe and proportionate way. Staff had received training in safe techniques to restrain people but told us they had never needed to use them. Staff knew the individual ways of responding to people to avoid situations escalating to the point of restraint being required. One member of staff for example told us they used humour to support a person when they were becoming anxious. This was an identified strategy in the person's positive behaviour support plan.
- People were protected from avoidable abuse because staff had received training in safeguarding and felt confident in recognising and reporting potential abuse.
- If concerns were raised about the service, the manager and organisation were responsive, investigating the concerns and reporting back to the relevant authority such as CQC or the safeguarding team.

Assessing risk, safety monitoring and management

- People benefitted from a culture of positive risk taking, meaning they had freedom to pursue activities and goals of their choosing. One person for example, was able to go to a local shop independently. There were measures in place to ensure the person could do this safely. Staff were now working on finding a new place for the person to walk to independently and were working hard on finding the safest way for the person to achieve this.
- Records reflected the culture of positive risk taking and outlined the individual ways in which people required support. For example, risk assessments outlined that for one person staff needed to be aware of signs they were ill as this could cause related behaviour when outside the home. This person returned from an outing during the inspection and they appeared distressed. The manager explained they had been poorly the previous day; staff encouraged the person to go to their room and rest and this appeared to settle them.
- People were protected because the manager and staff applied for Deprivation of Liberty Safeguards (DoLS) when required. This is a framework that protects people's rights when they are deprived of their liberty and it

is in their best interests to do so. One DoLS authorisation we viewed had a condition attached to it and it was evident this was being adhered to by the service.

Staffing and recruitment

- There were sufficient staff to meet people's needs and enable them to pursue interests outside of the home.
- Agency staff were used to cover staff absences, however regular agency staff were used whenever possible and people appeared settled with both permanent and agency staff. One person was going out with an agency member of staff and was clearly happy to do so. One relative commented, "They do use agency and staff change but luckily he's eager to welcome everyone and he would let them know if he was not happy." An agency staff member told us they worked at the home on a regular basis and felt like one of the team. It was clear through conversation that they knew people they supported well.
- There were processes in place to ensure recruitment of new staff was safe. This included gathering references and carrying out a disclosure and barring service (DBS) check.

Using medicines safely

- One relative told us, "Never had any issues with his medication. It has been reduced so he only had the one tablet twice a day now."
- Medicines were stored securely in people's individual rooms. People were assessed for their ability to manage their own medicines.
- Administration of medicines was recorded on Medicine Administration Records (MAR) charts. We checked a sample of these and saw they were completed accurately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Overall, the home appeared visually clean and we observed staff regularly cleaning high touch points, however, cleaning schedules contained a significant number of gaps.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors at the home, in line with government guidelines. This was confirmed by relatives who commented, "We still all have to take the Covid tests before we get there or when we arrive, they will do it for you", and "We know there's nowhere like home for him but we see him regularly."
- It was evident the manager was keen to maintain family relationships, telling us they would facilitate trips home when possible.

Learning lessons when things go wrong

- There was a culture of transparency and learning from any incidents that occurred. For example, there was a specialist within the organisation who reviewed all incidents relating to people's behaviour. The manager told us the specialist was coming to the service to talk with them about a particular person and review whether the service could better manage their needs.
- There was a system in place for recording incidents so that the manager had an overview and could

identify any patterns or themes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Families were happy with the support people received. Comments included, "Staff know her very well and fully understand her. We have no problems at all and we fully appreciate what they all do for her", "I think she is safe and well looked after, no reason not to. She is well accommodated there" and "Staff know him very well. They know he likes going to his room. He has a lovely big room with en-suite."
- People benefitted from a culture that was person centred and took into account people's personal preferences, likes and needs. For people who expressed themselves in non-verbal ways, staff understood how they communicated their preferences. One member of staff told us that the person they were keyworker for would push things away to show they weren't interested.
- People were encouraged to be independent and staff explored various ways to achieve this. Staff had tried different ways for one person to be independent with carrying out their laundry, discovering that the person found laundry tablets easier than powder to manage.
- People enjoyed and benefitted from events and trips that met their individual interests. One person who loved cars had been taken to the motor museum.
- People had access to advocacy services. Details of people's advocates were listed in their care files and we heard the manager encouraging one person to talk with their advocate if they needed to.

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; Working in partnership with others.

- There was a culture of honesty within the organisation. In conversation with a family member it was clear they had been informed of an incident involving their relative and had been given full details of what had happened.
- The provider worked with and shared information with agencies such as the local safeguarding team when necessary to ensure people's safety and wellbeing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- Families were aware of the new manager and had opportunity to meet them. One family member commented, "I know the new manager and she's very nice and very energetic."
- There was a system in place to monitor and check the service. For example, audits were completed in relation to health and safety and medicines. These were used to identify any actions necessary. In one audit it had been identified that flooring needed replacing in one room and the manager told us this was in the

process of being done.

- The service had faced some difficulties through the pandemic with changes in the management team and pressures around staffing. However, the new manager had brought new ideas to the service and was committed to making improvements.
- The manager was aware of their regulatory responsibilities, for example sending notifications to CQC when required and informing the local authority if there were any concerns of a safeguarding nature.

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

- One person was being supported to explore their particular cultural needs. This was being carried out in a sensitive way. Staff were respectful if the person declined to participate. The person was being given opportunity to explore activities, food and language associated with their culture.
- Another person had a paid job to help with health and safety checks in the home. We were not able to speak with this person, but the manager told us this role was something they enjoyed.
- We did receive some feedback that families hadn't been as involved in aspects of care planning as much as they would like to be and we fed this back to the manager. However, other family members told us they were happy with communication and their involvement. One relative commented, "They keep us informed of all his health appointments including the dentist, chiropodist and when he's had his vaccinations."