

Abbeyfield Society (The) Bradbury House

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

The inspection took place between 27 October 2017 and 1 November 2017. Our visit to the home on 27 October was unannounced. We arranged to return to the home on 1 November 2017 to look at additional records.

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

Bradbury House is a modern, purpose built home and provides accommodation and personal care for up to 21 people. It is situated in the rural village of Gosforth and is near to all the amenities of the village.

All accommodation is in single, en-suite rooms and the home has a large dining and sitting room and a smaller quiet lounge. The home is owned by the Abbeyfield society, a charity which runs similar homes throughout the country.

At the last inspection of this home in June 2015, the service was rated as good. At this inspection in October and November 2017 we found the service remained good. We judged that the key question, "Is the service responsive" was no longer outstanding. The previous outstanding elements around the provision of activities and care planning were not found at this inspection. Although people told us there were a range of activities provided in the home, some people were not able to enjoy the activities provided due to their health. We also found that, although the care staff knew how to support individuals, the quality of care records varied and some had not been fully completed or reviewed regularly.

Everyone we spoke with told us this was a good home and said people were well cared for. They told us there were enough staff to provide the support people required and the staff treated people in a kind and caring way.

People were safe living in the home. Hazards to people's safety had been identified and managed. The premises and equipment were checked to ensure they were safe for people to use.

Robust systems were used when new staff were recruited to ensure they were suitable to work in the home.

Medicines were handled safely and people were supported to access appropriate health care services to maintain their health.

The staff were trained to provide people's support and ensure their safety.

People's rights were respected. 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

supported this practice.

Where people were not able to agree to aspects of their own care people who knew them well had been included in making decisions in their best interests. We have made a recommendation about improving best interest decision records.

People were provided with meals and drinks they enjoyed. Their visitors were made welcome in the home and people were able to maintain relationships that were important to them.

The staff knew people well and care was planned and provided to meet people's needs. However we found some records had not been fully completed and some had not been reviewed in line with the provider's policy.

The provider had a procedure for responding to complaints. People were confident that any concerns they raised would be looked into and resolved.

The service was well managed. People knew the registered manager and how they could speak to her. People were asked for their views about the service they received. The registered manager set high standards and monitored the service to ensure these were met.

The registered manager was supported by a deputy manager. There were arrangements in place to ensure the effective management of the home.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service is Good.

Is the service well-led?

Good ●

The service remains Good.

Bradbury House

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 checked 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 was a comprehensive inspection.

This inspection took place on 27 October 2017 and 1 November 2017. Our visit to the home on 27 October 2017 was unannounced and was carried out by one adult social care inspector 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. The expert by experience had experience of caring for older people.

Our visit on 27 October 2017 focused on speaking with people who lived in the home, their visitors and the staff employed in the service. The inspector arranged to return to the home on 1 November 2017 to look at records relating to how the home was managed.

There were 21 people living in the home at the time of our inspection. During our inspection we spoke with 14 people who lived in the home and four people who visited the home regularly. We spoke with three members of the care team, three ancillary staff, the registered manager and the deputy manager of the home. We observed care and support in communal areas, spoke to people in private and looked at the care records for six people. We also looked at records that related to how the home was managed. We also spoke with a health care professional who supported people who lived in the home.

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 the information we held about the service, including the information in the PIR, before we visited the home. We also contacted the local authority commissioning and social work teams and local health care services to obtain their views of the service.

Is the service safe?

Our findings

People who lived in Bradbury House told us they felt safe there. They told us there were always staff available if they required assistance and said this helped them to feel safe. One person told us, "I feel very safe here no worries on that score." A relative we spoke with said, "Yes [relative] is safe here I have no worries on that." The healthcare professional we spoke with told us, "I have never seen anything that concerned me here."

All of the staff we spoke with told us people were safe living in the home. They said they had completed a range of training to give them the skills and knowledge to support people in a safe way. They said this included training in using equipment safely, protecting people from the risk of infection and how to identify and report abuse. The staff told us they had never seen or heard anything that made them concerned that anyone was at risk of abuse. They told us they would be confident reporting any issues and knew how to do this.

Hazards to people's safety had been identified and actions taken to reduce and manage risks. We saw that risk assessments were used to support people to maintain their independence while managing risks to their safety.

Everyone we spoke with told us there were enough staff employed in the home. Throughout our inspection we saw that people received the support they required promptly because there were sufficient staff to care for people.

Safe procedures were used when new staff were employed to ensure they were suitable to work in the home. All staff had to provide evidence of their good character and previous conduct in employment and were checked against records held by the Disclosure and Barring Service. This ensured they were not barred from working in a care service. We discussed with the registered manager how the recruitment checks could be improved to gather further information around people's conduct in previous employment.

People told us they received the support they required with managing their medicines. Medicines were handled safely and people received their medicines as their doctors had prescribed. At the time of our inspection there was no one in the home who wished to manage their own medicines. The provider had systems in place to support people to manage their own medicines if they wished to do so.

The premises were safe for people to live and work in. The premises and equipment were well maintained and checks were carried out to ensure they remained safe for people to use.

Equipment was provided to detect and protect people in the event of a fire. Each person had a Personal Emergency Evacuation Plan (PEEP) to guide staff on how to support them if they needed to be evacuated from the home. At the time of our inspection some of the PEEPs needed to be reviewed to reflect changes in the support individuals required. However, when we spoke with the care staff on duty they showed that they knew the support people required. During our inspection the PEEPs were reviewed to ensure the staff had

accurate written guidance on how to support people.

Is the service effective?

Our findings

People who lived at Bradbury House told us they received a high standard of care from staff who were trained and competent to provide their support. One person told us the staff were "brilliant" and another person said, "The staff are wonderful."

All of the staff told us they completed a range of training to give them the skills to provide people's care. One staff member told us, "There's been loads of training." They told us that all new care staff completed training and worked with an experienced member of staff before working on their own. This meant the staff had guidance and support to provide people's care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Throughout our inspection we saw that the staff in the home asked people what support they wanted. The registered manager was aware of her responsibilities under the MCA and how to protect people's rights. Where people were not able to agree to aspects of their care people who knew them well had been included in making decisions in their best interests. We found the records of how decisions had been made in people's best interests could be improved. We recommend that the provider take advice about the making and recording of best interest decisions.

Everyone we spoke with said the meals provided in the home were of a high quality. People told us they enjoyed the meals and could have snacks and drinks whenever they wanted. There was a small kitchen on the first floor of the home and we saw that some people liked to use the kitchen to make their own drinks as they wanted. Fresh fruit was available around the home for people to take as they wished. One person told us they liked having the fruit available to have as they wanted.

People told us they received support from a range of health care services. The records we looked at showed that people were supported by the local GPs, community nursing teams and specialist services, as they required.

The health care professional we spoke with told us people who lived at Bradbury House received the same routine health checks as provided to people in the community. They also told us that the staff in the home identified promptly if people required medical support and acted on any advice they gave. People were

supported to access appropriate health care services to maintain good health.

Is the service caring?

Our findings

Everyone we spoke with told us people were cared for in the home. One person who lived in the home said, "I'm pleased I came here, I like it here. The staff treat me well." A relative who visited the home regularly told us, "The staff are great. They look after [relative] well." The health care professional we spoke with said, "I'm very happy with how people are cared for here."

People told us the staff who worked in the home were all "kind" and "caring".

All of the staff we spoke with told us people were well cared for. One staff member said, "I'm really able to provide good care." Another told us, "We try to make people happy."

We observed staff assisting people in a communal area of the home. People were called by the name they preferred and were treated in a caring, respectful and friendly way. We saw that the staff knew the names people wished to be addressed by and used these consistently. The staff were patient and gave each person support in a calm and unhurried way.

The staff identified if people felt unwell or anxious and promptly responded to support or reassure them. We saw one person in a communal area showed they felt anxious. A staff member approached them and spoke to them calmly and quietly and gave them reassurance until their mood settled.

People were asked for their views about their support and included in all decisions about their care and lives in the home.

People told us, and we saw, that the staff respected people's privacy. Throughout our inspection we saw the staff knocked on doors to private areas before entering. People who spoke with us told us the staff "always" knocked on their bedroom doors before entering their rooms. One person said, "They [staff] tap on my door before they come in, they are very respectful."

People were supported to maintain their independence. They were given time to carry out tasks themselves and the staff gave people guidance and advice to assist them as they required. One person told us it was important for them to maintain their independence. They said, "I try to be as independent as possible but staff help me if I need it or ask for it."

The registered manager of the home knew about local advocacy services that could be contacted if people required support to share their views about the service they received. Advocates are people who are independent of the organisation who can support people to make important decisions about their lives and to share their views.

Is the service responsive?

Our findings

People told us they received the support they needed and had been included in agreeing to the care they received. They told us they made decisions about their lives and said the service was responsive to their needs and wishes.

At our last inspection of the home in June 2015 we assessed that the quality rating for this key question was "outstanding". This was because people had been provided with a wide range of activities and care assessment and planning were person centred, detailed and constantly under review. At this inspection in October and November 2017 we received varied feedback about the activities provided. We also found that, although people received the care they needed, the quality of care records varied. Some of the records we looked at had not been fully completed and some records had not been reviewed regularly. At this inspection we judged the rating for the key question "Is the service responsive" to be good.

People who lived in the home told us there were a variety of activities that they could take part in. We asked one person what activities were provided and they said, "There are lots". Another person told us they enjoyed going out for two or three walks each day. However, relatives we spoke with told us that, as people's care needs increased, they were not able to take part in some of the activities provided. One relative told us, "They [staff] could do a bit more interactive things with [family member], but as the client group has got older and more frail they don't do as much". Another relative told us their family member used to take part in a wide range of activities but was now limited in the activities they could enjoy due to changes in their needs. A person who lived in the home also told us that the process used to inform people of planned activities could be improved and said, "They could put notices up about things a bit earlier and place them in better places so more people can see them."

Each person who lived in the home had a care plan that contained information for staff about how to support them. The staff we spoke with told us the care plans gave them good information about how to provide individuals' care.

We looked at the care records for six people. We found that the quality of the care plans varied. Some of the care plans were detailed and covered all aspects of the person's care. Other care plans had areas that had not been completed. This meant there was no written guidance for staff on how to provide these aspects of the person's care. We also found that some information in the care plans had not been reviewed regularly and some records were not dated. This meant we could not be sure the records were current and accurately reflected people's needs. However, everyone we spoke with told us they staff knew the care they required and provided this as they wanted. We discussed the issues we found with the records with the registered manager of the home. They arranged for the records to be reviewed to ensure they gave detailed guidance for the staff.

People told us they made choices about their lives in the home. They told us they chose what time they got up and if they wanted to have their breakfast in their room or in the dining room. One person said, "I can have a lie in if I like but I come down for breakfast." Another person told us the staff brought them a cup of

tea in the morning and then they enjoyed their breakfast in their room before they got up. This showed that the service was responsive to people's preferences.

Throughout our inspection we saw that visitors were made welcome in the home. People told us their friends and families could visit as they wanted. This was confirmed by the visitors we spoke with. People were able to maintain relationships that were important to them.

The registered provider had a procedure for receiving and responding to complaints about the service. People we spoke with told us they had never needed to make a formal complaint. They told us if they had any concerns they would speak to the registered manager. People said they were confident the registered manager would take action to resolve and issues they raised. One person told us, "If I had to complain I would go into the office, but I have never heard anyone have a bad word about the place."

Is the service well-led?

Our findings

Everyone we spoke with told us this was a good home and said people who lived here received a high quality service. One person who lived in the home told us, "I definitely like it here" and said, "It's lovely here." Another person said, "It's my home. I like it here, it's lovely they look after me well." A relative we spoke with told us they "couldn't recommend it [Bradbury House] more".

People told us they knew the registered manager and we received many positive comments about how she managed the service. One person told us, "[The registered manager] is very good." A visitor we spoke with said, "[The registered manager] is a great lass". Another visitor told us, "[The registered manager] has a good handle on things."

People commented positively about the atmosphere in the home. They told us the atmosphere was "homely" and one person said, "It's a nice home, it's not just a place where you live."

All of the staff we spoke with told us they felt well supported by the senior staff in the home and by the registered manager. They told us the registered manager set high standards and monitored the service to ensure these were achieved.

People told us they were asked for their views about the service in formal and informal ways. They said the registered manager made herself available in the home for them to speak with informally if they wished. One person told us, "[The registered manager] comes round and talks to us." Another person said the registered manager "will listen and we can talk to her".

The registered manager held meetings where people who lived in the home and their relatives were asked for their views about the service. A representative of people who lived in the home also attended meetings held for volunteers and other people who supported the home to share the views of people who lived there.

We saw records of the meetings that had been held with people who lived at Bradbury House. These showed that people were asked for their views about the meals and activities provided.

In August to October 2016 people who lived in the home had been asked to take part in the "Your Care Rating" survey. "Your Care Rating" is an independent survey of care home residents carried out by an independent market research company. People who live in care homes can share their views anonymously with the independent company and the results for each home are gathered and available on the "Your Care Rating" website. This meant people who lived at Bradbury House had been able to share their views with an organisation independent of the home. We saw that the satisfaction results for Bradbury House were higher than the average reported through the survey.

The registered manager was supported by a deputy manager. There were appropriate arrangements in place to ensure the effective management of the service.

The registered manager and deputy manager carried out checks on the service to monitor the quality. We discussed with the registered manager how these could be improved to identify issues we found during the inspection.

Providers of health and social care services are required to inform the Care Quality Commission of significant events that happen such as serious injuries and allegations of abuse. The registered manager had ensured notifications of significant events had been sent to us as required. This meant we could check that appropriate actions had been taken.