Broadham Care Limited

Bradfield 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

Bradfield House is a residential 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. The home is registered for up to 10 people living with a learning disability, complex needs and autism.

At this inspection on 28 November 2018, there were 10 people living at the home. There were both young men and women living at the home. Accommodation is provided over two floors and people have their own rooms and en-suite bathrooms. People had access to two communal lounges, a dining area and garden.

The home had a registered manager. 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.

The care service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The home remained safe. A relative told us, "My son is completely safe, when he visits us he is always happy to go back to the home, we know he must feel safe and content or he wouldn't want to be there." Systems and processes were in place to safeguard people from abuse. Accidents and incidents continued to be recorded and analysed and action taken to improve and learn when issues were identified. Medicines management remained safe. The home was clean and people were protected from infection control risks.

People's needs and choices continued to be assessed before they moved into the home and regularly thereafter. Staff had the skills and knowledge to deliver effective care and support and received a range of training opportunities. People were asked consent before being supported. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People continued to be supported to maintain a balanced diet and had access to healthcare professionals when needed. People's needs were met by the design and adaptation of the building. People could move freely around the communal areas and the garden which were secure.

People continued to be treated with kindness and respect. A relative told us, "The staff are so very caring and know our son so well." People were supported to be as independent and active as possible. People continued to be involved in decisions about their care and given support to express their views. Staff remained respectful of people's privacy and people's dignity was maintained.

People continued to receive care that was personalised and responsive to their needs. People were at the centre of care planning and fully involved in the process. People had access to a variety of activities that met their interests. There was a robust complaints policy in place.

Management of the home was robust and the culture was positive. A relative told us, "The home is very well managed, the manager is great and always on top of everything." There was a relaxed and friendly atmosphere within the home. Systems and processes were in place to assess, monitor and improve the quality of the service being delivered. Staff worked in partnership with other organisations to ensure people's needs were met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The home remains good.	**Good**
Is the service effective? The home remains good.	**Good**
Is the service caring? The home remains good.	**Good**
Is the service responsive? The home remains good.	**Good**
Is the service well-led? The home remains good.	**Good**

Bradfield 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 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.

The inspection was a comprehensive inspection which took place on 28 November 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day. We needed to be sure that they would be available to talk with us.

The inspection was carried out by one inspector. We spoke to the registered manager, three members of staff, the compliance director, four relatives and two people who live at the home. We completed observations in communal areas, due to the nature of people's needs, we were not able to ask everyone direct questions, but we did observe people as they engaged with their day-to-day tasks and activities. 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.

We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We reviewed records including; accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two records relating to staffing.

Before the inspection, we reviewed information relating to the home including correspondence from people, professionals, and notifications sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We also used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

After the inspection we spoke with a social care professional to gain their views of the service.

Good

Is the service safe?

Our findings

People remained safe. A relative told us, "He is very safe, his needs are all risk assessed to keep him safe without restricting him. We are very pleased with how his safety is maintained by the staff." Another relative said, "My son is completely safe, when he visits us he is always happy to go back to the home, we know he must feel safe and content or he wouldn't want to be there."

Staff continued to have a good understanding of safeguarding and potential signs of abuse. There were systems and process in place to keep people safe. We saw records that concerns had been referred to the local authority and the Care Quality Commission, in line with the provider's policy. A member of staff told us, "I feel confident in raising safeguarding concerns and know they would be taken seriously by my manager."

Risks to people continued to be assessed and mitigated. Staff had a flexible approach to positive risk management which ensured good outcomes for people. For example, one person enjoyed using a scooter but was not aware of road safety. Staff assessed this risk and took the person to places where they could safely use their scooter such as the park. Another person liked to be involved in preparing food but was at risk of burning themselves by touching hot surfaces. Staff supported them in the kitchen to maintain their safety. This positive approach to risk management allowed people to engage in activities they enjoyed in a safe way whilst maintaining their independence.

Medicines management continued to be safe. Staff who administered medicines were trained and had regular competency checks. We found that medicines administration records (MAR) included a photo of the person and information about any allergies which supported their medicines to be administered safely. Protocols were in place for medicines that were prescribed on an 'as needed' basis, these were individualised and gave staff effective guidance about each medicine. One person received specialist medicines for their epilepsy, a member of staff was very knowledgeable about the person's condition, their medicines and how to administer them.

There were sufficient numbers of staff to meet people's needs. The registered manager told us they were using agency staff whilst they were recruiting new staff. They used the same agency staff to ensure continuity of care for people. Recruitment procedures remained robust and ensured staff were suitable and safe to support people before they started work at the home.

Lessons were learned when things went wrong and accidents and incidents continued to be managed safely. Incident reports were analysed to reduce the risk of a similar incident happening again. For example; one person experienced falls as part of their epilepsy. Staff have monitored the person's falls and put in place measures to reduce the risks relating to falling. Staff conduct regular checks when the person is in their room alone and support the person to have a bath to maintain their safety.

The home remained clean and tidy. Staff had training in infection control and had access to personal protective equipment (PPE) and cleaning products.

Good

Is the service effective?

Our findings

People's needs continued to be assessed regularly. Care plans showed people had initial assessments to ensure their needs could be met at the home. Protected characteristics under the Equality Act (2010), such as disability and religion were considered as part of this process. This demonstrated that people's diversity was included in the assessment process.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of MCA and had received training in this area. People could make day to day choices and staff adapted their approach to enable this. A relative told us, "He is able to make choices and is encouraged to make his own choices by staff. Staff never look for the easiest route, they always want to encourage him and give him a sense of control." People were asked for their consent before being supported. For example; we observed a person being asked if they wanted to take their medicines before going to the medicines room.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People at the home were subject to a range of restrictions due to the complex nature of their needs. The management team and staff continued to have a good understanding of DoLS. The registered manager had made appropriate DoLS applications to the local authority. These applications were detailed and decision specific to ensure outcomes for people were met in the least restrictive way.

Staff continued to have skills and knowledge to deliver effective care and support. Staff received a range of training opportunities including learning disability awareness and autism. This provided staff with knowledge to effectively support people's specific needs. Staff were positive about the training they received. A member of staff told us, "The way training is delivered and refreshed keeps your knowledge up to date. We had seizure and epilepsy training which has made me more confident in supporting people". Staff had regular access to supervision. A member of staff told us, "They have a personal approach and the conversation addresses areas to be improved and you are praised for what you do well."

People were supported to maintain a balanced diet. A staff member told us that menus were based on what people liked and people could choose what they wanted to eat, we observed this in practice. At lunchtime, there was a relaxed and friendly atmosphere. People were supported to eat together and enjoyed a sociable experience. Staff were aware of people's dietary requirements and these were catered for. One person was gluten intolerant, there was clear guidance relating to this in the person's care plan and staff provided them with gluten free alternatives.

Staff continued to work well within their team to meet people's needs. We saw staff interact in a professional

way with each other throughout the inspection. A member of staff told us, "We work well as a team, we are positive and support each other".

People continued to be supported to access healthcare services as and when needed. One person had developed a skin condition and staff supported them to have this treated in a timely way. Their relative told us, "His health needs are always met and I am kept informed of this. He has had a skin problem, staff supported him with GP appointments and a dermatology referral and gave him treatment which has greatly improved his skin."

People continued to be supported to lead healthy lifestyles. For example, one person was advised to lose weight. Staff worked with healthcare professionals and supported the person with exercise and a healthier diet. This had resulted them in losing weight and being more active. Their relative told us, "He had septic arthritis as a child which had caused him discomfort. He put on a lot of weight, staff supported him to lose weight and now he is walking more and achieving so much, like horse riding."

People's needs were met by the design and adaptation of the building. People could move freely around the communal areas and garden which were secure. People could personalise their rooms to reflect their interests and personality.

Good

Is the service caring?

Our findings

People continued to receive kind and compassionate care. One person told us they liked living at the home because the staff were "happy and nice." A relative told us, "It is evident that all of the staff are so caring, we visit the home regularly and I have never seen a member of staff not be compassionate to people." Another relative said, "The staff are so very caring and know our son so well." We observed positive interactions between people and staff, staff knew people well and had built trusting relationships. Staff spoke confidently about people's needs and interests. A relative told us, of their son's key worker, "She knows him so well, and we value and listen to her opinions as she knows him better than I do due to the amount of time she spends with him. She clearly understands and supports his needs."

Staff had a visible person-centred approach to supporting people to maintain their independence. For example, one person wanted to be actively involved in household tasks, their care plan stated they liked to help with laundry. Staff supported the person to be involved with this. The person showed us the laundry room and was keen to tell us how they helped with this task. Another person was assessed as being able to complete certain aspects of their personal care. Guidance was provided to staff to support their independence and their care records reflected that this was followed by staff.

Staff respected people's human rights, equality and diversity. Staff gave us examples of how they supported people's diverse needs including those related to disability and sexual needs. For example, people were offered time alone in the privacy of their room when they needed this. We also observed how staff showed people emotional support, whilst maintaining a sense of professionalism; these interactions helped to give people a sense of wellbeing and security. Another person experienced anxiety and liked to be with staff. The person spent time in the office as this helped them to feel secure. Staff ensured the person could move freely in and out of the office as there was an open-door policy.

People's privacy and dignity were respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff understood the importance of confidentiality and did not discuss personal information about people. People's care plans were stored in a lockable room which supported their information to remain confidential.

People and their relatives, where appropriate, continued to be involved in decisions about their care and were given support to express their views. A relative told us, "I am always involved in her care. They always listen to my opinions and take my suggestions on board." We saw that people had regular meetings with their key worker who supported them to get the most from living at the home. Key worker meetings were tailored to meet people's communication needs. For example, one person required the meeting in a pictorial format to aid their understanding, records of the reviews reflected this had happened.

People continued to have access to information in a format which reduced barriers to communication. Staff had a good understanding of how people communicated and expressed themselves. For example, one person's communication plan said that they can become tearful and apologise when it is not necessary. To support their communication staff were guided to give reassurance, speak clearly and redirect the person to

a new activity. We observed how staff managed this effectively in practice.

People's cultural and religious needs continued to be met in a proactive way. For example, it was very important to one person to attend church. Staff supported them to attend their local church regularly and supported their interest in being in the Salvation Army band by taking them to weekly practice which they enjoyed.

People were proactively supported to maintain relationships with people who were important to them. Staff supported people's family relationships and promoted people's right to maintain and develop these. We saw photographs of people's friends and families in the home, this added to the homely environment people lived in. A relative told us, "They really support friendships and all the people in the home get on really well."

Good

Is the service responsive?

Our findings

People continued to experience a responsive service where staff ensured people's needs and wishes were at the centre of their care. A relative told us, "They are a responsive team and act very quickly, almost immediately to any requests made and always follow through on what they say." Care remained personalised to meet the needs of individuals. Care plans were detailed, setting out guidance to staff on how to support people in the way they wanted and we observed staff to use this guidance effectively. People's care plans were reviewed regularly and as and when people's needs changed. This ensured staff had access to accurate guidance to meet people's needs.

People were supported to live as full a life as possible. A relative told us, "Her life has definitely improved by living at Bradfield, she is more her own person and gets to do so much more than she would at home. Her horizons have been broadened by living there." Staff ensured people had positive experiences and offered them opportunities to experience new things. For example, one person had an interest in starting yoga. Staff initially supported the person at the home and then to find a local yoga group. A member of staff supported them in the group at first and now they wait outside for them. This has helped to develop the person's sense of independence and pride at learning a new skill.

People had access to a wide variety of activities. A relative told us, "She has such good access to activities, swimming and horse riding are her favourite things to do and I know she does those regularly." Staff identified that activities were an integral part of people's lives and were led by people's choices. For example, Staff knew that one person enjoyed ice skating so in the winter months they supported them to attend a local ice rink. They further supported the person to develop their skills by introducing them to roller blading. Another person had a keen interest in puzzles, we observed staff supporting them to complete a puzzle which they enjoyed doing. People were supported to be active in their community with all people at the home recently completing a local charity walk.

People continued to be given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they could understand. For example, one person used social stories to help them to understand appointments they were attending. Social stories are individualised short stories that support people to understand information in a personalised way. Presenting the information in this way eased their anxiety about going to appointments.

The registered manager had considered the use of assistive technologies to improve people's experiences. People had access to electronic tablets. One person used this to watch cartoons which reduced their anxiety. We observed staff to put on their favourite cartoon when they became upset and this helped to calm their mood. Two people wished to have their rooms locked when they were not in them. The registered manager had implemented an electronic key (fob) so they could have free access to their rooms in an easy way.

End of life care was considered by staff and people's wishes at the end of their life were recorded in their

care plans, if they wished to discuss them. The registered manager had plans to train staff to support people in understanding their thoughts and emotions around grief.

There were accessible systems in place to deal with concerns and complaints. The provider had their complaints policy in a video format which a person at the home had narrated to aid people's ability to make a complaint, should they need to. A relative told us, "I know how to make a complaint and would feel completely comfortable to raise concerns but I have honestly never had to."

Good

Is the service well-led?

Our findings

The home continued to be well-led. A relative told us, "The home is very well managed, the manager is great and always on top of everything." Another relative said, "The home is excellently managed."

People, staff and relatives remained engaged and involved in the service provided. The provider had implemented a variety of ways to involve people in the running of the home and the organisation. For example, people at the home were nominated to support staff with certain checks around the home such as being a fire warden. A client council had been developed where a nominated individual living at each of the provider's homes came together to discuss how the organisation is developing and to be involved in decisions about the future. Minutes from these meetings were available in audio format for people at the home to listen to. This approach ensured people were actively involved in the running of their home. People and their relatives also took part in yearly surveys. Responses to the 2018 survey were wholly positive and all responses considered people to be happy and safe living at the home. We saw that staff were empowered to make decisions and staff meetings allowed them an opportunity to discuss any issues and suggest ideas to change ways of working. A member of staff told us, "I feel very supported. The management team support us all. We can tell the manager suggestions and ideas and she acts on them. She really listens."

The home had a registered manager. Management of the home continued to be robust and the registered manager understood the regulatory responsibilities of their role. Relatives, people and staff were complimentary of the registered manager. A relative told us, "I have the upmost respect for the manager and her leadership. You can tell that the people and staff are her focus and she wants to do everything she can to improve their lives." We observed the registered manager to have a good rapport with people living at the home and people were comfortable and happy in their presence. The registered manager was complimentary of the support they received from the provider and said they had regular opportunity to meet with other home managers to share best practice.

The culture of the home remained positive and enabled people to live how they wanted to. The registered manager told us, 'choice' and 'respect' were part of the home's core values and we observed these to be embedded in staff practice. All the relatives we spoke with said there was a family feel at the home. One relative said, "The biggest impact for our son is the family ethos of the home. He truly feels part of the home and so do us parents. We are invited in for parties and gatherings and we call it 'the Bradfield family' the people, staff and relatives. We are an extended family."

Systems and processes continued to assess, monitor and improve the quality of the care people received. These included regular checks of different aspects of the services provided including; cleanliness and health and safety. Any issues identified were documented, action taken and lessons learned. For example, the compliance director visited the home regularly and identified that one person's care plan hadn't been updated with guidance from the dietician. This was acted upon immediately and guidance updated for staff. The registered manager told us they worked shifts alongside staff which allowed them to undertake additional checks of the quality of care people received. We saw the manager to be accessible to staff and people throughout the inspection. The provider had implemented a 'quality checker' programme which

involved people living at the provider's homes going to another home to check the quality of a certain aspect of that home. This provided the person with a sense of pride and responsibility and allowed people to improve the care they received.

Staff continued to work in partnership with other organisations. We saw that staff and the registered manager had developed relationships with a variety of healthcare professionals to meet people's needs. For example, one person had lost weight. Staff worked with health care professionals and implemented the guidance from dieticians. This resulted in the person's weight increasing.