Leonard Cheshire Disability

Bradbury House - Care Home with Nursing Physical Disabilities

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 22 March 2017 and was unannounced. This meant the registered provider did not know we were inspecting the home at that time.

We last inspected the service in March 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Bradbury House provides accommodation with personal and nursing care for up to 25 people. The home also provides for children in transition services (young people to adults.) Two of the places are used to provide a respite care service for people who wish to live at the home for short periods of time. The home specialises in the care of those who have a physical disability and require nursing care.

On the day of our inspection there were a total of twenty four people using the service.

Bradbury House was designed specifically to meet the needs of people with physical and neurological conditions. Further adaptations were taking place at the time of our inspection to ensure the building continued to meet the needs of people living there. The home is set in its own fully accessible garden, in a residential area near to town centre shops and local facilities and public transport routes.

There was a new registered manager in place who had been appointed since the last inspection in 2015. 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.

All the care records we looked at showed people's needs were assessed before they moved into the home and we saw care plans were written in a person centred way.

There were sufficient numbers of staff on duty in order to meet the nursing and care needs of people using the service; and ensure they had an active and meaningful lifestyle. The registered provider had an effective recruitment and selection procedure in place and carried out robust checks when they employed staff to make sure they were suitable to work with vulnerable people.

There were robust procedures in place to make sure people were protected from abuse and staff had received training about the actions they must take if they saw or suspected that abuse was taking place.

We saw the home had in place personal emergency evacuation plans displayed close to the main entrance and accessible to emergency rescue services if needed.

We found there were cleaning schedules in place to ensure the home remained a pleasant and attractive

place to live and to prevent the spread of infection.

People's nutritional needs were assessed and plans of care drawn up if they were at risk of malnutrition or choking. The cook demonstrated an extensive knowledge of people's likes and dislikes and prepared a wide selection of wholesome and popular meals to cater for people's tastes.

Staff were extremely caring in their approach and had developed good relationships with people and their families. They respected people's privacy and dignity and supported them to live as independently as possible. People and their representatives received information about the service and were involved in decisions about their care.

The registered provider successfully supported a small number of younger persons (aged 16-17) at this home. They had taken into consideration all legal requirements needed to ensure the safety of young people and their legal status, consent and rights were protected, and had liaised with children's services to ensure they were meeting the needs of young people.

People who used the service, and family members, were complimentary about the standard of care provided. They told us the staff were friendly and helpful. We saw staff treated people with dignity, compassion and respect and people were encouraged to remain as independent as possible and for some, retain or regain skills to promote their independence and well-being.

The home supported people to have interesting lives. They produced an activities newsletter each month which reported on past and upcoming events. Activities were regular and frequent with emphasis placed on active and inclusive lifestyles.

People's healthcare needs were closely monitored by highly trained and diligent nursing and care staff. This ensures that any changes in a person's condition was monitored and discussed so that interventions, when required could take place quickly. In this way the service ensured peoples lifelong conditions were maintained and their good health was promoted. People were supported with health checks, from hospital and community specialists.

We saw the registered provider had a complaints policy in place and this was clearly displayed for people to see.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources including people who used the service and their family and friends. The registered provider's organisation collected this information and provided additional oversight and monitoring of the home. The staff and registered manager reflected on the work they had done to meet peoples' needs so they could see if there was any better ways of working.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS). 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.

The registered manager and provider made regular checks to make sure the service was running as expected and took action where improvements were needed.

The registered provider was meeting the conditions of their registration. They were submitting notifications

in line with legal requirements. They were displaying their previous CQC performance ratings at the service and on their website.

Further information is in the detailed findings below.

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 service remains good.	**Good** ●
Is the service effective? The service remains good.	**Good** ●
Is the service caring? The service remains outstanding.	**Outstanding** ☆
Is the service responsive? The service remains good.	**Good** ●
Is the service well-led? The service remains good.	**Good** ●

Bradbury House - Care Home with Nursing Physical Disabilities

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 registered 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 took place on 22 March 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection, for example, people who wished to compliment or had information that they thought would be useful about the service.

As part of our background checks we obtained information from a Strategic Commissioning Manager and Commissioning Services Manager from Durham County Council, a Commissioning Manager and an Adult Safeguarding Lead Officer from Durham and Darlington Clinical Commissioning Group, a Safeguarding Practice Officer and Safeguarding Lead Officer of Durham County Council, and a Lead Infection Control Nurse.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Two Adult Social Care inspectors and an inspection manager inspected the home. We spoke with eight people who lived at Bradbury House and eight visitors. We did this to gain their views of the service provided. We also spoke with five care staff, two nurses, the deputy manager / lead nurse, two volunteers and the registered manager. We also spoke with the day services co-ordinator, laundry and catering staff.

We carried out observations of care practices in communal areas of the home.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during the day. We also undertook general observations of practices within the home and we also reviewed relevant records. We looked at six people's care records, staff recruitment and training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), treatment rooms, the bathrooms and the communal areas.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. People told us, "They like to make sure you're safe but don't want to hold you back - as a courtesy I let them know where I'm at and what time I'll be back," and "Everyone here wants to make sure you are alright – even the other people who live here, there is always someone to turn to." One relative told us, "They checked everything to start off with to make sure my (relative) is safe. They monitor (their) physical condition and any little thing that might seem insignificant, is always checked out with the nurses or the doctor or hospital: They are very thorough to say the least."

Staff said they promoted safety because they, "Followed risk assessments", "Protected people from abuse" "Used the correct equipment for the task" and they 'Attended training which gives the skills to carry out our work safely."

There were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, sluice areas, lounges and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control and there were measures in place to ensure that the home was properly maintained. These were overseen by the registered manager and senior manager and the providers head office staff. The service was also subject to inspections by NHS Infection control nurses who confirmed the home was meeting their expected standards for infection control.

Through our observations and discussions with the registered manager, nurses and care staff we found there were enough personnel with the right experience, skills, knowledge and training to meet the needs of the people living at Bradbury House. The registered manager showed us the staff rotas and explained how staff were allocated for each shift depending on people's needs, requirements, commitments and lifestyles. The registered manager ensured there was sufficient staff cover so that people could be supported for hospital and other appointments, activities, visits and lifestyle interests. The registered manager showed us how she had surveyed the demand for staff over 24 hours and found peak periods where staff were required. Consequently staffing was increased at these times so that people living at the home did not have to wait for staff to respond to their needs. We saw other examples of where additional staff were brought in where people were using the home for a short stay and some people who had 'one to one' allocated staff. This demonstrated that sufficient staff were on duty across the day to keep people using the service safe. We noted that overall these staffing levels had been maintained over preceding weeks. All of the people we spoke with told us that staff responded quickly to verbal or call bell requests. The home also had a thriving volunteer group who offered their time to provide additional support for people at the home.

Staff said their work helped people remain safe because they monitored people's health and care needs and they had undertaken safeguarding training (adults and children) to help them recognise and respond if they suspected or witnessed abuse. The home's Service User Guide informed people about their rights to be protected from harm and abuse. Clear information was given including what the service did to keep people safe, protect them from abuse, and how any allegations received would be responded to. New staff were given training in the importance of safeguarding and whistleblowing (exposing poor practice) as part of their initial induction. All staff had recently undertaken further training in safeguarding children provided by

specialist trainers following the registered provider's decision to admit young people (under the age of 18) to the home. We asked three staff members what they would do if they suspected abuse was taking place. They were all able to tell us the right action to take. This included reporting to the registered manager and the local safeguarding authority.

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at six people's care plans. Each had an assessment of people's care needs which included risk assessments. Risk assessments included areas such as pressure care, nutrition and mobility / falls. Risks to people's safety were carefully assessed. For example, the risk of falls was assessed by looking at the person's history of falls, medical conditions, footwear, mobility aids used and balance. Risk assessments were used to identify what action staff needed to take to reduce risks whilst supporting people to be independent, and still take part in their daily routines and activities inside and where possible, outside the home. For example, some people took part in independent visits or those organised by the home to support access to local shops, theatres, museums and shopping centres.

We found the home had a system for reporting and following up on accidents and incidents which occurred. Details were recorded, as were any injuries sustained and, where necessary, an assessment of the subsequent degree of risk to the person was completed. Reports were also flagged up to the service's senior manager and quality team for further review and analysis.

The registered provider had guidance in each individual care plan on how to respond to emergencies such as a fire or flood damage. This ensured that staff understood how people who used the service would respond to an emergency and what support each person required. We saw records that confirmed staff had received training in fire safety and in first aid.

We looked at four staff recruitment files in detail. We saw that each of these had a full record of the recruitment process. We saw potential staff had completed an application form where they were asked about their previous employment history and the reasons for any gaps in their employment. This meant the registered provider could see what experience applicants had before their interview. We saw an interview was held with each person and included people who lived at Bradbury House so their opinions and views could be represented. The registered provider maintained a record of the interview. We saw interviews were thorough and people were asked questions relevant to their specific role. This meant the registered provider ensured that staff had the right skills and knowledge and were physically and mentally fit before they were offered employment at the home.

We saw in all four staff files the registered provider had sought two references for each person employed and made sure one of these was from the last place the person had worked. We also saw the registered provider had obtained a Disclosure and Barring Services (DBS) check for each person before they took up their position at the home. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. This meant people who used services were protected by people of good character employed by the registered provider.

Volunteers were recruited from a variety of sources. Checks were also carried out on the volunteers to ensure they were suitable to work in the service.

We looked at how medicines were administered at the home. We found that each person had a locked medicines storage cabinet and, when required, they were assisted to take medication by trained staff. We saw there was refrigerated storage where medicines needed to be stored within the 2-6 degrees guidelines.

We saw there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, including covert medicines, homely remedies, and 'as and when required' medication protocols. These were readily available within the Medication Administration Record (MAR) folder so staff could refer to them when required. Each person receiving medicines had a photograph and identification sheet, which also included information in relation to allergies, and preferred method of administration. Any refusal of medicines or spillage was recorded on the back of the MAR. All medicines for return to the pharmacy were recorded and stored in appropriate containers. These were collected by contractors on a regular basis who signed these on receipt. We saw records which showed medication audits were carried out routinely and any issues or lessons learned shared with staff and the registered manager.

The application of prescribed topical medicines was clearly recorded on a body map, showing the area affected and the type of topical medicine prescribed. Records were signed appropriately indicating the topical medicines had been applied at the correct times. The nurse in charge of medication told us that where people required medicines to be administered covertly; there was clear evidence of a multi-disciplinary rationale for this, involving their doctor or consultant, as well as a pharmacist. A Mental Capacity Act (MCA) decision making process would also be undertaken to make sure decisions were taken in their best interests. Guidance was available to staff on how people should receive their medicines covertly.

We observed the administration of medicines (with peoples permission), and this was undertaken by designated staff in a safe and competent way. The MAR sheets were checked for accuracy and we found no of errors or omissions which showed that medication administration at the home was effective and accurate and ensured that people received the correct medication at the right time. Staff also had up to date access to medicines reference publications such as BNF (British National Formulary) to support the appropriate use at the home.

Good

Is the service effective?

Our findings

People told us they felt their needs were met by staff who knew what they are doing and were very competent. People's comments included, "You can't fault the staff, they're a clever and switched on bunch of people"; "I know I can rely on them and they'll know what to do when I can't manage on my own"; "They're interested in my welfare and know all about my condition" and " I can rely on their skills and expertise."

Relatives said, "The care here is simply excellent, there isn't anything that they can't do and they have a suggestion for everything long before I've even thought about it." Other relative said, "I've been coming here for the past 10 years and they've always done their best making sure (their relative) is supported and happy." And "They have excellent training and expertise in supporting people with physical disabilities – I couldn't recommend them highly enough."

Staff told us they were effective because they, "Get to know our service users using person centred planning," "Treat everyone as an individual" and "Care treatment and support achieves good outcomes to maintain quality of life." We also noted volunteers were recruited due to their different skill levels which complemented those of the staff and meant people using the service benefitted from having volunteers linked with the home.

People were supported to have a diet of their choice. Staff told us menus were based on people's preferences. One relative told us, "The meals are very good, they cater for all age groups because people have different expectations." Another relative said, "There is always plenty of choice and people also 'eat out' if they're on an excursion." We talked with the assistant cook who demonstrated that the catering staff had an extensive knowledge of people's likes and dislikes. She told us that if people didn't want what was on the menu then there were always several alternatives available. She said people were regularly asked what they thought of the menu and any new meals they would like to eat. She showed us records about several people's meal preferences and was knowledgeable about how these were presented and preferred portion size. We saw that where people had a medical condition or specific dietary need or preference then these were all catered for at the home. One person living at the home told us, "They try to make sure the food is interesting and we have different meals for a change." Another person said, "It's good homemade cooking and I like it." There were also pictures and photographs which staff used to help people decide their food choices and menus.

People who were at risk of losing weight had regular assessments using a recognised screening tool. We saw that Malnutrition Universal Screening Tool (MUST) used to monitor whether people's weight was within healthy ranges and were being accurately completed. When people had lost weight staff had contacted their GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual's dietary intake so that they could remain healthy. The home also ensured appropriate care and support was given for people who required specialist support with their diet. This included those who had a Percutaneous Endoscopic Gastrostomy (PEG) where a feeding tube is passed into a patient's stomach through the abdominal wall when oral intake is not adequate. We saw that nurses and care staff had

undertaken specific training and each person had a robust care plan in place to ensure administration was safe and risk reduction measures such as monitoring of the tube site, took place.

We observed that people received appropriate assistance to eat in both the dining rooms and in their rooms if they preferred. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining rooms were set out well and consideration was given as to where people preferred to sit. We found that during the meals the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes; some people had individual menus. People also had the opportunity to eat at other times of the day and night. All the people we observed appeared to enjoy eating the food. One person said the meals were, 'very good – they try to keep everybody happy with what's on the menu.'

Staff told us they were effective because their, "treatment and support achieves good outcomes and quality of life"; and they "treat everyone as an individual." They said they, "Worked well as a team and 'communicated well with each other, people using services, relatives and professionals.'

Staff we spoke with understood people's daily routines and the way they liked their care and support to be delivered. Staff described how they supported people in line with their assessed needs and their preferences. We saw that staff were patient, took time to listen to what people told them, and explored ways to support them in the way that people wanted.

The service supported people to be as independent as possible. The home had been designed specifically to meet the needs of people with physical and neurological conditions. We found bathrooms had been adapted to meet the needs of people with a physical disability. For example, they were spacious with adapted baths. One bathroom had recently been adapted to include a multi- sensory experience with an accessible Jacuzzi bath, sophisticated music system and specialised lighting effects; incorporating the designs of people who use the service. There were ceiling track hoists from people's en-suite toilets to their bed which meant people's personal space was maximized to the full promoting their independence. Some people had bedrooms with an additional kitchen facility. We saw thought had been given to the provision of sinks with adjustable height taps so they could be easily used by people who used a wheelchair.

A number of further adaptations to the building were taking place to include an additional bedroom and relocate a bathroom. We saw that corridors and passing areas were very spacious and accessible to people who used a wheelchair. However some of these areas were being used as storage for mobility equipment and spare mattresses. The registered manager told us that these areas had been used for storage because people now typically needed more mobility equipment. She did agree to look at how storage was used throughout the home to ensure the design of the building was not compromised. Outside there was also a landscaped garden which had been designed to ensure it was most accessible to people with disabilities.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications either had been, or were in the process of being submitted, by the registered provider. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them by the registered provider. The

registered manager explained how they had arranged best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken.

People were supported by care and nursing staff who had the opportunity to maintain and develop their skills and knowledge through a comprehensive training programme. Staff told us the training was relevant, covered what they needed to know and helped them to understand the needs of people at the home. Records showed that staff had undertaken a mixture of practical courses and computer based studies. The provider also supported staff at the home to undertake higher level academic studies so that these skills could be utilised by the organisation. This meant staff were being supported to complete training and development activities that would assist them in delivering effective care to people who lived at Bradbury House.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Some of the care and nursing staff had considerable experience of working at this and other care and medical establishments, some in senior positions. New care and nursing staff spent time shadowing more experienced team members to get to know the people they would be supporting. This helped to promote good practice and continuity of care.

Staff also completed an induction checklist to make sure they had the relevant skills and knowledge to perform their role. All the staff were up to date with the registered provider's mandatory training and condition specific training. This included training to prepare all staff at the home to work with young people (under the age of 18 years). Including safeguarding children, implications of children's' legislation on how care is provided at the home and ensuring children's' rights are upheld. Information to support staff learning about children and young people was provided on a separate notice board.

All staffs' training needs were monitored through supervision meetings which were scheduled usually every two months. The registered manager told us additional meeting could be held sooner if there were specific areas where staff needed support or guidance. Staff we spoke with during the inspection told us they received regular supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Care staff told us that that the registered manager carried out an annual appraisal. During these meetings staff discussed the support and care they provided to people and guidance was provided in regard to work practices. Nursing staff told us they received clinical supervision from the clinical lead nurse who in turn received supervision from the organisation's senior nurse manager. Staff told us that there were opportunities where they could discuss any difficulties or concerns they had and receive guidance and support from the home's management. We saw records to confirm that supervision and appraisal had taken place in line with the registered provider's policy.

Outstanding ☆

Is the service caring?

Our findings

People who lived at the home, those that mattered to them and other people who had contact with the service, were consistently positive about the caring attitude of the staff. One relative said, "They listen and I can trust the staff. The home provides the stimulus (my relative) requires from people." One visitor told us, "The care is exceptional here. I've never met so many people who are all so focussed on making sure these people are cared for and loved." One person living at the home told us, "(the staff were) like professional friends, looking out for you but also having the responsibility to make sure you're physically alright." Staff told us they could demonstrate they were caring because they, "Treated people with compassion, dignity, kindness and respect," "promote independence and to participate in society is appropriate and encouraged," and "(Staff) listen and help with any concerns service users have an respond appropriately."

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with us about their passion and desire to make sure people had 'the best' quality care. They were empathetic towards the people who used the service and their relatives.

Throughout the day it was evident that the staff's approach was to empower people who lived at the home. Some of the examples we heard were staff always asking permission or questions such as 'Would you like to sit here, or there?', 'Can I help you with that? ', 'Are you sure you are comfortable, is there anything you'd like me to do?' When the move has been completed they were thanked by the staff. This showed staff empowered people using the service to make decisions and be in control of their care.

Staff spoke kindly and had a lot of knowledge about people. Some staff had worked at the home for a number of years and knew people well. For example, they knew and understood their life history, likes, and their preferences about how people liked to have their care delivered. Staff placed a great deal of importance on finding out about people's preferences when they first moved to the home; and they shared these views so they were consistent. We observed the relationships between staff and people receiving support and we saw staff consistently demonstrated dignity and respect at all times. We saw staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. People valued their relationships with the staff team and said they were 'caring' and 'hardworking.'

We found the service was exceptionally caring and people were treated with dignity and respect and were listened to. We spent time observing care practices in the communal areas of the care home. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately. We saw staff communicating well with people, understanding the gestures and body language people used and responded appropriately. The registered manager and staff knew how people communicated their choices, for example by using communication equipment, gestures or body language and speech. We observed this take place during our inspection. One relative we spoke with told us about their high levels of satisfaction with the service and their family member had responded well to being in the home due to the care of the staff.

We saw communication plans were in place and speech therapy involvement had been sought in order to support people with their communication. We also found the home had a 'communication lead' whose role it was to facilitate communication between the people who lived at the home, staff and any visiting professionals. This meant relatives and people important to those living in the home were kept informed at every step and were encouraged to be involved.

All of staff including catering and domestic staff were seen to use a wide range of techniques to develop therapeutic relationships with people who used the service. We found the staff were warm, friendly and dedicated to delivering good, supportive care. We observed that the care provided was person-centred and all of the staff promoted people to be as independent as possible. We saw this had led to people leading active lives and enjoyed meaningful occupation.

The staff showed excellent skills in communicating both verbally and through body language. Staff acted promptly when they saw the signs of anxiety and were skilled at supporting people to deal with their concerns. We saw examples where people were being unhappy or frustrated where staff watched, smiled and spoke with a quiet and reassuring voice to give reassurance.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We found the home supported people to use advocacy services as a way of enabling people to make decisions more independently. The registered provider had made changes to ensure children's rights and young people's consent issues were upheld now that the home was supporting young people (aged 16-17). The service principles stated, "Every child has the right to an advocate" and "No assumptions should be made about children with disabilities who cannot share in decision making." We talked with two relatives who confirmed that the staff were diligent when their loved one expressed preferences and they confirmed advocacy arrangements were in place.

Observation of the staff showed that they knew the people very well and could anticipate their needs very quickly. For example seeing when people wanted to go to a different room, or have more food or drinks. The staff were also skilled in encouraging people to take part in activities which they appeared to enjoy a great deal.

Staff told us they were constantly looking for ideas which would enhance people's lives. This included looking at opportunities, events and occasions (and creating them) so people could enjoy a shared experience with others. People who had used the service had become volunteers. Staff also demonstrated that they understood how spending time with people and sharing their company was important to help prevent social isolation and improve people's sense of well-being. One staff member told us, "I know (person's name) isn't having a great time at present so I just spend a little time popping into their room to say hello, have a chat and just talk." During our inspection we found staff involved people to recruit their personal staff. The registered manager explained it was their right to choose staff who were going to work with them on a one to one basis. This meant people were significantly involved in the service and their wishes were of prime importance.

Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed staff supported people when required and asked permission to sit and talk as well as knocking on people's doors and waiting permission before entering. People told us that staff promoted their privacy and dignity. One person told us, "The staff treat people properly, they wait until you make a choice no matter how long it takes." One relative had written feedback to the home which stated, "(Relatives name) comes for care at

Bradbury House on a regular basis and the care (they) receive is exceptional." Another relative expressed confidence in the service and that their relative, "was in good hands."

People were given support when making decisions about their preferences for end of life care and these were recorded in their care plans. The registered manager told us, people who used the service, those who mattered to them and appropriate professionals contributed to their plan of care so that staff knew their wishes and to make sure the person had their dignity, comfort and respect at the end of their life. We saw relatives had written to the manager and staff to thank them for the care of their loved one at the end of their life. Comments included, "(Their relative) was given friendship, compassion, kindness and outstanding care ...) another relative had written, "Thank you for the love and care shown to (their relative)." This showed people's physical and emotional needs would be met, their comfort and well-being attended to and their wishes respected.

Good

Is the service responsive?

Our findings

People received highly consistent, personalised care, treatment and support. They and their family members were involved in identifying their needs, choices and preferences and how they would be met.

Staff told us they were responsive because they could, "Respond to changes such as when people needed one to one care" and "Listening to feedback from service users and acting on it, giving them what they want or need." We found staff to be responsive in the areas they outlined. This meant people living in the service were well supported and we found to be settled and relaxed in their environment.

People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Person centred planning is a way of enabling people to think about what they want now and in the future. It is about supporting people to plan their lives, work towards their goals and get the right support. Each person in the home had individualised care plans which they had been involved in developing.

We spoke with staff who told us every person who lived at Bradbury House had a care plan. They described to us in detail how people were cared for and showed us how this was written in their care plans. We looked at five people's care plans in detail with staff. We saw each person's needs had been assessed and a plan of care written to describe how these were to be supported. The care plans had been reviewed every month by the senior staff or deputy manager to make sure they were up to date and people received the care they needed. This meant staff had the information necessary to guide their practice and meet these needs safely. We saw where possible people were involved in decisions about their care, or where necessary, their family or representatives. We saw that advocacy support arrangements were available for anyone at the home. This meant that people received support to help them make decisions that were best for them. The care plans we looked at included people's personal preferences, likes and dislikes. We also found there was information covering people's life histories and personal statements about their hopes for the future. This meant the service took a holistic view of each person, recognised their individuality and provided the necessary support so people could live their lives to the fullest extent.

We saw staff had written down the support provided to people each day in the 'daily records.' The daily records we looked at were very detailed and were used to monitor any changes in people's care and welfare needs. These were discussed at 'handover meetings' when staff alternated their shifts. This meant the service was able to identify changes and respond quickly. Relatives told us they were involved in their family members care. One relative said, "The staff keep you involved in discussions about (their relatives) which is important when we their condition may change."

Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of falls, weight loss and skin pressure damage. Risks to people were therefore reduced.

The people we talked with were aware of their care plans and said that, if any changes were needed, they

were done straight away. We found detailed plans were in place when people had specific needs, these included for example where a person had seizures. We observed a person start to have a seizure and the staff member followed the plan. Relatives were also aware of their family member's care plan and were happy with the content. Relatives told us staff contacted them immediately about any concerns regarding their family member's welfare and that they were always kept informed of developments.

We found the service had readily adapted to admitting young people under 18. There were clear records in place which demonstrated the service had been able to work between children's and adult services and recognised the importance of a good transition between the two service types. We saw the staff had liaised with education services and put in arrangements to ensure one young person was able to attend school using the home's transport. This meant the service did not have to rush the person to meet school taxi times. This meant the service was highly responsive to the person's needs.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. Staff explained that whilst people needed to have their physical and care needs met, the home also supported them to have positive, interesting and stimulating lifestyles. We found the service enabled people to carry out person-centred activities within the service and in the community and encouraged them to maintain and develop their hobbies and interests. The way that activities were planned and carried out was effective.

People enjoyed taking part in these a great deal and the activities co-ordinator researched the backgrounds, experiences and interests of the people resident at the home to make these relevant and interesting. The coordinator showed us records of the activities and throughout the home there were photo mementoes of these taking place. The home also produced an activities newsletter each month which reported on past and upcoming events. Activities were regular and frequent with emphasis placed on active and inclusive lifestyles. When we talked with people about activities and opportunities they spoke very positively. Recent occasions had included theme days such as a Burns afternoon and St Patricks Day, visits by a PAT (Pets As Therapy) dog, Crook Community Festival, Jack Drum Arts (local arts group) and art cinema visits. One group were being entertained at a theatre performance when we visited the home and gave positive feedback about the performance when they returned. Some people had recently visited Buckingham Palace after winning a competition to design a card for The Queen. People were support to attend a holiday at an outdoor activity centre where people and staff were given the opportunity to be challenged beyond their perceptions about their own capabilities. As a result people developed new found confidence. We found the activities in the home varied greatly and people were given opportunities to learn new skills.

The service had extensive links with the local and wider community. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. Visitors called in constantly throughout our inspection and were welcomed and supported by staff. We found people's cultural backgrounds and their faith were valued and respected and there were links and visits to and from local religious centres.

The registered provider had clear systems and processes that were applied consistently for referring people to external services. When people used or moved between different services this was planned with the support of staff and the registered manager if required. Where possible people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admissions and strategies were in place to maintain continuity of care. This meant the service responded to meet people's needs at the times when they were most vulnerable.

We checked the complaints records on the day of the inspection. This showed that procedures were in place and could be followed if complaints were made. There were no recent complaints about this home. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or registered provider.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a manager who had been registered at the home for approximately 18 months.

People living at the home said the manager 'did a good job of running the home.' One person told us, "If you have a problem you can see her and she will make time for you." Another person said, "Everyday she comes round to say hello, have a chat and make sure I'm alright – If I not or something's bothering me I tell her straightaway." Another person told us, "It's good because (the registered manager) is trying to encourage people to make more decisions about the management of the home."

A relative told us, "The manager is approachable." Another relative said, "Both the manager and deputy have been here a long time and they know how the home runs and most importantly, how to make sure people are well cared for – it's a good combination." Relatives described the leadership at the home as, 'accessible,' 'open,' and 'empowering'.

Staff were complimentary about the registered manager. They told us they were well led because, "Everyone at Leonard Cheshire Disability believes that people are equally valued and disabled people should have the freedom to live their lives the way they choose" and "We are able to give our opinions on all matters of concern in meetings and these are dealt with."

At this inspection we found the registered manager had placed notices in the main corridors to assist with emergency plans. Whilst these did not directly contain named people's confidential information, some personal details could have been determined from the list. The registered manager agreed and removed these immediately. The information was subsequently placed in a confidential area of the office adjacent to the fire alarm control system.

The registered manager and senior managers for the provider had recently made a decision to include services for young people (aged 16-17) within the scope of the homes registration. This was to enable young people to move to the service and remain there. In order to ensure young people would receive safe and appropriate care, the registered provider had ensured appropriate training, resources and ways of working were in place. This required the registered provider to demonstrate for example how the home supported the legal status of children and ensure their consent and rights were protected; how the registered provider made sure the service was safe such as by carrying out staff training in child protection, ensuring nurses had suitable professional training to work with children and ensuring staff background checks had been carried out.

Staff told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported. We saw records to support this and observed daily contacts taking place to discuss the progress of peoples care at the home and organisational issues.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to influence the way the service was delivered. For example, we saw people's representatives were asked for their views by completing service user surveys. People living at the home were also encouraged to take an active part in making decisions about how the home was run. This included decisions about design improvements, staff recruitment and deployment.

People using services were also included in the home's management committee and we saw records that showed people had taken on responsibilities for tasks and decisions as part of the group. The registered manager also sought feedback and observations, criticisms or requests from other people who were involved in the care of people at the home such as doctors, therapists and community nurses. This showed that the registered manager welcomed feedback about the home and took actions in response to issues raised.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at Bradbury House. From our conversations with the registered manager it was clear she knew the needs of the people who used the service. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the service. We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The registered manager showed us how she and senior staff carried out regular checks to make sure people's needs were being effectively met. We saw there were detailed audits used to identify areas of good successful practice and areas where improvements could or needed to be made. The audits we looked at were detailed and covered all aspects of care. For example, the environment, health and safety issues, how infection control was managed and bath water temperatures to make sure they were not too hot or cold. Audits also included checks on care plans and equipment to make sure it was safe. We saw records which showed where action was taken following any issues identified through this process.

The registered provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out before care was delivered to people. There was evidence these had been reviewed and changes made to the care plans where needed. In this way the registered provider could demonstrate they regularly checked that the service was the most appropriate placement to safely meet people's needs.

There were management systems in place to ensure the home was well-led. We saw the registered manager was supported by a senior manager and there were regular monitoring visits to the service. The senior manager conducted reviews of other services operated by the registered provider and this system provided an additional layer of auditing and demonstrated there was a culture of transparency and openness in the service. The registered manager told us how issues identified through this process were included in the home's action plan, which was looked at again during subsequent audits. We saw the registered provider had management systems in place to support the registered manager including finance and human resources support located at the registered providers head office.

The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met, such as, department of Health, local authorities, including the speech and language therapy team (SALT), tissue viability staff, occupational and

physiotherapists, and nurse practitioners. This meant the staff in the home were working collaboratively with other services to meet people's needs.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.