Abbeyfield Braintree, Bocking and Felsted Society Limited

Great Bradfords 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

Great Bradfords House provides care and support to people living in specialist 'extra care' housing. The property consists of individual rented flats in a shared building in Braintree, close to local amenities and public transport. Care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing as the flats are people's own homes; this inspection looked at people's personal care and support service. People were able to purchase lunch in a communal dining room and take part in social activities. We did not inspect the provision of meals or activities.

At the time of our inspection there were 30 people receiving personal care at the service. Not everyone at Great Bradfords House receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; which includes help with tasks such as support with personal hygiene and eating. Where they do we also take into account any wider social care provided.

This was the first inspection of this service since the provider, Abbeyfield Braintree, Bocking and Felsted Society Limited, (Abbeyfield) registered with us to provide personal care at Great Bradfords House in April 2017. Between April and October 2017, Abbeyfield was not carrying out care and support at Great Bradfords House, as this was being provided by another care organisation. Our inspection only reviewed the care and support provided after Abbeyfield took over responsibility for providing personal care at Great Bradfords House in October 2017.

A registered manager was in post. 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 registered manager had been involved in the transfer of support services from the former care provider. This was a challenging time, and their focus was on making sure people were safe and there was an improved culture and morale at the service. As a result of effective management, the quality of support had improved and we received positive feedback from people, family and staff about the changes at the service.

Quality audits had been carried out by senior staff who had already identified issues we found in during our inspection. Action plans were in place to not only resolve any outstanding concerns but to continue to enhance the quality of life for people at the service. There was an open culture where feedback was encouraged across the service. People, their families and staff felt able to raise concerns and were confident senior staff would respond efficiently and respectfully and their support would improve. The registered manager used learning from feedback and complaints to make a difference to the support people received.

There were enough safely recruited staff to meet people's needs. They were deployed efficiently and flexibly. Staff were skilled at meeting people's needs and worked well as a team. They received training and guidance to develop their skills. The registered manager and senior staff met regularly with staff, and were

improving the systems to record individual meetings and attendance on training.

Staff supported people to remain safe while respecting their rights to independence and freedom. Risk was well managed and the registered manager was making the necessary changes to provide staff with more detailed guidance around how to keep people safe. There were effective measures in place to minimise the risk of infection and to support people to take their medicines as required.

People received the necessary support to eat and drink in line with their preferences. There was a focus on promoting people's wellbeing and staff worked well with other professional to provide consistent support. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and ensured people's capacity was monitored.

The support staff provided was flexible and tailored to people's needs. There was a focus on encouraging people to remain independent and to make choices about the care they received. Care plans did not fully reflect the quality of support people received. The plans were being updated and revised.
We made a recommendation around ensuring care plans for people with varying communication needs were more accessible, in line with best practice.

People benefitted from a consistent staff team and had the time to develop positive and meaningful relationships. Staff treated people with respect and promoted their dignity.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff promoted people's freedom, while minimising risks to their safety.

Staffing was deployed safely and efficiently. Office staff were improving the systems around recruitment.

There were safe systems in place for the administration of medicines and prevention and control of infection.

Is the service effective?

Good

The service was effective.

Staff were enabled to develop their skills to meet people needs.

People were supported to maintain good health and wellbeing and to eat and drink in line with their preferences.

People's capacity to make decisions about their care was monitored and improvements were underway to provide more detailed guidance around people's level of capacity.

Is the service caring?

Good

The service was caring.

Staff developed meaningful relationships with the people they supported.

People were enabled to remain independent and make choices about the care they received.

Staff treated people with respect and kept their information safe.

Is the service responsive?

Good

The service was responsive.

People received flexible care in line with their needs and preferences.

Care plans were being improved to provide better guidance to staff.

People felt able to speak out about any concerns they had and knew they could complain if they were unhappy.

Is the service well-led?

Good

The service was well led.

There was an effective registered manager who had improved safety and morale at the service.

People, families and staff benefitted from an open culture and good communication at the service.

Quality audits had picked up shortfalls and were used by the registered manager to make improvements to the support people received.

Great Bradfords 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.

The inspection took place on 11 September 2018 and was announced. The provider was given 24 hours' notice because we needed to be sure the right people would be available to respond to our queries.

One inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of providing support to older people and carried out phone calls to six people who used the service and four family members. We also had email with a further eight family members.

On the day of the inspection we spoke with the registered manager, the deputy manager, administrator, the area manager and two Trustees. We met or had contact with five members of care staff. We visited or met with two people in their flats and also met a number of other people informally during our visit, for example in the dining room.

We reviewed all the information we had available about the service including notifications sent to us by the registered manager. This is information about important events, which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

We used this information to plan what areas we were going to focus on during our inspection.

We looked at three people's care records and three staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

There was a positive culture at the service around supporting people to remain safe, whilst promoting their independence and minimising any restrictions on their freedom. Staff had been trained in how to promote peoples' safety and what to do if they had concerns about a person. We could see the provider and manager had developed systems which effectively monitored and prioritised people's safety. For example, when senior staff visited a flat to carry out spot checks, they used the opportunity to check with the person and staff whether there were any concerns about safety.

Families and people at the service told us the support provided by staff helped people remain safe. One relative said, "Visits are as agreed and medication is given as according to the prescription, and the staff help with anything my family member needs."

There were enough staff to meet people's need and visits were well organised. Rotas were set up by an administrator who had a good understanding of how much support people needed as they carried out some care visits. Where people had more complex needs the registered manager had made sure they were supported by more experienced care staff. We found visits were efficiently planned and prioritised time critical visits where necessary, for example making sure staff visited at the correct time to give people their medicines. People and staff told us there had been no missed visits, though there were arrangements in place to manage this if necessary.

The registered manager told us they had prioritised sorting the rotas out when they arrived and this was reflected in the feedback we received. One family member told us, "I think one of my relative's problems is not really knowing who will be their carer but that having been said the situation may have improved as they have not mentioned it (lately)." We received positive feedback about the benefits of consistent care. People and families told us, "The service is the same all the time. We can always get help when we need it" and "As Abbeyfield's do not have a high turnover of staff (presumably because the staff are very happy at Abbeyfield's), my relatives knows all of their carers very well, as they know her."

Staff were safely recruited and the provider was improving their documentation in this area. Some staff working for the previous provider based at Great Bradfords House had transferred when Abbeyfields took over responsibility for the care service. The process of transferring staff across had been challenging. However, although the records were not well ordered the provider was able to demonstrate that staff were recruited safely. Recruitment records for any new staff were better organized and were being completed in line with the provider's policies and procedures. Staff confirmed they did not start working until the necessary checks such as satisfactory Disclosure and Barring Service (DBS) clearances had been obtained. The service was not using agency staff at the time of our inspection, but used existing staff to fill any gaps due to staff absence.

Staff managed risks to people's safety well. A person who experienced memory loss due to dementia had a sensor mat at their door. A member of staff explained that they were not prevented from going out of their flat but if the sensor mat went off staff would speak through the intercom to remind the person to stay in

their flat until staff came to provide support. We observed this happen during our visit to their flat. Families and people at the service confirmed staff knew what measures to take to keep people safe. One relative told us, "Staff are very careful with my family member who is a slow walker using a walking frame, they are patient and make sure the surroundings are safe before assisting [Person] to the bathroom and helping them to dress."

Assessments had taken place to provide guidance to staff on how to minimise risk. We asked a member of staff to describe how they supported a person to transfer. They gave us a detailed step by step account which demonstrated they knew what to do to keep the person safe, for example how the person liked to be transferred into the shower. The guidance in the care plans did not reflect this knowledge. The manager acknowledged the guidance did not provide sufficient detail and new care plan forms were being implemented to ensure staff had access to the required information.

The provider had considered what to do if the building needed to be evacuated. Each person had an individual plan which gave staff information about their level of risk and the support they would need in an emergency. Staff knew who to contact if they needed to speak with senior managers outside of office hours.

People received their medicines safely and as prescribed. The manager told us they had concentrated on improving practice in this area, in particular the recording of the support provided with the administration of medicines. We observed people being supported with taking their medicines and found staff were knowledgeable about medicines prescribed and knew the individual needs of the person they were supporting in this area. For instance, a member of staff knew that they needed to make sure a person received their medicine twenty minutes before a meal. Staff were effective at monitoring the medicines people were prescribed and highlighting concerns, communicating well with health professionals where necessary. Staff had picked up a discrepancy between a person's medication records and the medicines they had been prescribed and helped them sort it out with their GP surgery.

Care plans gave staff advice about the support needed when administering medicine, for example, whether a person needed physical support or just prompting. Care plans also stated where medicines were stored and who was responsible for ordering and disposing of medicines. Medicines were safely locked away in a person's flat where there was a risk, for instance, they might forget they had already taken their medicines.

People were protected by the prevention and control of infection. We observed a member of staff washing their hands and wearing gloves before administering medicine. Each flat was the responsibility of an individual and staff upheld their rights to look after their home as they wished.

The manager showed us records of accidents and incidents, such as falls and could describe each event in detail. They had recently improved the forms they used to provide more information about the actions they had taken. It was clear incidents were taken seriously and used to improve the quality of the service people received, for example in the advice staff received around specialist needs. The manager was starting to develop logs of the incidents to be able to more formally measure themes and track opportunities for learning over time.

Good

Is the service effective?

Our findings

Staff were skilled at meeting people's needs. The provider was committed to developing a well-trained staff team. There was a mandatory training programme, which provided computer-based learning for staff, with additional face-to-face guidance provided in more practical areas such as medicine administration. Staff who had transferred over from the former provider had to attend the training provided by the organisation, to ensure they provided consistent care to the people living at the service.

New members of staff completed an induction which included shadowing more experience staff to develop their skills and get to know the people they were going to support. A new staff member told us they had done training on how to use a hoist, then accompanied a senior member of staff until they felt confident to carry out this task independently. Managers also used this process to ensure staff had the necessary skills to meet people's needs. For example, one new member of staff was supported to spend more time shadowing their colleagues to build up their confidence.

Senior staff ensured care staff were carrying out their role as required. A member of staff confirmed they had received a spot check from a senior member of staff who had come to a person's flat during a scheduled visit. They confirmed staff were there and carried out other observations, for example whether the staff were wearing the right uniform and name badge.

Staff told us they were well supported and met with the manager and other senior staff frequently to discuss training needs and any concerns they had. There were examples of meetings with staff which had made a difference to the quality of care people received. The manager regularly challenged and supported staff to improve the care they provided, taking formal action if necessary. How? The system for logging and tracking of supervision meetings and training was not sufficiently robust, which made it hard to spot gaps, for example if one member of staff had missed any training. However, we could see this was already being improved by the manager.

Staff told us the team communicated well to make sure they provided a consistent service. We saw staff used a communication book which reflected the support and monitoring they carried out. Staff reminded their colleagues to "keep an eye on" a person who had a tooth infection and let them know when referrals had taken place to a district nurse due to person's skin condition.

People's needs were assessed fully to ensure staff had the necessary guidance to provide effective care, in line with legislation and guidance. This was reflected in the positive feedback we received. Family members told us, "Staff have an understanding of [Person's] condition and work with it" and "[Person's] been in the best shape for a long time since moving into Abbeyfield. I would recommend the service without hesitation." We saw examples of best practice. One relative told us, "All the staff are proficient and are always looking at ways on how they can improve. They asked me to put together an information sheet on my relative which is used to help with their long-term memory. I have given them questions they can ask [Person] that will prompt them so when they occasionally get fretful at not being able to remember the moment, it helps to realise they can remember the past."

People were supported to eat and drink in line with their needs and preferences. A person told us, "Staff make the breakfast that I want and make it well. I've no complaints" and "They always ask me what I want first." Each person could choose where they wanted to eat their lunchtime meal. This included the choice of purchasing a hot meal at lunchtime in the communal dining room. Staff supported people to come down to lunch, making sure they had taken their medication or completed their personal care in time to take part in the meal.

Where people had specialist needs, staff provided the necessary support to ensure they had enough to eat and drink. A member of staff told us one person had specialist nutritional shakes to help maintain their weight. A family member described how staff provided the necessary support to their relative had dementia, "Staff always encourage [Person] to drink water and if they haven't eaten their meal then staff will make toast or a sandwich."

Staff supported people to access health and social care professionals. For example, staff referred a person to the continence nurses when their needs changed. In particular, staff were skilled at working with occupational therapists to make sure people had the necessary aids and equipment, such as shower chairs, to enable them to remain independent.

The provider tried to ensure any transfers between services went smoothly. A relative described a recent incident when paramedics had been called to the service, "They immediately called me out and on each occasion, I have found a member of the care team with [Person] until the ambulance has arrived. At the managers suggestion all the residents now have a hospital bag ready and waiting should they need to go to hospital unexpectedly." Each person also had a hospital passport, which held information about their care needs in case they were admitted to hospital, such as any allergies. Risk was highlighted in the plans. For example, one person's plan stated health staff should look directly at them when speaking to them.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). This 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. The manager told us all the people at the service had the capacity to make decisions about their day to day care. Care plans gave information to staff to enable them to support people to make decisions, for example one plan said a person did not understand complex details about their health but with clear communication they were able to make a decision around taking their medicines. The registered manager told us they were improving care plans to better capture changes in people's capacity in the future.

Good

Is the service caring?

Our findings

Staff knew people well and developed trusting and warm relationships. People and their families told us, "They have a laugh if you want" and "The staff we have met are always friendly and helpful and respectful. In fact, there are some outstanding care staff." Two family members told us staff went beyond just carrying out tasks. They said, "Staff are very caring and respectful and go over and above with my relative and listen to their childhood stories" and "I can honestly say staff really care about my relative, who is a real character. [Person] loves to dance to the radio and I have often come in to find one of the care staff dancing with them, they go that extra mile."

Staff promoted people's independence and care plans advised when tasks were to be carried out by the person, a family member or care staff. A person told us, "Staff help me with the things I need and not with what I can do myself." Staff supported people to maintain their skills by varying their support flexibly, depending on people's needs at any time. A member of staff explained how they had provided more support to a person when they had been unwell but now only needed to provide encouragement and prompting.

Where people did not communicate verbally, staff found out what their preferences were from their care plan or from other speaking to other staff. A member of staff told us, "The other carers told me [Person] has two bits of toast and butter for breakfast." Another staff member described how they had spoken to a family member to find out more information to help them support a person in line with their preferences. Family members told us the consistency in staffing helped support communication. One relative told us, "[Person] often communicates by drawing in the air. Having regular carers is important so it works well."

Staff supported people to make choices about their care. There were a number of examples where staff had provided useful advice but then let people make their own choices. A member of staff explained how a person chose to have their shower extremely hot and staff supported them with this and just made sure the water did not scald them. Relatives said, "Staff don't assume and always ask [Person] if they want a shower" and "Staff understand [Person] and offer choices so they can decide for themselves."

Care plans were written in plain English, using very accessible language which could be understood by many of the people using the service. A small number of people had more complex needs, such as learning disabilities. Whilst we found their care was highly personalised we discussed with the manager how they could improve care plans in line with best practice, for example through using pictures, to assist the people in understanding their plans.

We recommend the service researches best practice guidance on developing care plans and resources which are accessible and personalised in line with people's individual communication needs.

Care plans were written in a respectful manner. For example, one person's plan advised staff on how to respect a person's privacy, "When hoisting please close the window, curtain and bathroom door in case someone walks in." A person told us, "Staff always ring the bell before entering the flat."

There were arrangements in place to keep people's information safe and to ensure staff respected the need for confidentiality. For instance, they were reminded in a team meeting about where and how they discussed the people they supported to ensure they were not overheard by other people in the building.

Good

Is the service responsive?

Our findings

People received highly flexible support in line with their needs. People, families and staff described care which was tailored to individual's unique circumstances. A family member told us, "When [Person] wasn't very well the manager put on extra visits to make sure they were ok. They definitely go the extra mile and will make breakfast if [Person] needs it, for example. It really is much more than a 'care home', it's like a family/community."

Systems supported people to make decisions about the care they received. The manager told us they could not accommodate all the requests, as rotas had to be manageable but they did what they could to promote choice. For example, they said, "[Person] has a shower on Friday but this week they told us they were not up to it so we only billed them for a shorter visit." One of the schedules was staffed solely by male team members which enabled people to choose to receive care from female or male carer staff.

Visit times varied and ranged from staff popping in to assist with medication to longer visits where full support was provided with personal care. Although staff kept to the rotas and provided structured support, the style of the service meant people also received spontaneous, unplanned support. For example, a member of staff told us people frequently popped out of their flats to ask passing staff to help them with a quick task, such as opening a can of food.

Each person had a plan which described the support they needed and their preferences around care. The manager told us they had inherited care plans from the previous provider when they had taken over the service. They had gradually been revising the plans, prioritising initially any areas of risk. We could see newer care plans were more detailed, and provided improved information about people's needs and preferences, such as greater detailed around their personal histories, religious and cultural needs. A member of staff told us, "The care plans are better now as the team leaders who did the assessments and wrote the care plans are in the building now and so know the people, and what they like."

Senior care staff carried out reviews of people's care, which ensured the plans provided up to date guidance to staff on people's needs. Care was reviewed every six months or as required, for example a person's care arrangements had been reviewed after they had fallen in their flat, and new equipment was ordered as a result.

There was a complaints procedure in place and any complaints were responded to promptly and logged for future learning. People told us that they knew how to make a complaint and were confident that any concerns would be addressed. A person told me, "I was unhappy with some equipment so I spoke to the manager and they did something about it." Families complimented the manager on the way they dealt with complaints. One relative said, "Whatever little issues there may have been, they have always been sorted out straight away without any fuss." There had been no formal complaints, instead the service had received several compliments, such as one from a family member which stated, "Our relative sat up right, started talking and finally started smiling again."

We also noted the registered manager had used a resident and relative's meeting for an open discussion about the challenges they were experiencing in recruiting staff. They were able to explain all they were doing to address this concern and described at the meeting how trustees had even occasionally helped with lunches, to free up the care staff. We found this an effective and transparent way to manage concerns before they escalated to formal complaints.

There were no one being supported at the end of their life on the day of our inspection. The registered manager described how this support had been provided in the past at the service, and practical arrangements which were in place should this be required in the future. We saw that people had plans regarding whether they chose to be resuscitated, if required and these plans had been reviewed and updated if required. The revised care plans being introduced were designed to provide improved information to staff to enable them to provide personalised end of life care when necessary.

Good

Is the service well-led?

Our findings

The service had experienced challenges in the first year of operation as a result of a complex transition from the previous provider. They had quite rightly prioritised minimising risk and improving staff morale. Having achieved the immediate required changes there were excellent plans in place to continue improving the quality of support for the people at the service.

All the people and families we spoke to gave us positive feedback about the service, and many said they would recommend the service. A person told us, "I am happy and would recommend the service without question." The positive feedback we received from people and family reflected the improvements at the service since the new provider took over. Relatives told us, "We have noticed a definite improvement since the care was taken over" and "Before I had a lot of issues which were never resolved, but since the changeover, I am more than satisfied."

There was an effective registered manager in place who was supported by a knowledgeable staff team. The registered manager had a commitment to eradicating poor practice and made the necessary improvements effectively and sensitively. A member of staff told us, "The manager is great, they encourage you to come to them if we make a mistake so we can sort it out."

Morale was good and staff told us they felt well supported. A member of staff told us. "Before it used to be more isolated as there was no manager on site. Now we can go and talk to the manager and office staff" and "This is a lovely company to work for and they have ironed everything out." The provider had sent out an annual staff survey which had been timed to provide information for a planned management meeting. The results had not been analysed, however we saw the survey had been created to encourage feedback from staff.

We could see from resident and staff meetings that the service promoted open communication and involvement. The survey sent out to people using their service was overwhelmingly positive and the provider told me they were not content to remain at this level but would use the survey as a measure to improve in the future.

There were a number of checks and audits which reviewed the quality of the service and the support provided. We saw from a recent audit by the provider that the organisation had picked up any issues we had noted at our inspection and the manager was competently working through and action plan. For instance, the plan had noted improvements were needed in the recruitment process and named staff had been given the job of completing this task. There were also plans in place to ensure a more formal recording of supervision meetings between the manager and staff. The manager had also started to carry out tasks which marked the end of the first year at the service, for example annual staff appraisals and surveys and providing refresher training.

The registered manager was still working out what systems worked best in an extra care model of service. For example, they considered using an electronic system to monitor staff visits but told us they had not yet

found a system which was sufficiently accurate or flexible for the care they provided. The registered manager had support from the area manager and trustees at the organisation and had some local links with managers from the organisations other services. However, they were relatively isolated and had not yet developed a network with organisations which were providing a similar service and with some sources of best practice, such as resources on offer to providers within the local authority. We discussed this with the registered manager, and the acknowledged they had focused on the priorities within the service and would now benefit from forging links outside the organisation and using resources to continue enhancing and developing the service.