

Bradbury House Limited

The Old Rectory

Inspection report

Chewton Hill
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Tel: 01761241620

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 04 November 2018 and was unannounced. We last inspected The Old Rectory in May 2017, during that inspection we found people's legal rights were not always understood and upheld. This was because the service did not work in accordance with the Mental Capacity Act 2005. We also found risks around the environment were not being managed effectively and the governance systems were not fully effective. At the last inspection in May 2017, we found three breaches of the Health and Social Care Act 2008. This inspection evidenced that the required improvements had been made and the service was meeting their legal requirements.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective and Well Led to at least good. We found the provider had made the required improvements and the service is now rated as Good.

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

The Old Rectory accommodates 10 people who have a learning disability and/or autism. The service is located in a large house in the rural village of Chewton Mendip.

Despite being a large service, it was operated 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.

The service did not have 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 previous registered manager had left the service in September 2018. The provider had placed an interim manager at the service whilst a new manager was recruited. The interim manager informed us the new manager was due to start work at the service the day after our inspection. They would then start the application process to become the registered manager.

Staff had been trained to administer medicines safely. The previous registered manager, interim manager and staff had worked with health professionals to review people's medicines and ensure they were not being over-medicated. They had done this by working with the professionals to find alternative strategies to support people when they displayed behaviours that could challenge others.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the providers policies and systems supported this practice. The interim manager

and staff understood and followed the requirements of the Mental Capacity Act 2005. They were committed to supporting people to achieve as much independence as possible, whilst ensuring each person was safe.

We found there were adequate numbers of staff working at The Old Rectory to support people effectively. The staff were well trained and supported well by the interim manager and provider.

The atmosphere of The Old Rectory had a friendly, calm atmosphere and people living in the home told us they got on well with both staff and other people at the home. People accessed the community regularly and were supported to plan their days and activities.

Risks to people were assessed and measures taken to keep people safe, without impacting on their rights to make choices and take some risks.

The home was clean and tidy and effective infection control procedures were in place to keep people safe. We did note that the decoration of some parts of the home was not very homely and had an institutional feel. However, this had been identified by the provider and plans were in place to change this.

We found the home was well managed and effective systems were in place to monitor and improve the quality of the care and support provided to people on an ongoing basis.

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.

People were supported safely to manage behaviours that could be challenging to others.

People were supported safely to reduce the amount of medicines they were prescribed, therefore reducing potential side effects of these medicines.

People benefitted from being supported by an adequate number of staff who were suitable to work with vulnerable people.

People were protected from environmental risks because adequate checks were made by the provider and action taken to reduce the risks.

Is the service effective?

Good ●

The service was effective.

People's capacity to make decisions was assessed and actions were taken in line with the Mental Capacity Act 2005.

People's physical, mental and social needs had been assessed and care plans described how to support them to achieve effective outcomes.

People were supported by staff who were trained and experienced to deliver effective care and support.

Is the service caring?

Good ●

The service was caring

People were supported to express their views and be actively involved in decisions about their care and support as far as possible.

People were given privacy, respect and staff described The Old Rectory as people's home and not a place of work.

Families were able to visit when they wanted. Staff also supported people to maintain relationships with friends and relatives.

Is the service responsive?

The service was responsive

Each person had a personalised care plan which supported them to be as independent as possible.

People were supported by staff who understood their communication needs and preferences.

There was a complaints policy and procedure. People could use advocates to support them raise a concern if they needed to.

Good ●

Is the service well-led?

The service was well led.

The provider had put in place measures to ensure consistent management support following the departure of the registered manager.

People benefitted from good systems being in place to check and monitor the quality of the support being provided.

Good ●

The Old Rectory

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.

This inspection took place on 04 November 2018 and was unannounced. The inspection was carried out by one Adult Social Care Inspector.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with the interim manager and four members of staff. We requested feedback from commissioners.

We spoke with seven people living at The Old Rectory. We also used observations of how staff interacted with people and provided support.

We looked at three people's care records and their medicine records. We also looked at records that related to how the service was managed, such as staff rotas, staff training records and quality assurance audits.

Is the service safe?

Our findings

During our last inspection in December 2017 we found risks concerning the environment were not managed well. For example, fire prevention measures were not always carried out and measures to prevent the risk of legionella were not in place. Risks in relation to people's care were also not well managed. During this inspection we found improvements in all these areas. Risks to people and the environment were well managed to keep people safe.

People living at The Old Rectory told us they felt safe. Comments we received included: "the staff are really nice and treat me well", "staff are ok and spend time with me and cheer me up when I'm not in a good mood" and "I like living here, I like the staff, its very quiet".

People appeared to be relaxed, comfortable in the environment and in the presence of staff and other people living in The Old Rectory. The atmosphere of the home was friendly and welcoming and staff were very aware of ensuring people's needs were met to ensure this continued.

Staffing levels in the home meant people received the support they required including one to one support where required. People were supported to go out during the day, both on an individual basis or with a small group. People told us there were always staff around and they were able to go out when they wanted to. Staff informed us they felt there were enough staff working at the home to allow them to support people effectively and safely.

Medicines were well managed at The Old Rectory. Staff received appropriate training prior to administering medicines and had their competency assessed by senior staff to ensure medicines were administered safely to people. This meant that people received their medicines as prescribed by their doctor. People told us staff supported them to take their medicines at the right time. People also confirmed staff would give them as required medicines if they needed them. For example, one person told us if they had a headache staff would ask them if they wanted any medicine for the pain.

Clear evidence was present which showed people's medicines had been reviewed regularly by the staff and GP. The amount and types of medicines people were taking had been reduced over time. People sometimes presented behaviours which could challenge staff or other people living at the home. We were told by senior staff they had worked with the GP to reduce medicines people took to control these behaviours. These medicines are known as psychotropic medicines and it is best practice to reduce or eliminate these medicines for people. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project and is best practice when supporting people with a learning disability and/or autism. The amount of medicines that were prescribed on an as required basis were very low and it was noted that none of these medicines were psychotropic medicines.

The interim manager told us the service supported people with their behaviours by providing positive behavioural support rather than relying on the use of medicines to control people's behaviour. Clear guidance was provided for staff on how to support people with their behaviours. This included training in

approved techniques to safely manage people if their behaviour became challenging to others. This allowed staff to safely redirect people to another area if their behaviour became a risk to others. We saw from records and speaking to staff that these techniques were used very infrequently and only when other interventions been tried and were not successful. Detailed records were maintained of these incidents and these demonstrated techniques were used for the shortest possible time, often less than a minute and in the least restrictive way possible to keep the person and others safe. Records were reviewed by senior staff and behavioural specialists employed by the provider. Recommendations were then made and considered regarding improving the support provided to the person to reduce the risk of future incidents. This is in line with best practice guidance on supporting people with behaviours which could be challenging to other people.

Staff told us they received training on safeguarding vulnerable adults. Through discussions, staff demonstrated they were aware of the different types of abuse and how to recognise signs that these may be occurring. Staff knew how to raise any concerns and were confident the interim manager would take these concerns seriously and act on them. Staff were also aware of how to use the providers 'whistle blowing' policy and procedure to raise concerns. They also knew which external bodies they could raise concerns to such as, the police, Local Authority or the Care Quality Commission.

The environment of the home was clean well maintained. Regular checks were in place to ensure the risks of fire were minimised. These included: regular fire drills, emergency lighting checks and checks to fire safety equipment. The service had a legionella risk assessment in place and we saw evidence the appropriate checks were being carried out in line with this assessment. This meant the service was taking appropriate action to protect people and staff from the risk of legionella. This meant people were protected from risks present in the environment of the service.

No new staff had been recruited since our previous inspection of The Old Rectory. However, we found robust recruitment procedures were in place which ensured staff employed at the service were suitable and had relevant experience to work with vulnerable adults.

Is the service effective?

Our findings

At our last inspection in May 2017 we found people's legal rights were not always upheld because the service did not work in accordance with the Mental Capacity Act 2005 (MCA). This was because staff did not have a good understanding of the Act and capacity decisions were not decision specific.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

During this inspection we found improvements had been made. Staff had received further training and could describe the principles of the Act and how this applied to the people they supported. Capacity assessments were clearly documented and decision specific. This was in line with MCA. Another example of improvements made to the service was people's access to the service users kitchen area was no longer restricted. During the previous inspection this area had been locked and people denied access unless they were supported by staff. People could now use this area whenever they wished. We observed people helping themselves to drinks and snacks throughout the day. Staff told us they did control the amount of supplies put out in the kitchen to support some people who were at risk of eating or drinking to excess. For example, only limited supplies of milk, coffee and sugar were available. However, these were topped up throughout the day to ensure there was a constant supply. This meant the least restrictive option for controlling this risk had been considered and implemented. People told us they were pleased with this arrangement and confirmed the kitchen was always open.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We found DoLS applications had been made to the local authority appropriately. Where these had been granted any conditions set, were in place and monitored by the service.

Staff told us they received good training and support which enabled them to support people effectively. We saw from training records that a robust system was in place to monitor staffs training. Staff were booked onto training by the provider when any particular training area was due to expire. We found the staff training was up to date in all areas the provider deemed as mandatory for staff to effectively and safely support people. Staff also received training regarding the specific needs of people living at The Old Rectory. For example, staff received training in supporting people who displayed behaviours which could be challenging to others. Due to the nature of this training regular updates were given to staff and the provider had trainers employed who could provide extra support or advice to staff.

There was a thorough induction process for staff which included the Care Certificate. The Care Certificate is a nationally recognised standard for induction for staff working in social care settings. This ensures staff are provided with appropriate knowledge and support to carry out their role. It also contains competency

assessments to ensure the learning has been embedded and applied to the support provided by the staff member.

Agency staff were sometimes used by the provider to ensure a full complement of staff were available. On the day of our inspection there was one member of agency staff working who had not worked at the service previously. The agency staff had been given an induction to the service and was given time to read care plans and relevant information about the people they would be supporting that day. We also saw the agency had supplied details of that person competency and suitability to support people living at The Old Rectory.

Staff were supported by the interim manager effectively. Records showed staff had regular supervision meetings in line with the providers expectation. Supervision meetings are individual meetings for staff with a senior member of staff. They allow the opportunity for staff to reflect on their practice and identify areas for their personal and professional development. Staff confirmed these meetings were taking place and they found them very supportive and useful. All the staff we spoke with told us the interim manager had provided excellent support and was always available to give advice and guidance when needed. Staff told us they didn't have to wait for their next meeting to raise any issues and the interim manager was very approachable and they felt comfortable requesting support from them.

People told us they liked the food provided at the home. The home employed a chef who prepared the meals for people from Monday to Thursday. On the other days meals were prepared by the staff working at the service. People told us they were able to choose what they wanted to eat. They were asked to contribute and plan the menu and if something was on the menu which they did not like an alternative was always available. The interim manager also told us regular cultural days were held at the home. The themes of the evenings were chosen by the people living at The Old Rectory. For example, one person had suggested a Caribbean theme. The home was planning an evening with traditional Caribbean food, drink and music.

People's ongoing health needs were assessed regularly and, where necessary, staff contacted health professionals including the person's GP. Health professionals said staff would proactively contact them if they had a concern. They also said staff worked with them by following their advice to address the concerns and feeding back any issues or improvements. For example, one health professional commented "Staff refer to us appropriately and respond to advice."

The adaptation, design and decoration of the premises helped to promote people's independence. The home was grade II listed therefore the provider was limited in adaptations they could make to the building. However, some adaptations had been made to the home to ensure it was suitable for the people living there. There was plenty of communal space which meant people could choose to sit away from others if they wanted to. The home was furnished comfortably throughout. We did note one of the chairs in the lounge had a large rip in the material. This had been identified by the service and we saw evidence that a new chair had been ordered and the service were awaiting delivery. We also noted the environment of the service was fairly plain and in some places, didn't look very homely. Records showed that senior staff had identified this in audits and described some area of the service as appearing 'institutional'. We saw that plans were in place to improve the environment of The Old Rectory to give it a more homely feel. Each person's bedroom was individualised and personalised. People had been involved in choosing décor for their rooms. This demonstrated that the home was working within the requirements of Registering the Right Support and enabling people to live as normal a life as possible.

Is the service caring?

Our findings

The service remains good in caring. Feedback from all the people we spoke with was very positive. Comments included "I like living here, the staff are great", "it's alright here, the staff listen to me and what I have to say" and "This is my home and most of the time we get on really well".

People were very relaxed with staff who were observed supporting people with kindness and compassion. Staff helped people to do things they wanted to do. For example, one person enjoyed using the computer. Staff assisted this person when the computer unexpectedly shut down. They did this in a caring and understanding manner. Staff treated people as individuals and respected their views and opinions. They spent time with people, chatting to them and talking about their plans for the day.

Staff said, and people confirmed that families were free to visit whenever they wished.

Staff were committed to valuing people and treating people as they would wish to be treated themselves. The provider respected and promoted the rights of people with learning disabilities. This ethos was reflected in the way the interim manager and staff behaved.

Staff recognised the importance of equality and diversity in the care provided; it was evident people's differences were understood and supported by staff who had completed equality and diversity training. People were supported to maintain relationships with families and friends. One person told us it was important that they got to see their family regularly and staff helped them with this. Another person was supported to phone their relative, we observed staff were very supportive when this person couldn't get through on the phone. They explained the situation to the person in a way they could understand and arranged to try again later in the day. The person was happy with that and the person was supported to speak with their relative later in the day.

One person who had autism used to be supported to visit his relative at their home once a week. We were told by staff that unfortunately their relative had passed away. Staff told us they now used that time to take the person out on a trip of their choice, but often in the area that their relative used to live. Staff said it was important that this person still had this time and visited an area which was important to them.

Personal information relating to people and staff was stored securely. Documents were also stored on computers which were password protected. The interim manager was aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which came into effect in May 2018 and gives people more control over how their personal data is used. This meant the service was ensuring they were working in line with the requirements for the change in legislation.

People had access to advocacy services if they needed these and we saw evidence that people had been supported to use this service.

Staff promoted people's dignity and respected their confidentiality and personal space. We observed during

the inspection staff knocking on people's door's and waiting for a response before entering their rooms. Staff told us it was important to allow people to have their own time in their rooms when they requested it.

Each person had their own key to their bedroom and most people kept their rooms locked when they weren't using them. People told us it was important for them to have their own key and meant no one could go into their room when they were not around.

Is the service responsive?

Our findings

The service continues to be responsive. We received positive feedback from people living at The Old Rectory. They viewed The Old Rectory as their home and liked living there. People told us they had key workers and these people helped them make sure they had the right level of care and support. Records showed regular monthly meetings with people and their keyworkers in which plans and goals for the month were discussed. For example, one person had planned to buy some plants for the patio outside their bedroom. The person was supported to purchase these and was clearly pleased with them.

People were encouraged to take part in a range of meaningful activities both inside the home and out in the community. We saw people coming and going throughout our visit. Some people caught the bus into Bristol, others visited their family and some other people went out for a coffee and a walk. People's independence was encouraged, for example people were encouraged to find out the times of the buses they needed to catch and to ensure they had enough money for what they wanted to do whilst they were out.

People told us they went on holiday with the service and could choose where they went and who they went with. One person told us they enjoyed their holiday and stayed in a caravan and had a "great time!". People were also supported to get involved in daily chores such as their personal care, cooking, keeping their room clean and shopping. The open access to the kitchen had promoted this independence as people no longer had to ask staff to open the kitchen when they needed to use it.

The interim manager and staff understood the requirements of the Accessible Information Standard. This standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services.

We saw files and information in easy read format were available for staff to support discussions with people about various health conditions. These included information on potential illness such as cervical cancer, prostate cancer, lung cancer and breast cancer.

Although people were able to communicate verbally, there was detailed information about how each person communicated contained in their care plans. This included information for staff and how to communicate effectively with the person. For example, in one person's care plan it explained that staff should use short sentences in plain English avoiding long or complicated words. There was also information on how people communicate to staff. One person chose not to speak very much, this was respected by the staff team. Another person communicated in short sentences, the care plan indicated that if this person's communication became repeated, this was a sign of them becoming anxious or distressed. There were clear strategies in place for staff on how to redirect that person and reduce their anxiety.

It was clear the staff knew people living at the service very well. They were aware of their likes and dislikes and their personal history. Staff were very aware of changes in people's moods and responded quickly to support them. We observed staff supporting people consistently and in line with the guidance contained in

their care plans. Care plans were developed with people, their families and professionals' involvement. Care plans reflected people's physical, mental, emotional and social needs.

There was a complaints policy and procedure which supported people and their families to raise concerns and complaints. There had been no formal complaints from people or their relatives since the previous inspection. Information about the complaints procedure was available in easy read format.

Is the service well-led?

Our findings

At our last inspection in May 2017 we found the systems in place did not ensure people were fully protected from the risks of unsafe or inappropriate care and treatment. The provider was failing to assess, monitor and mitigate risks, maintain accurate and complete records and evaluate and improve practice. During this inspection we found improvements had been made to fire prevention measures, legionella prevention and MCA and DoLS the application for the Mental Capacity Act 2005 (MCA).

The registered manager had left the service recently. An interim manager was in post whilst the provider recruited a new manager for the service. We were told the new manager was due to start the day following our inspection visit. We were also told the interim manager would support the new manager with their induction and the new manager would start the processes of becoming the registered manager of The Old Rectory. A registered manager is a person who has registered with the CQC 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 was aware of his responsibilities to provide information to the CQC as required.

The interim manager was supported by a team of senior care workers as well as senior managers in the provider organisation. Staff were very positive about the interim manager. One member of staff said "[Interim manager] has been really supportive and listens to our opinions". Another staff member said "communication has improved since [interim manager] had been there". We noted that staff supervision meetings and team meetings had continued as normal whilst the interim manager had been working at The Old Rectory. It was clear from observations and speaking with staff that they respected and valued the leadership given by the interim manager.

The provider organisation had a clear vision and strategy to deliver high quality care and support. The interim manager and staff understood the aims and objectives and were involved in the delivery of them.

Care records were well maintained and securely stored. The interim manager told us, each care plan contains information that is relevant to the individual and this is shown by some support plans having more information than others based on the needs of the individual. They went on to say that because the staff team knew people so well they could deliver care that was truly person centred and that was very important when supporting people who have behaviours that could challenge. Throughout the inspection we saw evidence that this was the case.

There was a quality assurance framework in place which included audits undertaken by the interim manager and the providers senior managers. Checks were undertaken to ensure the safety and maintenance of the home, vehicles and equipment used. Checks were also carried out on care records and staff records. Improvements were made where the checks identified issues. For example, we saw a note in the staff communication book which instructed staff to be aware of the language and terminology used when writing people's daily notes. This showed that potential issues were raised and actions taken to

improve the support to people. Action plans were drawn up to rectify issues found during the audits. Action plans were monitored to ensure actions were completed.

There was a culture in the home which supported equality and diversity. People and staff were from different backgrounds. Staff showed respect for each other and people, whatever their background and were sensitive to different ways of living. They were also aware of gender, care records described how one person preferred a female care worker when receiving personal care.

Incidents and accidents were recorded and responded to appropriately. Records showed that incidents were monitored by behavioural specialists employed by the provider. They were followed up and investigated where necessary. Strategies to reduce the risks of incidents and accidents were introduced and reviewed at times to see whether they were effective.

Feedback was regularly sought from people, families and staff as well as health professionals. The provider carried out regular surveys and we saw the results were positive. Community relationships were encouraged. Staff told us they people had good relationships with the staff at local shops, cafés and the pub. These facilities were used regularly by the people living at The Old Rectory.

The service was required to have a statement of purpose (SoP). A SoP documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. The SoP was available at the service for anyone to review, if requested. We found the SoP for the service contained all the necessary information and was up-to-date.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the interim manager, they could explain the circumstances under which they would send statutory notifications to us. We checked our records prior to this inspection and saw that the service had submitted notifications since our last inspection. We checked this at the service and found it accurately reflected what had been submitted to us.