Livability

Bradbury Court

Inspection report

65-77 Welldon Crescent
Harrow
London
HA1 1QW
Tel: 020 8901 2990
Website: www.livability.org.uk

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Ratings

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

Overall summary

This inspection took place on the 6 and 10 March 2015 and was unannounced.

During our last inspection on 3 June 2014 we found the provider to be in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 about the management of medicines. At this inspection we found that the provider had made improvements and had addressed the breach. Medicines were now stored safely in a room where the temperature was regularly monitored.

Bradbury Court is a care home providing accommodation and support for 21 adults with physical disabilities. On the day of our inspection there were two vacancies. Bradbury Court was purpose built and fully accessible for wheelchair users. Appropriate adaptations such as a passenger lift, accessible bathrooms and toilets ensured that people were able to access all areas in the home independently. The home is in a residential area in Harrow close to public amenities.

The registered manager recently left and a new manager has been appointed and commenced work on 2 March

Summary of findings

2015. The new manager was not registered with the Care Quality Commission (CQC); however we were told that the manager had started the process of registering with the CQC. 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.'

People who used the service told us they were very satisfied with the care they received. People said they felt safe at the home. Risks to people who used the service were managed appropriately and guidance was available for staff to ensure people were able to take risks safely. We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely and a clear procedure ensured that care workers had detailed guidance to follow when administering medicines.

The manager and most of the staff had been trained to understand when a Deprivation of Liberty Safeguards (DoLS) application should be made, and how to refer people who were assessed as having limited capacity to make decisions to the supervisory body. This meant that people were safeguarded and their human rights respected. We found the location to be meeting the requirements of the DoLS. People did not always have opportunities to make a choice of what they wanted to eat or drink. People's health care needs were met and people were able to access health care support of their choice.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

People were not always able to choose their activities and told us that this made them bored, frustrated and angry. The activities coordinator had left two years ago and the provider did not employ a new person. Care plans were updated and assessments were carried out with the person concerned involved in this process.

People told us they knew who to talk to if they had any concerns. There was a complaints procedure displayed on notice boards and people were provided with a copy during their admission.

People and their relatives told us they found the management team approachable. There were management systems in place to monitor the quality of the service people received. There was evidence that people who used the service and care staff were consulted about the service provided and changes were put in place to improve the service people received.

We found that [the registered person did not take proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe by means of ensuring service users were offered a range of appropriate and stimulating activities]. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made two recommendations. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Staff knew how to keep people safe and how to identify the signs of abuse and respond to abuse.

The provider had effective systems to manage risks to people who used the service without restricting their activities or liberty.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw that when people needed support or assistance from staff there was always a member of staff available to give this support.

Staff managed people's medicines safely and encouraged them to be independent with their care when this was possible and safe.

Is the service effective?

Requires Improvement

The service was not always effective. People were not always provided with sufficient opportunities to make choices about their meals.

Staff were given the training, supervision and support they needed to make sure they had the knowledge and understanding to provide effective care and support.

The service obtained people's consent to the care and support they provided. The manager and staff understood the Mental Capacity Act (MCA) 2005 Code of Practice and the Deprivation of Liberty Safeguards (DoLS) and could explain when an application was required.

People's health and personal care needs were supported effectively.

Is the service caring?

Good

The service was caring. People told us they were happy with the care and support they received. They told us their needs were met. It was clear from our observations and from speaking with staff that they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this. People were supported to maintain as much independence as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive. There was a lack of stimulating activities offered which were chosen by people who used the service.

Summary of findings

People's individual assessments and care plans were kept under review and updated as their needs changed to make sure they continued to receive the care and support they needed.

People were encouraged to express their views and these were taken into account in planning the service. There was a complaints procedure and people knew who to talk to if they had any concerns.

Is the service well-led?

Good 

The service was well-led. The new manager and deputy manager were approachable and supportive to people who lived at the home.

The hub manager, deputy manager and manager provided good support to the staff team. All staff were clear about their roles.

There were appropriate arrangements in place to assess and monitor the quality of the service provided.

Bradbury Court

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 6th and 10th March 2015 and was unannounced.

On 6 March 2015 the inspection was carried out by one inspector, one expert by experience and one specialist advisor with experience in working with people who have physical disabilities. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case physical disabilities. On 10 March 2015 the inspection was carried out by one inspector to look at more documents and records.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with14 people who used the service, two relatives, the hub manager, the manager, the deputy manager, one senior care worker, five support workers, the chef, one administrator and one visiting health care professional. The hub manager was responsible for the management of a number of services operated by the provider. We looked at four care plans and care records, medicines administration records and other records and documents relevant for the running of the service. These included complaints records, training records, five staffing records, accident and incident records, staff rotas, menus and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

We asked people who used the service if they felt safe at Bradbury Court. People told us "Yes, I feel safe here, staff will always ask for my permission when giving care", "I feel very safe here and I am happy with the staff" and "I am safe here, but sometimes I have to wait a little longer when I ring the buzzer." We also asked people if there were enough staff on duty. Comments included "Normally there is enough staff around, but sometimes in particular during the night I have to wait longer for help, I don't mind it too much, but I know other people are not happy with it."

We viewed training records of all staff employed. The majority of staff had undertaken safeguarding adults training in the past one to two years. Three care staff did not have up to date safeguarding training, but the provider had taken appropriate action and refresher training had been arranged. Care staff spoken with demonstrated a good understanding of signs and different forms of abuse and actions to be taken if people who used the service made allegations of abuse. Care staff told us that they would talk to the manager and deputy manager if they had any concerns, but could also contact the local authority, police or Care Quality Commission (CQC). During our observations we saw that care staff interacted positively with people who used the service, they ensured that they were at the same height and talked to people about their day or what they wanted to do. We did not observe any form of discriminatory behaviour from staff towards people who used the service and we saw that people who used the service were treated as equals.

We saw that incidents and accidents had been recorded; these had not always been sent to the head office for monitoring purposes and assessing trends by the previous registered manager. The hub manager had picked this up during the last six weeks and started to review previous incidents and accidents and sent information of current incidents and accidents to the provider's head office for analysis.

We saw that equipment to transfer people who used the service had been checked and serviced regularly to ensure people were supported with appropriate equipment such as hoists, wheelchairs and beds.

People who used the service told us that usually there were enough staff around. One comment included "I usually get help quickly, but sometimes during nights I have to wait a bit longer; I guess there are less staff around for all of us." We looked at the home's rota. The general number of staff was seven staff during the morning, six staff during the afternoon and three staff during the night. Each shift included a senior care worker who was responsible for medicines administration and supporting and leading during the shift. The manager told us that the home had a number of vacancies and we saw that active recruitment was currently in process to fill these vacancies. Currently vacancies were covered with as and when workers and approximately three shifts per week were covered with regular agency workers. The hub manager told us that she was in discussion with the new manager to review the current staffing structure and planned to have more staff on duty during the day. For example between the hours of 10:00 to 18:00. We were also advised that the staffing budget had been increased.

Staff records showed that new staff were vetted appropriately. The provider obtained a criminal records check, references, and proof of identification and evidence of the right to work in the United Kingdom. We spoke to one care worker who was recently employed who told us "I wasn't able to work until they had all the references and my police check." People who used the service told us that they had been involved in the recruitment and interview process of staff and the new manager. We saw questions which had been formulated by people who used the service and were used in the recruitment of new staff.

The provider had a robust medicines administration procedure in place. Medicines were administered by senior care workers who had undertaken medicines administration training and were signed off by the provider as being competent in the administration of medicines. People told us "I get my tablets on time and staff have explained to me what they are for." The home had a designated medicines room, which was only accessible by the key holder. All medicines were safely stored in lockable medicines cabinets and trolleys. A new air-conditioning system ensured that medicines were stored in accordance with manufactures guidance. We assessed medicines administration records including controlled drugs records for five people who used the service and found no gaps or omissions. The provider carried out a medicines audit on 5 March 2015 which highlighted no shortfalls and the next audit was arranged in four weeks' time.

Requires Improvement

Is the service safe?

People who used the service told us that they had met with their key workers to discuss risks, such us in moving around, having a bath or going out into the community. Comments made included "I met my key worker and we spoke about what could go wrong when I have a shower." We look at risk assessments for five different people who used the service. Risk assessments for people who used the service had been updated and reviewed and any changes to the person had been recorded. People who used the service or their significant other signed the risk assessments which demonstrated that they had been involved in the risk assessment process. People had individual manual handling assessments in place, which were available in their rooms to ensure care workers supported people safely when transferring people. We noted that people's moving and handling assessments did not always name the exact sling, size, make and model used to support the person. In addition to this, sling labels were not always readable and the person's name had faded away during laundering.

We recommend the provider follows up to date guidance and regulations in regards to lifting and operating equipment to lift and transfer people who use the service.

Requires Improvement

Is the service effective?

Our findings

People who used the service told us "Staff know what they are doing, I feel comfortable when they use the hoist." Another person told us "The staff are generally very good, sometimes the agency staff does not know what to do, but I tell them and they do listen."

People told us and residents meetings showed that meal choices for lunch and dinner had been discussed with people who used the service. People had a choice of two different dishes for lunch and dinnertime and told us that the cook would offer an alternative if they did not like the meal choice offered. The cook showed us a folder with dietary preferences of people and specific dietary needs such us diabetes or soft food diets. This was consistent with entries in the people's care plans. We observed lunchtime and found that people were given sufficient time to eat their food and were supported by care workers where required. We saw that food was put aside for people when they had hospital appointments and missed lunchtime. All people had a small fridge, kettle and microwave in their room to make snacks and keep drinks if they chose to do so. Drinks were available throughout the day and we saw that people who were not able to leave their room had been checked frequently and were offered drinks or snacks.

We viewed the training matrix given to us by the provider. Care workers were offered training including courses in care planning, disability awareness, emergency first aid, fire awareness, food hygiene, health and safety, infection control, conflict management, nutrition and hydration and moving and handling. The training records showed that most of the staff were up to date with their training and when individual staff required refresher training this had been highlighted on the training matrix seen. The manager and hub manager told us that updating care workers training needs was a priority for the next few months to ensure that all care workers had up to date training. Care workers told us that in the past it was a bit difficult to get all the refresher training done, but the new manager had told them that this would be resolved. We spoke to one visiting health care professional who told us "Staff are very good here; they know what they are doing."

We spoke with care workers who told us that they had received supervisions, but were not that positive about the appraisals. Comments included "You fill out the self-assessment and nothing happens." This had been picked up during an external audit in October 2014 and had been raised with the previous registered manager for action. The new manager was aware of these issues and had put a supervision and appraisal plan into place for 2015. This showed that the provider had put plans into place to ensure that all staff received regular supervisions and appraisals.

We are required by law to monitor Deprivation of Liberty Safeguards (DoLS). DoLS are there to make sure that people in care homes, hospitals and supported living services are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and legal way. We saw that the provider had applied for a DoLS authorisation for one of the people living at the home. We were also advised by the hub manager that the DoLS procedure was currently being reviewed and assessments were in process to be undertaken for people who might be at risk of being deprived of their liberty. We saw this assessment in one of the care plans viewed and were advised that the information would be sent to the supervisory body. Care workers explained their understanding of depriving people of their liberty and provided us with practice examples demonstrating a good understanding of DoLS.

Most of the staff had received training in the Mental Capacity Act (MCA) 2005. Staff were able to tell us how the MCA 2005 affected them and people who used the service.

People told us that they were able to see their doctor when they wanted to. One comment made was "If I don't feel well, I tell the staff and they call my doctor." We viewed records in people's care folders demonstrating that regular health care appointments were arranged and people were accompanied by staff if they chose to do so. One person had a hospital appointment during the day of the inspection and transport arrangements were made for the person to ensure they were able to access the hospital safely and on time. A health care professional spoken with told us "The staff are very good, they listen to my advice and we work well together." Where people required community nursing team support, records viewed confirmed that this was in place and the visitors' book showed that various clinicians visited the home to support the people around issues relating to their health.

Requires Improvement

Is the service effective?

People who used the service told us that there was no cooked breakfast available to choose from. Comments included “When I first came I used to have cooked breakfast, but this has stopped now”, “Breakfast is cornflakes with cold milk, in the past I was able to have 'eggy' bread for breakfast” and “There is no cooked breakfast like porridge, there are also no hot snacks.” This was confirmed by relatives we spoke with, “My relative likes French toast for breakfast, but they can only have a cereal, that is not very good.” The home had one cook employed who started work usually around 10:30am, after breakfast had been provided to people who used the service. There was a small kitchenette available for care workers to heat up milk in the microwave or make toast, but care workers told us that they were not allowed to enter the kitchen and make cooked breakfasts if people chose this.

We looked at the menu for the next three weeks, which did not show that cooked breakfast was provided to people who used the service.

We recommend that the provider refers to guidance in relation to providing choice to people who use the service.

Good

Is the service caring?

Our findings

People who used the service spoke very positively about the caring support they received at the service. Comments included “Staff listen to what I have to say, we run the place and I would speak to staff if I am not happy about something,” “I say what I think, my parents have a say too, but they leave it up to me,” “I always get enough privacy, I can go regularly to church, which I really enjoy” and “Staff are kind and my individual needs are taken into account.”

People were supported by kind and attentive staff. Staff treated people with dignity and respect and we saw that care was delivered in an unhurried and sensitive manner. Staff were polite and people appeared relaxed and comfortable in the presence of their care workers. We observed that staff clearly knew people well and spoke with them about the things that were meaningful to them. We observed friendly, light hearted discussions and banter. One person told us, “I am pleased to talk to the carers, they are like my family.”

Staff had the time to deliver person centred care and knew people well. For example, we observed one member of staff speaking to one person in their room about their day and making the person comfortable while chatting to them. We observed that the member of staff genuinely cared for the person, which was confirmed by discussions following our observation where the member of staff explained to us the actions taken to provide the person with adaptations to gain greater independence.

Staff encouraged and enabled people to complete tasks for themselves, for example we observed one person preparing their own drink and saw in another person’s care plan that domestic tasks were part of their weekly programme. Staff told us that where possible, they encouraged people to care for themselves, even if this was by completing a small task. A care worker told us, “Whilst it is tempting to intervene, it’s important that people think and do things for themselves.” The hub manager told us that people could access advocacy services if required. However people had strong links with their families, who were fully involved in their care. If people did not have a family member that was involved, the provider worked to establish links with relatives and where this was not possible, people were referred to advocacy services.

People were involved, in decisions about their care, which helped them to retain choice and control over how their care and support was delivered. Where people were unable to express their views and wishes, relatives were consulted to support people to make well informed decisions about their care. We saw correspondence between the home and relatives, which showed where necessary relatives were always consulted in people’s care. One relative told us that the home always consulted them about the treatment and care provided. We saw evidence in people’s care records that family members were promptly informed when their relative was unwell. The home encouraged people to visit family members regularly. For example one person was visited by their relative, while another arranged a visit to their family during the inspection.

Requires Improvement

Is the service responsive?

Our findings

People who used the service told us that they were 'bored'. Comments included "There is not much happening here," "My hobby is football, but they take me out very rarely" and "We watch TV or listen to music, nothing else is happening here." Relatives made similar comments, one relative told us "The only thing s/he [their relative] is doing, is watching TV and sometimes s/he plays some pool." One of the people who used the service said "I am not happy there is not enough to do, I feel bored, frustrated and angry."

We were told by care staff that there were hardly any planned activities offered at the home. One care worker told us, "We used to have an activity person here, but since the person left nobody new has started." During our inspection we observed people watching TV and on one occasion playing pool with a member of staff. Care plans viewed had activity record sheets; one of these activity sheets had two recorded activities for the whole of December 2014 for one of the people who used the service. The hub manager told us that activities such as bingo, playing pool and games were offered, however we saw very little evidence during our inspection of this and people who used the service, relatives and care staff did not confirm that the home offered planned activities chosen by people who used the service. We saw from meetings that people who used the service had suggested activities in the past, but people told us that the previous manager did not take any action on the suggestions made.

We found that [the registered person did not take proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe by means of ensuring service users were offered a range of appropriate and stimulating activities]. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us that they had been involved in their care plan. One person said "I meet my key worker regularly to discuss what I want to happen in the future." Relatives confirmed that they were involved in the care planning process. "They always contact us if they want to discuss my relative's care plan, if we are able we will always attend the meeting."

All care plans were person centred and were written together with the person who used the service. While care plans had been reviewed annually it was not always clear if they had been updated and changes in people's needs had been recorded. The service was in the process of transferring paper copies of care plans into an electronic care planning system called CARESYS. CARESYS is a fully integrated care home management software solution designed to reduce the time spent on administrative tasks and enabling staff to focus more on planning and delivering care services. We saw one transferred care plan and noted that all information was up to date and any changes in the person's needs had been clearly documented. Care staff told us that they had received training in the use of the new electronic care planning system and while they could not see the benefit of it yet, they demonstrated confidence that the new system would provide them with additional tools to formulate person centred care plans.

People who used the service said that they would talk to staff or the deputy manager if they had any concerns. One person told us "I don't have any concerns at the moment, but if I would I will talk to the deputy manager, my key worker or the manager." The service had a complaints procedure in place, which was given to all people who used the service during their admission and a copy of the complaints procedure was displayed on two notice boards in the service. The service had received 10 complaints over the past year, we saw that the complaints had been dealt with and responded to appropriately. During a service review on 6 and 7 October 2014 the assessor raised concerns regarding the low number of complaints in 2014. The majority of the documented complaints we viewed were documented following the service review in October 2014, which showed an improvement and demonstrated that the provider had started to record complaints more thoroughly.

Good

Is the service well-led?

Our findings

We asked people who lived at the home about the management. People and relatives told us the manager and deputy manager were available to people when they visited. One person who lived at the home told us, "She [deputy manager] knows, I think she's good. We have a laugh." Another person said, "I've been in a number care homes and this is the best for me. I've made a lot of friends here." A relative said the staff were, "Very good" and "Are very friendly. Residents seem happy and they [staff] are welcoming to me." These responses and our observations during our inspection showed that people considered the home was well managed and staff understood the needs of people who lived at the home.

The manager and deputy were approachable and spent time with people living in the home and staff. The deputy manager spoke with people in a supportive way and ensured people's needs were met. For example, we saw her providing guidance and support to staff on the day of our inspection. All staff that we spoke with felt they were well supported in their caring roles by the management team and each other and provided good care to people who lived at the home. Care staff were generally very positive about the appointment of the new manager. One care worker told us "She seems nice and very good, things can only get better."

We saw the minutes of meetings with people who lived at the home. People had the opportunity to discuss the service they received and make suggestions for changes. We saw that there had been some issues about the font sizes of the minutes and we saw that this had been resolved. We saw that some people who used the service raised some concerns about some of the night staff. This had been fully investigated and resolved and people who used the service confirmed in consecutive resident meetings that improvements had been made.

We saw that the provider undertook an annual quality assurance questionnaire with people who lived at the home. The responses were positive about the standard of care and the support provided by the staff team. This meant that people who lived at the home and their relatives had regular opportunities to comment upon the quality of the service.

The quality of the service provided was monitored effectively, we saw that the service had been visited by a member of staff from the head office on three occasions since our last inspection, The format of the audit was based on the five key questions safe, effective, caring responsive and well-led. During each quality assurance visit the assessor samples various aspects of the service provided. We saw that recommendations had been followed up and areas of poor care were addressed.

Staff we spoke with knew about the provider's procedure for reporting incidents and accidents and understood its importance. We looked at records which showed that the provider had taken action in response to incidents and accidents to prevent them from happening again. For example, one person had experienced some falls and they had been referred to health professionals for assessment. This meant that where there was a risk of incidents and accidents reoccurring these were minimised which included advice from health and social care professionals when required.

At this inspection we found that the hub manager was at the home most days and worked closely with the management team to ensure regular audits were carried out. These included checks of care plans, medicines and the premises. The management team also worked closely with staff which enabled staff practices and the quality of the care people received to be observed. These practices supported people to receive safe care and support.

The provider and management team were able to describe the improvements they were making. For example, this included more involvement of people's relatives in the reviews of people's needs and a review of the key worker responsibilities staff had with people to ensure this was working as well as it could be. This showed that the provider and the management team were able to analyse the quality of care and service people received and had taken action when required to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person did not take proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe by means of ensuring service users were offered a range of appropriate and stimulating activities. Regulation 9 (3) (e).