Bradbury House Limited

Cypress Lodge

Inspection report

The Witheys
Bristol
Avon
BS14 0QB

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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

Cypress Lodge 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. Cypress Lodge accommodates up to 10 people across two separate buildings located next door to each other. Each building has separate adapted facilities.

After our last Inspection in May 2017 we asked the provider to complete an improvement action plan. This was because we had identified shortfalls in two of our key questions. Is the service Safe? And Is the service Well Led?

At our last inspection in 2017 we had found that medicine administration systems that were in place were not fully safe. Improvements were needed to ensure people always received their medicines when they needed them and that medicines were stored correctly. Staff administered medicines to people; no one self-medicated.

We had also found at that inspection in that quality assurance systems were not fully effective in ensuring people received consistently high-quality care, that the service complied with the law or that necessary improvements were carried out.
The care service has been developed and designed 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.

There was no registered manager at the time of our visit. The acting manager was in the process of applying to be registered with 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.

The home had a relaxed atmosphere and people were being supported by staff who knew them well. Although the impact of inspection could have been great on the senior staff they continued to be focused on people using the service and ensured that their plans and needs were addressed.

The staff leadership were intent on continuing to make progress that had commenced after the last inspection. Comments made indicated that there was a drive to develop the service and build on the skills and abilities of staff to successfully support people to develop their independence.

The premises were plain but functional and it was clear that both homes were lived in and well used by the people who occupied them. They were not clinically tidy but instead showed evidence of being peoples own

space with some personal belongs in lounge areas such as games, magazines and drinks on side tables when people were watching television or chatting.

The staff had been on training about abuse and had the knowledge and insight to know how to keep people safe. This helped people to be supported to stay safe in their home and out in the community.

People felt well supported to have choice and control of their lives. The staff team supported people in positive ways. There were policies and systems to support the staff to do this effectively.

The principles of the Mental Capacity Act were implemented in the home. There were policies and systems in the home that supported the staff and people who lived there.

People were supported to have enough to eat and drink to maintain good health and wellbeing. People were encouraged to cook meals and snacks for themselves.

People were supported flexibly in ways that ensured their individual needs and preferences were met. Care plans were personalised and guided staff to provide care and support in the way people preferred.

Activities were planned with people in an individualised way. This was to reflect the interests wishes and choices of each person.

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 has improved to good

There were now safe systems in place for storing, administering and managing people's medicines.

Risks to people were identified and actions taken when needed to help to keep people safe.

There were enough staff on duty at any time to help to keep people safe.

Staff understood about abuse and how to protect people at the home.

Is the service effective?

Good

The service remains good

Is the service caring?

Good

The service remains good

Is the service responsive?

Good

The service remains good

Is the service well-led?

Good

The service has improved to good

Notifications about the service were now being sent to CQC and other organisations when needed in a swift and timely way.

The provider had effective systems in place to check and monitor the quality of the care and the service provided for people.

The acting manager was open and inclusive and the home was run in the best interests of people.

Staff and people at the home felt well supported and were encouraged to make their views known.

Cypress Lodge

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.

Before the inspection we reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

This inspection took place on 25 July 2018 and was unannounced. The inspection was carried out by two inspectors.

We met six people who lived at the home. We interviewed four members of staff and the acting manager.

We pathway tracked the care of two people. We observed care and support in communal areas We also looked at records that related to how the home was being run as well as the quality monitoring systems in place.

Good

Is the service safe?

Our findings

At our last inspection in May 2017 we had found that medicine administration systems needed to be improved to ensure people always received their medicines when they needed them and that medicines were stored correctly. Staff administered medicines to people; no one self-medicated.

At this inspection we saw that suitable actions had been taken and people's medicines were being managed safely. The provider had ensured that medication for each house was held safe and secure. The storage room in Cypress Lodge was large and in addition to the storage cupboards for medication there were storage cupboards for the care files and medication fridge (should it be needed) for the whole home. In one of the house there was a small room for medication and administration records for the people living in that part of the home.

Safe temperatures were being maintained for medication storage and records maintained of the routine checking (including the medication fridge).The home used a blister pack medication administration system, but some medicines were stored in packets or bottles. In addition to medication that was routinely supplied there was safe storage and records held in respect of medication that was prescribed 'as needed' (PRN). There were clear records relating to the use of PRN medication with individual records relating to circumstances or reasons that a person would need such medication. The recording systems in use were clear and well used and included stock counts. When people were administered short courses of medication or changes part way through a month, two staff checked the new medication that had been received and both recorded that this safety measure had been undertaken to eliminate any errors that could have occurred in transcribing from container to admin records.

People told us they felt safe with the staff. We saw that people looked very relaxed and comfortable in the company of all of the staff who were on duty.

There was enough staff on duty to meet the needs of people using the service. On the day of our inspection the number of staff on duty accurately reflected the staff listed on the duty roster. The acting manager told us they had a bank of staff they could use during sickness or leave. We were told that agency staff were used if necessary, but that the service had good links with a local agency and could use the same staff each time to provide continuity for people. When we saw people asking staff for help or assistance this was immediately provided. We did not observe people waiting to gain the attention of staff.

The provider continued to have appropriate arrangements to identify and respond to the risk of abuse. Staff could tell us about the different types of abuse that could occur. The staff also explained how to report concerns. Every staff member said they felt comfortable to approach the acting manager or other senior staff. We saw a copy of the provider's procedure for reporting abuse prominently displayed in shared areas of the home. This guidance was written in an easy to understand format to make it 'user friendly'.

Safeguarding continued to be discussed during staff supervision sessions. This included ensuring that staff knew how to raise any concerns. Staff we spoke with confirmed they had received training in safeguarding

adults and that they felt confident and competent to report any concerns.

Staff continued to understand what whistleblowing at work meant and how they would do this. Staff knew this meant they were protected by law if they reported suspected wrongdoing at work. The staff explained that whistleblowing included reporting things that were not right, were illegal or may involve neglect. The staff said they had been on training to help them understand this subject. There was also a whistleblowing procedure on display in the home. This included the contact details of the organisations people or staff could safely contact.

Learning from incidents and investigations took place and changes to the care and support people received were implemented where needed. The records showed the acting manager and staff recorded significant incidents and occurrences that had impacted on people. We saw that staff recorded what actions had been taken after an incident or accident had happened in the home. The care plans were updated so that they reflected any changes to people's care after an incident or occurrence. For example, risk assessments had been completed for people and in one person's care file, a risk assessment had been completed following an incident between two people who lived at the home.

Good

Is the service effective?

Our findings

People were supported with their needs by staff who knew how to provide effective care and support. This was evidenced in many ways. Staff used a variety of approaches when people became anxious in mood due to their learning disability and/or mental health needs. Staff talked through with people how they were feeling, and sometimes they used specific distraction approaches to help the person feel calm. For example, staff went for a walk with a person to reassure them and help them feel safe. Other ways that staff supported effectively included the staff discreetly prompting individuals. This was to have a shower or a bath and to support people to get up at different times of the day.

Staff also checked on people regularly and made sure people who needed support felt safe and comfortable. The staff on duty were meeting the needs of people in the ways that were set out in their care plans. This demonstrated staff were ensuring people received care that was consistent and effective.

People could eat and drink nutritious food and drink that they enjoyed. We saw people were encouraged to prepare and cook their own drinks and snacks. We saw people doing this throughout our visit. This was a good way to support people to be independent around their food and hydration needs.

People who needed special diets were also well supported and this was evidenced by the choices that were available and the care records we read. For example, we saw one person needed a certain lower fat diet and this was provided for them. Information in care records set out and staff also explained how they monitored people's food and drink intake. This was to help ensure people ate a healthy and well-balanced diet if they wanted to eat in this way. For example, one person made their own fish finger sandwich for lunch. The person told us this was a meal they liked to eat. another person was supported to make marmite on toast as a snack. Care records clearly showed what actions were needed to properly support people with their nutritional needs. An assessment had been completed to work out who may be at risk of malnutrition or obesity. The staff team had been on courses to enable them to be able to support people effectively with their nutritional needs. People with specific nutritional needs had been supported by a nutritional healthcare specialist.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications were in place as legally required for certain people. These were to ensure any restrictions on people were lawful.

Care records showed how capacity was assessed and considered when needed. When a person lacked capacity to make certain decisions in their life, there was clear guidance in care records to show how to

support the person. For people who were being restricted of their liberty, correct legal procedures had been put in place to ensure it was lawfully carried out and regularly reviewed.

Staff had a good awareness about how best to support people to make decisions in line with the MCA. They could explain how they supported people to make decisions that were in their best interests and least restricted their liberty. We read detailed examples of where people's capacity had been assessed and found that an informative and situation specific assessment had been completed for one person. Staff told us they had been on training about the MCA and were aware of the need to consider capacity and what to do when people lacked capacity.

Staff received training provided by the service when they joined as part of their induction programme. All staff also received regular refresher training. Training subjects included safe responses to behaviours that challenge, first aid, infection control and food hygiene.

All the staff we spoke with told us they had been given training relevant to support the people they supported. Training included specific subjects that helped to support staff to recognise and meet the needs of people. Some staff told us they completed specific autism training, to enable them to understand the needs of the people they were supporting.

All staff we spoke said they had been supported with regular one to one supervisions throughout the year and records we saw demonstrated this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. People we spoke with told us that staff were caring and supportive to them. One person told us staff were "Very nice". Another person said, " They have all been great to me ".

We observed people being treated with respect and the staff on duty had a caring and kind manner with everyone they supported. People looked comfortable, relaxed and happy to approach the staff as well as each other. The staff were all patient in approach, they took the time to speak with people as they supported them. Staff prompted people in a discreet and respectful way when they were not able to recall something they were talking about.

People were supported by staff in ways that were respectful and maintained their dignity and privacy. Staff told us they made sure people had privacy whilst they prompted them with personal care. Staff said they prompted people and supported them to live as independently as they could be.

Respect for one another amongst people living in the home was encouraged and promoted by staff. This included respecting each person's living space and private rooms. When a person from one house went to enter the other house through an open patio door staff reminded the person that they needed to be invited in and should not assume that an open door was an open invitation. Some of the people spoke about being able to welcome visitors to the home and said that staff were welcoming and accommodating. We were advised by two people that house rules included not having someone in their room with the door closed, when discussed both people said they liked to leave their door open at such times as it made them feel safe. People could and did lock their bedroom doors as they wished.

People said they felt staff helped to keep them safe and were aware of the staff checking each evening to make sure doors and windows were locked. People said that the identification of visitors and callers to the home were always established or known before they could come into the home. When people were going out from the home they were seen to inform staff about what they would be doing. People we spoke with said that they liked that staff were interested in what they were doing.

Interactions between people and staff were relaxed and friendly. Through our day we saw and heard constant positive interactions between staff and people at the home. Staff gently engaged in some gentle humorous but still respectful conversations with people. People responded to the staff in a very positive and happy way. Staff were clearly aware of the plans in place for each person that day, which was evident through the conversations that were ongoing. We saw people approach staff on numerous occasions when they wanted information or required some reassurance. Staff supported people when they wanted to improve their travelling skills and accompanied
people when they wanted to go to specific places of interest as part of their individual plans. We saw staff seated in the lounge areas when people were present and they were engaged in relaxed conversations and interactions with people using the service.

Daily notes were made about each person to provide summaries of what activities they had been engaged in or any issues that had arisen. People said they were comfortable with staff making such notes as they knew staff would read them.

Good

Is the service responsive?

Our findings

People were supported by staff who understood how to provide them with care and support that was highly responsive to their needs. The staff who we spoke with had a good understanding of the needs and references of each person at the home. The staff could describe how they supported each person with their range of complex care needs. For example, what time they liked to get up, what they preferred to do during their day as well as what food they enjoyed. This was also evidenced by our observation of people and staff together. We saw that people got up at different times. We saw people chose to take part in a range of individual social and therapeutic activities in and out of the home.

On the day of our visit we met one person who was moving to more independent living. They told us that the support of the staff had enabled them to feel confident to move. This was good evidence of how people were supported to received care that was flexible and responsive to their needs.

People chose who they wanted to support them with their care and were encouraged to take part in a variety of social and therapeutic activities away from the home, in the community. The staff supported people to go out into the community while we were at the home. People went out for one to one time to coffee shops and other places they liked to visit.

People were encouraged to be actively involved in planning their care plans and reviews of them. In conversation each person we spoke with referred to their care plans. Two people spoke about their wishes and aspirations and how they were supported by staff to consider these and work towards making improvements that they wanted. It was clear from the conversations that people had full involvement in planning their future and their daily activities.

Each person had a full written care plan that initially had been determined based on the assessment information and the full involvement of the person. The care plans were comprehensive and were routinely reviewed. In addition to main annual reviews each person had a monthly review with their named keyworkers. The monthly reviews were used as opportunities to discuss plans for the forthcoming month as well as any changes to plans or activities that the person had identified. Care plan were regularly in consultation with people and the staff. The care plans were produced in written and easy read format to ensure that people using the service had access to a plan they could easily comprehend. Comments made by some of the people using the service about their wishes and aspirations reflected what had been recorded in their plans as well as knowledge held by staff about the individual plans of people.

People had opportunities during monthly meeting in each house to discuss use issues'. We were advised that the set agenda usually covered respect for each other, plans, house issues and anything of note that the people wanted to have included. The summary of points made were recorded and then displayed in an easy read format for ease of referring to during the month. Photos were used in such records to easily indicate which person had agreed to what tasks etc. Some house rules had been determined by people living in each house. People had decided that they didn't want music played in bedrooms after 8.00pm. People told me this was their idea and they spoke of the impact on themselves when they had not had this 'rule'. People

said the monthly meetings were good.

Individual plans for people included long term objectives such as living more independently and where appropriate there was an objective for a person to acquire skills such as shopping, cooking alone or travelling around the community. People said they were well supported by staff and could progress at their own pace. Everyone went out into the community.

Within the home people shared some of the domestic tasks and in addition roles and responsibilities had been shared out when people had expressed an interest. One person liked to maintain records and was interested in health and safety matters. They were involved in recording of the weekly health and safety checks including the weekly fire alarm checks. People could also go to a farm owned by the provider company and could undertake tasks including looking after the farm animals and work for financial reward. People said that tasks or work assigned to them at the farm were commensurate with their preferences as well as skills and abilities. People spoke positively about some of the work they had undertaken and how it had helped building their confidence.

Good

Is the service well-led?

Our findings

At our last inspection in 2017 we had found that the service was not consistently well led. Quality assurance systems were in place which were designed to monitor the quality of service being delivered and the running of the home. These had not been fully effective in ensuring people received consistently high-quality care, that the service complied with the law or that necessary improvements were carried out.

We had also found that the provider had not ensured that all notifications that needed to be reported about the service were sent to CQC. This could have put people at risk as this meant CQC did not have access to the most up to date information about the service. At this inspection new systems had been put in place to make sure all notifications were swiftly reported. We saw clear evidence of this before our visit and at the home. Notifications had been made appropriately to the local safeguarding team and to the Care Quality Commission.

At this inspection we found that clear improvements had been made. The acting manager and provider had fully embedded into practices a range of quality checking and monitoring systems. These systems showed that the quality of service and overall experience of life at the home was now properly and regularly checked and monitored. Areas that were monitored included health and safety, record keeping, care planning processes, management of medicines, staffing levels, staff training and the menu choices. We saw that senior manager had identified care plans had required attention when they carried out an audit. The acting manager had put in place an action plan to address them. For example, we saw that care plans had now been re written and were detailed and up to date.

The service was run by a staff team led by the acting manager and team leader who were enthusiastic and committed to ensuring the home was well run. The staff we met and observed conveyed that they understood the provider's visions and values for the service. They knew these included showing a very person centred approach towards people, as well as treating people with the upmost respect. The staff told us how they tried to make sure they always put these values into practice when they engaged with people. Staff said one example of how they did this was to try to support people to make choices in their daily life as well as in relation to all aspects of their care.

The acting manager and team leader showed us they were providing effective leadership of the home. Both staff had a very good knowledge of the people who lived at the home. They also showed a commitment to the home, the people who lived there and the team. The acting manager and team leader led by example and were role models. The staff showed that they shared the acting manager's and team leaders vision for providing high quality and person-centred care. This helped put the visions and values of the organisation into practice. Staff told us told us that they worked alongside the acting manager through the day at work and they were always supportive and available. The acting manager stayed up to date about current topics and issues relating to people with a learning disability. The acting manager told us they attended meetings with colleagues and other social care professionals who worked in the same field in adult social care.

We saw information and learning that was shared with the team at staff team meetings. There were also

articles and journals about health and social care matters on display to be read by staff. The staff and acting manager told us that team meetings were held regularly. The staff felt able to contribute to meetings. Minutes showed that the team discussed the needs of people who used the service and any other matters that related to how the home was run.