Care Quality Commission

Caring Homes Healthcare Group Limited

Bradbury House

Inspection report

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Ratings

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

Overall summary

We completed an unannounced inspection of Bradbury House on 26 August 2015. Bradbury House provides accommodation and personal care for up to 21 older people. At the time of our visit 19 people were resident. This care home is in the centre of the town and is a converted older building.

There was a registered manager in place and they were present on the day of our inspection. 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.

We found a care home that was well run for the benefit of the people who lived there. Everyone spoke highly of the service offered and felt appropriately cared for. People told us that their needs were assessed, they were involved with their care and were consulted about changes. People experienced good care with access to health care, social stimulation and liked the food on offer.

Summary of findings

Staff had the skill to support people and were well trained. Staff felt supported by management and liked where they worked.

Management was open, inclusive and listened to people who used the service. There were good systems in place to monitor and respond to events that occurred and feedback from people was used to develop the service further.

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?

Good

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and acted appropriately to protect people.

Risk had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

People's medicine management was robust.

Is the service effective?

Good

The service was effective. People had their health care needs met and received care and support that met their needs.

Staff received a thorough induction and on going training.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy diet.

Is the service caring?

Good

The service was caring. People were looked after by staff that treated them with kindness and respect.

People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive, caring relationships had been formed between people and supportive staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and so met people's individual needs.

People were involved in planning their care. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests.

People's complaints and concerns were taken seriously. People's experiences were taken into account to drive improvements to the service.

Is the service well-led?

Good

The service was well-led. There was an open culture. The management team were approachable and their roles defined by a clear structure.

Staff were motivated to develop and provide quality care.

Summary of findings

Quality assurance systems drove improvements and raised standards of care.

Bradbury House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 26 August 2015 and was unannounced.

The inspection team consisted of an adult social care Inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of older people using health and social care services.

Information was gathered and reviewed before the inspection. This included all the information we hold about this provider, including statutory notifications. These are events that the care home is required by law to tell us about.

The methods that were used included talking to eight people using the service, four of their relatives and friends or other visitors, speaking with six staff, pathway tracking three people using the service, observation of care and the lunchtime experience. We also looked at and reviewed records relating to medicines management, recruitment, training, audits and management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Bradbury House. One person who liked to spend the day in their room said, “I feel very safe - when I tell them I’m feeling dizzy they come and check me every hour”.

Staff had received safeguarding training. Staff were confident they knew how to recognise signs of possible abuse. They felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

As a response to a recent safeguarding referral the manager had developed a panel within the home. This was a group made up of people who used the service and staff. These people were to be given extra training and have a thorough understanding so that they could keep alive the conversation about protecting people from harm and to make this everyone’s business within the home. This was a positive development to share understanding about protecting people.

We saw that people had their call bells to hand to enable them to summon staff when needed. One person said, “You don’t have to wait long.” and another person said, “Yes, they do come quickly”. One relative expressed concern about the long twelve hour shifts staff worked and that they were always busy. We concluded there were enough skilled and competent staff to help ensure the safety of people. Staffing levels were assessed and monitored depending on people’s needs. This enabled care and support to be given in a timely manner and adjusted as people’s needs changed. People in receipt of care told us they felt there were sufficient numbers of staff to meet their needs and keep them safe. Staff said there were enough staff on duty to support people and they never used agency staff.

People were supported to take everyday risks. We observed people walking freely around the home and going out into the community. Risk assessments recorded concerns and noted actions required to address risk and maintain people’s independence. For example, people were supported to go into the local town to do their banking or purchase shopping. One person who liked to have a drink and smoke in the evening told us the staff take him downstairs and outside in his wheelchair to a covered area where they supported him until he’s finished.

Risk assessments highlighted people at risk of skin damage or in some cases falling that may cause injury. Staff knew who required frequent moving to reduce the likelihood of a pressure ulcer developing. People at risk of skin damage had special mattresses and cushions to maintain their skin integrity. One person had a plan to prevent them falling from bed at night. Both the person and their family were aware of the need to have a crash mat and not bed rails to keep them as safe as possible.

People told us they received their medication when they needed it. One person did say, “Sometimes I have to remind them about my medication.” We found medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. This included records of controlled drugs and details of specific medicines such as pain reliving patches moved to different sites of a person’s body.

Medicines were locked away as appropriate and where refrigeration was required temperatures had been logged. Monthly audits monitored medicine management. Staff were assessed and observed to be confident and capable of administering medicines.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person stated "I'm well looked after – they know what they're doing." Staff undertook an induction programme at the start of their employment at the home. The manager made sure staff had completed an introduction to the home and had time to shadow more experienced staff and get to know people. The Care Certificate induction was being implemented. This is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. Induction training included information about the building, fire exits, moving and transferring, care plans and regular support from the deputy manager and manager. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. Staff training in areas such as food hygiene, infection control, first aid, moving and handling and person centred care were in place to support staff's continued learning and was updated when required. Two staff we spoke with had achieved recognised qualifications in care.

Staff felt supported by a regular system of supervision and appraisal which considered their role, training and future development. In addition to formal one to one meetings staff also felt they could approach the manager and deputy informally to discuss any issues at any time. The deputy manager regularly worked alongside staff to encourage and maintain good practice.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who may need their liberty restricted to keep them safe and provides protection for people ensuring their safety and human rights are protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS applications had been appropriately made. The service was aware of the legal process they were required to follow and sought advice appropriately from the local supervisory body. People's capacity was regularly assessed by staff. Staff showed a good understanding of the main principles of the MCA and followed this in practice. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. Staff members told us they gave people time and encouraged people to make simple day to day decisions. We saw examples such as; One person told us that they liked to keep their door open and we observed that a fire door release switch was fitted to their door. When asking about consent one person told us, "On the whole it's there. The staff are very good – when I have a shower they always tell you what they are doing". A different person said, "I wear what I want to wear".

The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests. Staff understood this law and provided care in people's best interests. Staff sought

people's verbal consent before they engaged in personal care.

People were provided with a healthy diet and encouraged to drink often. All bedrooms had fresh water and regular tea and coffee was provided throughout the day. The majority of the people spoke highly of the catering. Comments included; "I like my food here – they give me enough variety and make me happy". And "The food is good, nourishing, but it hasn't got the bits like horseradish with beef". Another person said, "I don't like curry but they always offer me an alternative and I can have hot food at tea-time if I want it".

The dining room was bright and pleasant but was only seen to be used by two people on the day of our visit, one of which had chosen not to eat yet and the other had a glass of wine with their meal. The majority of people ate in the communal lounge from adjustable tables whilst remaining in their armchairs. Some people ate in their rooms and we heard a staff member asking them about their meal choice shortly before it was due to be served on trays to their room.

We observed three members of staff assisting people with their meals and in each case they were taking time to seek the person's consent whilst describing to them what was on their plate. Two residents had plate guards to help them manage their food and maintain their independence.

People's care records highlighted where risks with eating and drinking had been identified for example where there had been weight loss. Staff monitored these people's diets.

Good

Is the service effective?

Where necessary GP advice had been sought and supplements prescribed or fortified diets provided from the kitchen. Appropriate referrals had been made to the speech and language team (SALT) and dietician where needed.

People had their health needs met. A chiropodist was present in the home during the morning and several people referred to having their nails done and seemed very satisfied. One person told us, "He's a very nice chap from Chelmsford – I'm happy with my Chiropodist". Another person told us about their dental appointment to have some teeth removed and another referred to a recent visit in the home by an optician.

Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments or GP visits. Records showed that people had access to a range of community healthcare professionals to support their health needs and received on going healthcare support, for example, from opticians, dentists and chiropodists. Staff promptly sought advice when people were not well, for example if they had a suspected urine infection or chest infection. Staff were mindful of each individual's behaviours and mannerisms which might indicate they were not well or in pain. One staff member was a diabetes champion. This meant they took a lead in knowing more about this condition and supported others in their knowledge and actions.

When asked about attending hospital appointments one person said that staff attend with them in the minibus and another person told us that an escort from the home always went with them to the hospital and returned back with them.

The home was clean and comfortable. The home had been adapted to accommodate older people. Many of the bedrooms contained personal items of furniture, framed photographs and items of memorabilia along with pictures on the walls creating a very personal space. We fed back to the manager that the communal lounge appeared rather dark, wood was stained dark, with poor natural light and there were two steps leading off to the manager's office and kitchen which could present a hazard to older people. The manager noted our feedback and agreed to discuss the matter further and take action.

Good

Is the service caring?

Our findings

The atmosphere in the home was calm and the staff were organised and friendly. People using the service all appeared clean, smart and appropriately dressed and their demeanours engaged but relaxed. People told us consistently that the staff had a caring attitude.

People told us, "I'm quite happy about the staff here – we're pretty fortunate and they work as a good team". And "I've been well looked after - Its clean, its friendly, the foods good – there's nothing to ask for". Another person said, "You wouldn't get better – they're all good". And "I can't fault it – I like living here". A different person said, "Staff on the whole are excellent – most caring people, remarkable".

We spoke with staff and it was evident that they knew people very well. Staff were able to speak confidently about how people liked to be supported and what their individual preferences were. Staff were respectful in how they addressed people and were mindful of confidentiality.

A visitor we spoke with talked highly of the care for their relative. "The staff are marvellous all the time. They never take their eye off them. It is terrific. They call me if [my relative] gets upset. They cuddle old people and comfort them."

We observed two staff members transferring a person from their wheelchair using a hoist. They were talking to the person in a reassuring and informative manner and were quick to close the bathroom door to protect the person's dignity. Another person told us, "They're marvellous – they were so very kind to me when I had a toileting accident – the treatment here and the care is great"

We observed staff interactions with people who lived at the home that were friendly, kind and sensitive. One person was living with dementia and was unable to see but their facial expression showed that they felt reassured and content with the assurance given by staff.

We found that people were involved in making decisions about their care and were influential in how the home worked. We were told by several people who live at the home that there were regular residents meetings and that the 'new' manager is very friendly and approachable. One person said that they chose not to attend and another said they were aware of the meetings, and the manager was very good, but that they chose not to involve themselves. We looked at the minutes of the last two meetings and found that people expressed a view and were listened to on subjects such as entertainers coming in the home, trips out, activities provided and menu choices and changes to the menu. These meetings also informed people about staff changes and any developments.

Good

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs, they were written using the person's preferences that were obtained from detailed assessments before the person moved in and completion of a preference questionnaire. They reflected how the individual wished to receive their care. Preferences such as preferred name, preferred gender of staff to give personal care, people's likes and dislikes, their routine and friend and family contact information gave guidance staff needed to provide personalised care. People, family and professionals were involved as far as possible to develop these. One relative explained that staff knew their relative very well and since they had been at the home they had changed considerably. The family had huge confidence that the staff, with medical advice, were supporting their relative and solving matters that were arising in their care.

People told us that their individuality was respected. One person preferred to stay in their room. They told us they enjoyed reading and watching their soaps on the television. Another said, "I only come down on special days such as celebrations." One person explained that they didn't want to have a bath because of painful legs. They told us, "Staff help me to wash myself on a chair in my room". Another person referred to having their bath on a Sunday morning where two staff members helped them from their wheelchair into the bath using a hoist. This showed us people got the care and support how they preferred.

People enjoyed a variety of interests and hobbies. One person told us that they had enjoyed the cheese tasting and a glass of wine the previous afternoon. Two people using the service told us that they had enjoyed a recent visit to a local garden centre. Another person said, "Sometimes we go out to bowling". Another person had enjoyed the recent 'twenty first anniversary of the opening of Bradbury House' event.

People were supported to regularly access the town centre. One person said that the manager had taken them to a local shop to buy their favoured drink. On one occasion they had taken themselves to a local pub and the manager had come and joined them and then walked back together. One person was looking forward to their trip out in the afternoon with a member of staff who was taking them to buy batteries for their hearing aid.

The staff member responsible for activities told us that she worked three six hour shifts per week and that another staff member covered the rest of the week. She was seen to be interacting with many of the people living there, painting their nails, taking people to the shop and generally interacting with everyone in the home.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed within the home. People knew who to contact if they needed to raise a concern or make a complaint. Several people told us that they had not felt the need to complain but they knew who the manager was and found her to be approachable and helpful. One person told us they had complained about the poor condition of their mattress on several occasions and that when the new manager took over she had arranged to have it replaced immediately. A complaints log noted any concerns and the action taken in the past. There were no recent complaints or concerns. In the entrance hall there was also a comments box for people and / or visitors to leave feedback. A visitor was seen using this facility. The comments we reviewed were positive.

Good

Is the service well-led?

Our findings

The manager and deputy manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Staff comments included; "This home is one of the best. The deputy manager is on the ball. The manager is approachable and listens." Another said, "They are brilliant. Easy to talk to. You can ask anything. Always a call away. They are there for you." All staff we spoke with were positive and motivated about the home and were able to tell us about the vision and values of Bradbury House and what they were achieving as a team. One staff member said the staff were a "Great team" and that she always looked forward to coming to work.

Everyone we spoke with confirmed that they knew who the manager was and that they saw her regularly. The manager came in even though they were on annual leave. The deputy manager was visible throughout the day and the staff seemed well organised and in control. Their attitude in all cases was positive and their moods light, friendly and good humoured throughout the inspection process.

People and their relatives were encouraged to voice their opinion informally and through regular meetings and they felt listened to when they did. People's comments in the quality assurance questionnaires we reviewed were positive. 100% of people said they were involved with their care plans and 100% of people said they would recommend the home. This survey completed in March 2015 had a 76% response rate, therefore did reflect the views of people. One person had said, 'Although some aspects of the furniture and plumbing could be upgraded. I feel the love and support given to mum is second to none, which outweighs the furnishings.' The survey had an action plan attached and we could see matters were developed and had been actioned as promised.

The manager used events to drive improvement. An example given was the development of the safeguarding group within the home. This showed the manager was wanting to operate an open and transparent service. From the same event the manager showed us their response under their 'duty of candour'. This was a change in the legislation that requires services to take responsibility when things go wrong, investigate, inform people about the event and apologies where needed. In information we examined we found that the manager had done just that. Letters of outcomes with apologies were in place. A relative we spoke with said, "You cannot fault it. The office followed it up beautifully."

Audits of the service were carried out. These included medicines, infection control, the kitchen health and safety and maintenance. Areas of any concern from audits or servicing of equipment

had been identified and changes made so that quality of care was not compromised. On the day we visited an engineer was servicing the hoists and the shaft lift. The provider captured information from audits and monitored events through the computer systems in place. The provider conducted a monthly visit to the service. They spoke with people who used the service and staff who worked there and produced a report based upon the same measures and format we at CQC use. They had given the service ratings and were able to make judgements on which areas may be improved. There was an action plan in place with timescales to complete. The manager felt supported by the wider organisation and felt able to request training, resources and advice.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.