

# The Abbeyfield Beaconsfield Society Limited

## Bradbury House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection took place on 9 and 11 November 2016. It was an unannounced visit to the service.

We previously inspected the service on 16 May 2014. The service was meeting the requirements of the regulations at that time.

Bradbury House is a care home for older adults. It is located in Beaconsfield, Buckinghamshire. It is registered to provide accommodation for up to 41 people. At the time of our inspection 39 people lived at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

We received positive feedback about the service. Comments included, "It is not just known for high quality care by well-trained carers, but also for the quality of the activities offered, the outings in the mini-bus, the friendly welcome from the staff, and the warm and homely atmosphere" and "I think Bradbury House provides a very good service for the elderly community and it enables them to keep their independence plus having the care of the dedicated staff."

People told us they liked living at the home. One person told us "I have come here to live." The paid staff were supported by a dedicated and committed team of volunteers. This enabled people who required assistance to have greater access to activities away from the home.

We found some improvements were required around the safe administration and storage of medicines. We have made a recommendation about this in the report.

People felt safe from abuse and staff were knowledgeable on how to recognise signs of abuse and what to do if concerns were reported.

There was very stable and well established staff team. Many members of staff had worked at the home for a long time and had progressed to more senior positions. There was good communication across the whole staffing group.

There was a clear management structure which was understood by people who lived at the home. Audits conducted by the provider and registered manager demonstrated a clear programme of driving improvements.

Staff were well trained and knowledgeable about the people they supported. We saw that appropriate

professional relationships had developed between staff and people.

The home had a relaxed and informal atmosphere, people, relatives and staff told us how friendly, warm and homely Bradbury House was. This was enhanced by the resident dog Ben. Several people told us how they liked having Ben around as they had always lived with dogs.

People had access to a wide range of activities both within the service and away from the service. Regular activities included trips out to garden centres, theatres, mystery tours. The home had an adjoining activities centre. It held a variety of activities, based on what people wanted to do; this included making homemade jams, crafts and quizzes. The management committee held regular fund raising events. Bradbury House was well known in the local area and was involved in the various clubs and societies in Beaconsfield.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People were supported by staff who did not consistently follow safe practise in the administration and storage of medicines.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

**Good** ●

### Is the service caring?

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

**Good** ●

### Is the service responsive?

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People were supported to access a range of healthcare services and appointments were made promptly when needed.

**Good** ●

## Is the service well-led?

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

Good 

# 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.

The inspection took place on the 9 and 11 November 2016 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector on day one and the same inspector was joined by another inspector on the second day.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with seven people living at Bradbury House who were receiving care and support, three relatives; the registered manager and seven staff, including the deputy manager and the activities coordinator. We spoke with one healthcare professional on day one of the inspection. We reviewed five staff files and seven care plans within the service and cross referenced practice against the provider's own policies and procedures. We observed the administration of medicines for three people.

After the inspection we were contacted by relatives of past and present residents, members of the management committee and volunteers.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commissioned care on behalf of the local authority and health or social care professionals responsible for people who lived in Bradbury House.

## Is the service safe?

### Our findings

People told us they felt safe at the home, this was supported by what relatives and professionals told us. Comments included, "I definitely feel safe here, and I choose to live here as I was struggling at home, I have not looked back" and "Never seen anything to concern me at all." People told us they would not hesitate to raise a concern with the registered manager; however they also told us they could not imagine a situation would arise when they would feel at risk.

People who required support with medicine had a care plan in place. People who were able to manage their own medicine were assessed by a senior member of staff as safe to undertake this task. People were supported with their medicine by staff who had received training

The service had recently changed the systems around medicine management. The deputy manager had the lead role in the management of medicines. We observed there were clear processes for ordering and checking in new stock. We found some issues regarding the storage and administration of medicine. We observed three people receiving their medicines. One person was handed their medicine by a staff member. The medicine had been dispensed into the staff member's hand. We asked if a pot was usually used. The staff member and the deputy manager confirmed that pots were available for use within the home. We spoke with the registered manager about this; they stated that medicine pots would always be ordered as required. We noted the staff member acknowledged this as poor practice and had reported the incident to the registered manager. Following the inspection we received confirmation from the registered manager the staff member had been provided with additional training. Staff supported people with their medicine in a sensitive manner, always asking them if they wanted medicines that had been prescribed as required (PRN). Where people had been prescribed PRN an additional administration form was used to ensure staff recorded what time the medicine was given. This reduced the risk of overdosing a person. The service had additional guidelines for staff on PRN medicines. However these were generic documents and did not provide staff with information on how each person should be supported with as required medicines. This meant there was a potential for staff to miss how a person would communicate if they needed pain relief. We acknowledge this risk was reduced by a stable workforce who were knowledgeable about people's needs. We spoke with the registered manager about this. After our discussion with the registered manager they spoke with the staff at the handover meeting. This demonstrated they had taken our feedback seriously. The staff agreed it would be beneficial to have PRN information for each person in their medicine file.

We checked how medicines that required additional storage controls and records were managed. We checked four records. One of the records did not tally with the amount of stock in place. This was responded to immediately by the registered and deputy manager. We also checked medicine that required fridge storage. We found three bottles of the same eye drop all prescribed for the same person. The eye drop required an opened date to be recorded on the bottle and it should only be used for 28 days after opening. Staff had received training to write the date of opening on all bottled medication on the first day of use. We found one of the three bottles had a broken seal but no opening date. We spoke with registered manager about this. The bottle was disposed of. Another bottle with an opening date recorded was being used at the

time.

We recommend the service reviews its medicine management processes.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff, volunteers and committee members received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. Staff informed us they had confidence in the management team and that if concerns were raised these would be dealt with. The service was aware of the need to report concerns to the local authority and also of the requirement to report this to CQC.

People were supported by staff with the appropriate experience and qualities to work with people. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. The service undertook safe recruitment practices for voluntary staff. One volunteer told us "I was interviewed by (Deputy manager) and once my DBS check had come through, we agreed that I would spend a couple of hours a week in the Activity Centre." This meant that people were protected and supported by staff and volunteers who had been subject to appropriate checks.

People and staff told us they felt the service was well staffed. We observed calls bells were answered promptly, this was supported by what people told us. One person told us "I press my buzzer and they (staff) come, you get all the attention you need." Another person told us "There is always someone around you can ask for help." The registered manager had told us they had recently increased the numbers of staff on the morning shift. We observed this had been discussed at team meetings due to concerns from staff. Staffing levels were also kept under review by the management committee.

People were protected from potential risks and the service had a risk management policy. Risk assessments were written for a wide range of activities including mobility, moving and positioning and bed rails. Risk assessments were reviewed on a regular basis. We observed where people had been identified at high risk actions were detailed in the risk assessment to reduce the risk. For instance one person required bed rails, these were in place and routinely checked by maintenance staff to ensure they were safe and in good working order.

Environmental risks were identified and managed. Equipment used regularly by the service was maintained and repairs conducted when needed. Hoists in place were serviced; water and gas safety checks were undertaken and certificates were in date. A health and safety audit had been undertaken in August 2016. This had identified some work was required on fire extinguishers. We checked and this had been completed.

Staff were knowledgeable about when to report an incident, we found Incident and accidents were reported and the management monitored these to identify trends. The registered manager was aware of what incidents needed to be reported to CQC.

The service had procedures in place to deal with emergencies. Personal emergency evacuation plans were in place for each person. These detailed the support people required in the event of an emergency. Fire procedures were displayed in many areas within the service. Staff were knowledgeable on what to do in the event of a fire.

The service was supported by a team of domestic and maintenance staff. The environment was kept clean and odour free. An infection control audit was undertaken by the local clinical commissioning group (CCG)

on 6 June 2016. People told us they were happy with cleanliness of the environment.

## Is the service effective?

### Our findings

People and their relatives told us they felt staff were knowledgeable. People received effective and compassionate care, from staff who understood people's preferences, likes and dislikes. Comments included "The staff are very well trained, the more experienced they are the better" and "The staff really know what they are doing."

The Mental Capacity Act 2005 (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. People can only be deprived of their liberty so that they can 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service undertook a mental capacity assessment when they deemed it necessary. We checked the content of these assessments. It was unclear from the assessment if the person had capacity to make a specific decision or not. We spoke with the registered manager about this. They had already identified the form used to record their assessment could lead to confusion. They had been in touch with the local authority to seek support. This was confirmed by the local authority. We had confidence in the registered manager that suitable improvements would be made to assess people's mental capacity.

We found evidence of consent being gained before staff supported people. For instance staff would ask people what they wanted to do. However we found some evidence that a third party who did not have legal authority to act on the person's behalf were asked to sign documentation. We reminded the registered manager that only people who had legal authority to act on a person's behalf should be asked to sign, unless the person had given authority. The registered manager had already requested additional training from the local authority on this. The local authority confirmed they were due to meet with the service on the 30 November 2016.

The service supported new staff through an induction period. This involved shadowing existing staff, regular one to one meetings and training. One member of staff told us "I thoroughly enjoyed my induction; it really prepared me for the job." Another member of staff told us "The other staff were great, it was brilliant, I just had to ask and the other staff supported me." Volunteers also received support and training to understand their role. One volunteer told us "I was given a very good induction." Another volunteer told us "I have also attended a number of training sessions, which have been very helpful." This meant people were supported by staff with the right skills, who had a clear understanding of their role and responsibilities.

People were enabled to access a wide range of healthcare appointments. The service had its own transport

which supported people to get to appointments. The availability of the transport was discussed at resident meetings. We observed two GP visits during the course of our inspection. On both occasions the GP had been called following deterioration in a person's health. The staff were responsive to changes in people's health. This was confirmed by what one of the GP's told us "They (staff) call us when needed, they are always knowledgeable about people and are prepared when we come in." Following the inspection we received feedback from other healthcare professionals. Comments included "They ensure that patients wishes to stay in the home rather than being admitted to hospital; are respected as much as possible. They communicate well with all the doctors here," "They call for medical help whenever appropriate; It is a pleasure to work with them." Relatives of people told us they felt staff responded quickly to changes in health. One relative told us "The team were also quick in identifying the start of the pressure area when she arrived and ensuring that she had correct care and equipment to ensure that this healed"

We observed two lunchtime meals, spoke with residents and reviewed meetings the service held with people about the food. We received positive feedback from people about the food. Comments included, "I was not eating well before I came here, I like Heinz chicken soup, they always ensure I have this, I could tell if it wasn't the right brand. I think I have actually put on weight since moving in," "We have lovely meals" and "I go to the food forum. I feel listened to, I suggested that we have duck, this was taken on board. It was very nice. We have also had a Chinese takeaway." The food forum meetings provided opportunities for residents to meet with staff and the chef. These meetings occurred twice yearly. People told us they valued these meetings, but also told us they don't wait for the meetings to provide feedback. We observed there was a comments book in the main dining room, which was used regularly. The chef reviewed this on a regular basis. This showed people's views about food were listened to and acted upon.

## Is the service caring?

### Our findings

People told us and we also observed that dedicated staff provided a kind, caring and compassionate service. Staff were knowledgeable about people, their likes and dislikes. The service operated a key worker system. A member of staff had been identified to take a special interest in each person and was responsible for updating their care plans. We spoke with staff who were keyworkers; they were able to tell us about the person they were responsible for, including a breakdown of the person's life history. This meant staff could effectively engage with people.

Staff demonstrated kindness and respect for people; we observed this in action throughout the course of our inspection. This was also supported by what healthcare professionals told us. Comments included "They are very caring towards their patients and frequently go the extra mile," "I have to say I think Bradbury house is brilliant. All of the staff are professional and caring. The standard of care afforded to the residents and their families is second to none" and "I would like to tell you I am most impressed by the standard of care given to the residents. They are extremely well looked after. They look after their residents with great care and respect."

This positive feedback was echoed from relatives of people who lived at the service and relatives of previous residents. Comments included, "After a few months (person) settled in well, and was very well and kindly cared for," "I think Bradbury House provides a very good service for the elderly community and it enables them to keep their independence plus having the care of the dedicated staff."

People told us how positive their experience of the home was. One person told us "I have come here to live." The person went on to tell us how they had been supported by the staff to raise monies for the home. The person told us "I bet you never thought you could run a business from a bedroom." The person told us how they had produced a calendar last year to raise money for the home. This year the person was concentrating on another project. We heard how staff encouraged the person and helped them undertake the activity. The person told us "The staff always tell us, you tell us what you want to do and we will see how we can help."

People told us they were supported to maintain interdependence. One person told us how they had been out in the morning to a local support meeting they used to attend prior to moving into the home. They also continued to attend the local Women's Institute (WI) group. Another person told us "The staff keep me going."

We observed people had developed close relationship with the staff. People were relaxed in the company of staff and we saw a lot of laughing and smiling across the days of our inspection. The atmosphere of the home was warm and friendly. This was confirmed by what third parties told us about the home. We received a lot of feedback from members of the charity and volunteers within the service. Many volunteers had personal experience of the home as they had been relatives of people who had lived there in the past. Comments included "I am always impressed with the care the staff give to the residents... but in particular create a very jolly atmosphere," "From my experience the care given by all the staff seems first class" and "I have always found the house a most welcoming and caring environment for all the residents, relatives and

staff with attention centred on both individual and group needs. All the staff appear to 'go the extra mile' to insure a happy and fulfilling experience for the resident."

The registered manager told us Bradbury House was a home for life. This was supported by what relatives told us. The home had supported people at the end of their life. On the second day of the inspection we observed how staff were preparing to support a person who was very unwell. They did this in a responsive, professional and sensitive manner and worked well with healthcare professionals. Some staff had received end of life training. Relatives of people who had lived at the home spoke highly of the support they had received. Comments included, "My father was very well looked after in Bradbury House and the care he received was excellent. The care he received when he became poorly was exceptional. The dedication of the carers and all the staff in helping him and making him comfortable was truly outstanding. Nothing was too much trouble," "The staff also looked after us in those final days and it was very comforting to be able to be close to our father in his final days" and "The care and dedication of the staff and management was excellent... lady I was involved with received first class care and consideration in the final weeks of her life."

People told us they felt listened to and respected by staff, this was supported by what we saw. There were many ways people could be involved in decisions about their care, this included monthly care plan discussions with their keyworker, resident meetings and communication book.

People told us they felt they were treated with dignity and respect; staff received training on equality and diversity. We observed staff knocking and waiting for permission to enter a person room. Staff were also able to tell us how they would promote dignity for people.

All the relatives who contacted us told us they had looked at other homes in the local area when they were considering supporting their relative move into a care home. They all commented on how when they entered Bradbury House, it felt like home. One relative told us "I looked at perhaps six or seven residential homes near my home in High Wycombe before visiting Bradbury House, and from the moment I was greeted by Ben the dog it immediately stood out as by far the most friendly and welcoming."

## Is the service responsive?

### Our findings

People received responsive person focused support. There was a clear pre-admission process, involving a comprehensive assessment. Important information was gathered about previous life history, as well as important relationships. People received individualised care that met their needs. People told us they were involved in the assessment process. This was supported by what a relative told us "The questions were directed towards my mother not me."

People had a wide variety of care plans, which detailed the support they required and how staff should support them. Areas care plans were written for included, mobility, communication and emotional needs. Each wing had a care planning review day. On the first day of our inspection the reviews were taking place. The day commenced with the registered manager meeting with the staff and getting an update on the person. Information from handover meetings, daily records and staff observations were brought together to develop the care plan. The person was consulted about any changes required.

We found although the care plans were reviewed monthly, the person had not always signed to agree the changes. We made the registered manager aware of this. We spoke with people and they confirmed they were involved in decisions about their care and confirmed their keyworker met with them regularly.

We saw where people's needs changed quickly this was responded to by staff. One the second day of the inspection we witnessed a temporary care plan being written in response to a change in a person's health overnight. The staff member told us "I need to write this so the staff know how to support the person tonight, I will probably need to change it again later." We observed changes in people's needs were also communicated to staff in a handover meeting.

In 2007 the home was successful in developing an activities centre. This was an extension to the existing building. The activities centre was able to be used by every resident within the home, but also provided a day service to local residents. The centre provided a range of activities. We observed homemade jams had been made within the centre, and homemade cards were on sale. The atmosphere in the activities centre was relaxed and informal. People choose what activity they wanted to join in. For instance on day one three people were reading papers and magazines, while another person was participating in a quiz.

Regular activities included seated exercises, quizzes, art and crafts. The centre also provided a venue for external agencies and groups to visit. The activities organiser told us, regular visitors were the local Brownies amongst others.

The centre provided opportunities for people to interact with people from the local area and prevented social isolation. There was a team of volunteers who supported paid staff. This enhanced people experience and it provided an inclusive nature to the activities. People who lived at the home, felt part of the community. For instance they interacted with people who attended the day service and were supported if required to go into the local area.

The service had its own transport which was well used. People were supported to go on trips, for example, to the seaside, garden centres, mystery tours and the Royal Albert Hall. The service produced a quarterly newsletter which celebrated past activities and reminded people of future events. People were included in the fundraising events organised by the charity committee. Events included holding stalls at the annual country fayre, quizzes and social events. One relative and a member of the board of trustee's told us "Such events, be they golf days, music concerts, summer garden parties, social evenings are also organised with the aim of raising the profile of Bradbury House within the community." The home had recently produced a book on the history of Bradbury House. It provided a good insight to the philosophy behind the home and how it had developed over the years.

People, their relatives, staff, volunteers and members of the management committee, felt the activities centre provided the additional support and stimulation which set Bradbury House apart from other providers. We received positive feedback about the access to activities across the whole week, not only Monday to Friday. One person told us "If you make the most of every day, there is plenty of opportunity to get involved with something." A relative told us "In my opinion, the activity centre contributes greatly to the well-being of the residents and it is through the help and support of the volunteer network that this is made possible." A volunteer told us "I have been totally impressed with the level of care I have witnessed by all the staff at Bradbury House and feel it is a very special place for those who are lucky enough to call it home."

The service had a complaints procedure and information on how to make a complaint was available. We saw that the service responded to complaints. People and relatives we spoke with were aware of how to raise concerns if needed. We reviewed complaints received by the service, all had been replied to in line with the provider's policy.

## Is the service well-led?

### Our findings

People were supported by a service that was well-led. The provider and registered manager had a clear vision to provide a high quality, individualised service. Staff members we spoke with understood this vision. Our observations throughout the two days of inspection showed that people were supported in a person-centred way.

The registered manager had been in post since 2000, but had actually worked at the service since it opened. They had been promoted within the service on a number of occasions. We found this was also the case with other staff members. The staffing was stable. The home had only had four managers since it opened 22 years ago. This was significant and demonstrated the commitment from management committee to provide a well led service.

The values of the organisation were shared from the management committee, through the management team to the staff. One member of the management committee told us, "I think you can see there is no 'us and them', we all work together for the benefit of the people who live here." Another trustee told us "Bradbury House was originally perceived as a care home in the community for the community. It has always been seen as the place to be when you are too old or frail to care for yourself."

The registered manager met regularly with the management committee and they had a very close working relationship. The management committee undertook quality audits. A trustee and the registered manager told us the tool used for this audit had been updated. They intended to use the new tool in future audits. The service sought feedback from people, relatives and stakeholder on a regular basis; this helped to drive improvement within the service. The management team were open and approachable. People knew who the management team were and told us they would not hesitate to speak to them.

Staff felt valued and supported by the management team. We observed good communication between team members. Staff had opportunities to share their views and ideas with the management team.

The registered manager was experienced and knew what their role and responsibility was. They were aware of reportable events to CQC, and had made them when required. The registered manager told us there was a clear programme for improvement. This included reviewing policies and investing in additional training for staff to help them develop their skills.

The home worked well with other agencies and was an integral part of the local community. The home had forged strong links with the local church. We received feedback from the local church who told us "It is highly thought of in the local community both because of its reputation for compassionate care and because it elects to play a very active role in the community and works hard to maintain good relations with churches, community organisations and schools. I am aware too that its Committee provides leadership and works hard on its behalf in this liaison role and overseeing the interests of the residents. I regard it as a great privilege to be connected with Bradbury House."