

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Bradbury House

The Portway, Salisbury, SP4 6BT

Tel: 01722349144

Date of Inspection: 17 September 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Ms Susan Gray
Overview of the service	Bradbury House provides planned and emergency short term respite care for up to ten people with a learning disability, some of whom may have additional physical care needs. All accommodation is on the ground floor and in single rooms. There are shared recreational rooms and accessible gardens.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 September 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

An adult social care inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

As part of this inspection we spoke with two people who use the service, three relatives, the county manager, the team leader, two care staff and a health professional who works with the service. We also reviewed records relating to the management of the home which included, three support plans, daily care records, risk assessments, audits, policies and maintenance logs.

Below is a summary of what we found. The summary describes what people using the service, their relatives and staff told us, what we observed and the records we looked at.

Is the service safe?

People had been cared for in an environment that was safe, clean and well maintained. The design of the home allowed good access to all areas and security measures provided safety for people using the service.

Support plans gave guidance and instruction to staff on how to meet people's needs in a way which minimised risk for the individual. They ensured that staff had the information necessary to support people safely.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. We spoke with the team leader with regard to the recent Supreme Court ruling and found they were aware of the ruling and had been in contact with the local authority deprivation of liberty safeguards (DoLSs) team. There were no DoLS in place at the time of this inspection.

Is the service effective?

People told us that staff helped them to make decisions and ensured they were happy with what was happening. One person told us "I can go out by myself, but I like staff with me, they help me find my way." and "I am trying to find a job, some staff help me with this". Staff we spoke with showed good understanding of people's needs, seeking consent and assisting people to make decisions.

We observed staff supporting people in a professional and patient manner. We saw choice being offered and explanations given. We saw staff engaged with people and they responded positively to this interaction by replying or smiling.

Is the service caring?

We saw people laughing and enjoying the company of the staff supporting them. Staff understood how people communicated and how people would express their likes and dislikes during their care and support.

Throughout the inspection we noted people sought advice from staff and had positive interactions with them. We saw people being supported to take part in games and interests as well as routine activities of daily living such as eating and drinking.

Relatives we spoke with commented positively on the support their loved ones received. For example, one relative said: "they (staff) have learnt mannerisms and behaviours by watching carefully and can deal with difficult situations with"

Is the service responsive?

People's needs had been assessed before they used the service. People's needs were reviewed with them and their relatives as appropriate. Records confirmed people's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided that met their wishes. People had access to activities that were important to them.

We spoke with two people and three relatives of people who use the service. They told us they could talk to staff if they were unhappy about something. They all said they felt confident they would be listened to. People told us they knew how to make a complaint if necessary.

The staff we spoke with were knowledgeable about the complaints procedure and confirmed how they would support people to make a complaint if necessary. One staff member told us: "if a person has a concern they are encouraged to speak up and they are listened to and action is taken."

Is the service well-led?

People and their relatives said they were consulted about their views and they completed satisfaction questionnaires. They told us they could approach staff at any time and they felt listened to.

The provider had a quality audit system in place. We saw evidence that when issues had been identified, they were managed appropriately.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others related to the delivery of care.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. During the inspection we observed people being offered choices and encouraged to make decisions. We saw that where people were able they had signed to show agreement to their care plan.

We spoke with people who told us staff helped them to make decisions and ensured they were happy with what was happening. One person told us "I can go out by myself, but I like staff with me, they help me find my way." and "I am trying to find a job, some staff help me with this". Staff we spoke with showed good understanding of people's needs, seeking consent and assisting people to make decisions.

Staff we spoke with told us they worked with people to ensure care was provided in the way they wanted. One said: "we sit with the person and get their views, we get to know their expressions and body language so even if they can't talk we can tell if they like or dislike something." Another staff member said: "it is important people have a say in their support plan, it's about them and not anyone else."

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff had undertaken training on the mental capacity act and those we spoke with were able to tell us about the principles of the act. They told us people's consent was monitored by observing people's behaviour, body language and facial expressions.

People's capacity to understand the choices and decisions they were making was assessed individually and in relation to a specific decision. If people had difficulties in making decisions, guidelines were available in the support plans. We saw the plans had detailed records to enable staff to support people to communicate and make their own decisions whenever possible.

If a person was assessed as not being able to fully understand the decision that needed to be made, then the provider held a best interest meeting. We saw evidence of one such meeting which showed the provider had included family and other professionals involved in the individual's care.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual support plan. On the day of the inspection eight people were using the service at Bradbury House. We looked at three people's support plans and saw people's needs were assessed and their care and treatment planned and developed prior to them receiving care. The team leader told us they arranged a staged introduction to the service which comprised of a number of tea visits and an overnight stay. This ensured the service was able to meet the individual needs of people. People using the service and their family confirmed they had been involved in the development of their support plan.

Support plans were detailed and personalised providing information for staff responsible for implementing and delivering care and support. Risk assessments were personalised and supported the plan. Staff told us they had access to support plans and referred to them as necessary. One staff member told us: "support plans give us key guidelines to follow such as how to promote a person's independence."

Support plans were reviewed annually or sooner if a person's needs changed. Staff and relatives we spoke with confirmed that reviews took place. A member of staff commented "if we find something has changed, it's really important to feed this back, communication is really important." They gave an example of how they had found a person had an area of skin damage which had the risk of developing into a pressure ulcer. They told us this had been communicated to the team which had enabled a referral to the district nurse. Risk assessments had been completed and care practices put into place in order to prevent deterioration in the person's skin. A health care professional we spoke with told us staff organised reviews and invited them to attend. Appropriate information was provided to inform the professional in their work.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's support plans included risk assessments which highlighted risks in areas relevant to their support needs and their lifestyle. For example, we saw one person had a risk assessment for the use of a specialist piece of equipment and another for going swimming. They contained actions to minimise risks and keep people safe. We saw that risk assessments were evaluated regularly and new ones were

completed as people's support needs changed.

We observed staff supporting people in their daily lives. They were professional and patient. We saw people laughing and enjoying the company of the staff supporting them. Throughout the inspection we noted people sought advice from staff and had positive interactions with them. We saw people being supported to take part in games and interests as well as day to day activities such as eating and drinking. Relatives we spoke with commented positively on the support their family members received. For example, one relative said: "they (staff) have learnt mannerisms and behaviours by watching carefully and can deal with difficult situations with X." Another commented: "X is always met with smiles, if X's needs have changed it's noted straight away and it goes in X's file so everyone knows."

In the records we reviewed we saw each person had a health action plan. A health action plan is a guide to a person's health. It describes the person's health and the best ways to support them to get the right treatment and healthcare. In each support plan there was also had a document called a 'Hospital Passport'. This provided essential information about each person to ensure healthcare staff would be able to meet their individual needs and have knowledge of what was important to that person should they need to go into hospital.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the provider was aware of a recent Supreme Court judgement relating to 'deprivation of liberty' and had liaised with the local authority DoLS team. There were no DoLS in place at the time of this inspection.

There were arrangements in place to deal with foreseeable emergencies. An emergency plan was available and included plans to manage any unexpected emergencies which may arise, such as a fire or power failure. This was to ensure that the needs of people who use the service would continue to be met before, during and after any emergency. Each person who uses the service had a 'Grab and Go' file containing information essential to support the person's wellbeing during an emergency.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. The home was a one storey building and people had easy access to all areas. The building design allowed space for people to use wheelchairs and other walking aids.

All areas of the home were well-kept and well maintained. People and relatives told us that the home was well designed and always clean. One relative said: "... always seems happy to spend time at Bradbury House. ... loves the fact it is spacious." We found that there were no odours and we saw that bedrooms, toilets, bathing areas and communal areas were clean and tidy on the day of the inspection.

The home had use of a maintenance team of three caretakers. This team was shared with other homes run by the provider. They were able to respond quickly if any minor repairs were required. We saw the maintenance log book which recorded repairs needed. We noted they were carried out in a timely manner. Maintenance checks were carried out and we saw examples of up to date records of a variety of daily, weekly and monthly checks. Examples included water checks and fire detection equipment testing.

We saw work place Health and Safety risk assessments that covered all areas of safety in the home. One example related to control of substances hazardous to health (COSHH), this had been reviewed along with the other health and safety risk assessments in February 2014. We looked at maintenance records and saw that health and safety checks were current. Examples included monthly checks on thermostatic water valves, and an asbestos survey which had been carried out in May 2014. The provider kept a log of servicing and maintenance checks.

The home ensured the people who use the service were secure. Examples of security arrangements included key pad access to the reception area and security lighting. The home had fire and generic evacuation procedures to be followed in event of emergencies.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that quality questionnaires had been completed by people who use the service and their relatives in November 2013. We reviewed the survey responses and saw they were mostly positive. One relative had commented that their loved one: "always looks forward to spending time at Bradbury House." Another said: "It's such a relief to be able to relax and not worry about"

A member of staff we spoke with told us they had responsibility for telephoning people and their relatives after they had had a period of respite care at Bradbury House. We saw from the records comments were positive. For example: "we are so thankful for all the hard work that has gone into X's support and we are outstandingly pleased" and "X had such a lovely time and is looking forward to (the) next visit." One relative we spoke with explained how a piece of equipment had been adapted to enable their family member to be more comfortable when eating. This had come about through discussion and suggestions made to the staff.

The team leader told us that meetings were held for staff on a regular basis of four to six weekly. We saw the minutes of meetings held in June and July 2014. Items discussed were relevant and focussed on the service and included health and safety, staff training and updates on issues related to delivery of care. A staff survey had been conducted in January 2014, this produced many positive comments about working at Bradbury House. However, it also indicated staff were uncertain of their future. We asked the team leader about this and they told us at the time the survey had been conducted there were concerns over contracts. They told us this was now more settled and staff we spoke with did not share any further concerns with us.

The team leader said the service had an open door policy so people, their relatives and staff could bring any concerns, worries or issues and discuss them. Staff we spoke with

confirmed this and told us they were asked for their views on the service, they said they felt listened to and supported in their work.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw accident and incident forms were completed fully, detailing what had happened, what had been done and how the situation had been managed afterwards. These reports were sent to the provider's health and safety manager for further monitoring of trends. Where risks and trends were identified an action plan was created to address and rectify the issues identified. Records we reviewed showed appropriate actions had been taken to reduce the risks of recurrence. For example, following a slip on a wet floor, cleaning staff had received training in the importance of using signage to alert people.

A quality audit was conducted every quarter by a manager of another service run by the provider. This audit considered all aspects of the service on a rotational basis. For example, support records, financial records, health and safety and staff supervision. We reviewed the audits conducted in February and May 2014. We noted that issues raised as a result of the audit had been addressed.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We spoke with people who use the service and their relatives who told us they had no complaints about the service but knew how to complain if they needed to. One person said: "if I had a complaint I would talk to the staff, yes, they listen to me." A relative told us they had made a complaint a number of years ago and it had been dealt with satisfactorily but had not had reason to complain since. They went on to explain they had open and frank conversations with the staff and felt they were listened to.

The provider had arrangements in place to deal with concerns and complaints. There was a written complaints policy in place and on the day of the inspection we noted there were copies of the complaints policy on the notice board in the communal area. We spoke with the team leader who told us about the complaints policy and informed us the last complaint had been received on 29 December 2013. We reviewed the complaints log and saw this complaint had been investigated and responded to in accordance to the provider's policy.

The staff we spoke with were knowledgeable about the complaints procedure and confirmed how they would support people to make a complaint if necessary. We saw the complaints policy was available in an easy to read format and staff told us this was useful when supporting people to raise concerns. One staff member told us: "if a person has a concern they are encouraged to speak up and they are listened to and action is taken."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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