

National Star Foundation

Bradbury Gardens

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 ● |

Summary of findings

Overall summary

The inspection took place on the 25 May and 5 June 2017 and was unannounced. This was the first inspection of the service.

Bradbury Gardens is a care home operated by the National Star Foundation and is closely linked with the National Star College. At the time of our inspection visit 25 people were staying at the service made up of six residents and nineteen college students.

We heard positive comments about the service such as "Bradbury Gardens is a good place to live" and "a happy, safe, caring home".

Bradbury Gardens had a registered manager in post. 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.

Staff and management understood how to protect people from harm and abuse. Risks to people's safety were identified, assessed and appropriate action taken. People were supported by sufficient staff who had been recruited using thorough checks. People's medicines were safely managed.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. People's rights were protected by the correct use of the Mental Capacity Act (MCA) 2005. People's health and well-being was actively promoted.

People received support from caring staff who respected their privacy, dignity and treated them with respect. The importance of people maintaining and developing their independence was understood and equipping people with important life skills was a priority.

People received personalised support that enabled them to pursue their interests at the home and in the community. There were arrangements in place for people to raise concerns about the service.

The service was led by a visible management presence who through continual review aimed to improve the service provided to people.

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.

People were safeguarded from the risk of abuse and from risks from receiving care.

People were supported by sufficient numbers of staff recruited using robust checks.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their roles.

People's rights were protected by the use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

People were able to plan menus and meals and were supported to eat a varied diet.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Is the service caring?

Good ●

The service was caring.

The service worked to ensure people developed their independence and gained important life skills.

People had developed positive relationships with the staff team. This enabled planning to produce positive outcomes for people.

People and their representatives were enabled to contribute to reviews of their care and support.

People's privacy and dignity was promoted and respected by

staff. People were treated with respect and kindness.

Is the service responsive?

The service was responsive.

People received individualised care and support.

People were enabled to engage in activities in the home and the community.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Good ●

Is the service well-led?

The service was well-led.

A registered manager was in post and required information in the form of notifications had been sent to the CQC.

Managers were visible and accessible to people using the service, their representatives and staff.

Quality assurance systems were in place to monitor the quality of care and accommodation provided.

Good ●

Bradbury Gardens

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 25 May and 5 June 2017 and was unannounced. One inspector carried out the inspection. We spoke with the registered manager, deputy managers, five people using the service and six members of staff. In addition we reviewed records for four people using the service, toured the premises and examined records relating to staff recruitment and training and the management of the service. Following the inspection visit we spoke with two relatives of people using the service on the telephone. Three other relatives provided us with written comments about the service.

Before the inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. Before the inspection, we did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during our inspection.

Is the service safe?

Our findings

People were protected from abuse by staff with the knowledge of how to act to safeguard them. Information given to us at the inspection showed all members of staff had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and they were confident any issues reported would be dealt with correctly. Previously appropriate action had been taken when concerns had been raised relating to a person using the service. People were supported to stay safe when using the internet with relevant information displayed on computer screen savers. People confirmed they felt safe at Bradbury Gardens, one person said "it feels like a safe place to live". As a result of staff detecting the presence of an intruder in the grounds one night, further security measures had been introduced to keep people safe. People's relatives also recognised the safety of the service; one commented "I don't worry about him". People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely with weekly audits.

People had individual risk assessments in place. These identified the potential risks to each person and described the measures in place to manage and minimise these risks such as moving and handling, choking and nutrition. One person's risk assessment had resulted in an action for staff to follow to ensure the person should not be left alone in the bath. Risk assessments had been reviewed on a regular basis. People had personal fire evacuation plans in place; these included important information about people's needs for staff reference if an emergency was to occur.

People were also protected from risks associated with the environment such as fire, use of cleaning materials, electrical equipment and equipment to move people through regular checks and management of identified risks. We carried out a tour of the premises and noted the main building (Sumner Wilson) and bungalows were clean and well maintained. One person told us "It's always clean". The latest inspection of food hygiene by the local authority had resulted in the highest score possible.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service aiming to provide an appropriate skill and gender mix in response to people's needs. People had input into how the allocation of staff was planned to support them on a daily basis. Most people we spoke with felt there were enough staff to support them with their needs. However one person felt there were not always enough staff to support them with activities they had planned in the community. They told us they had previously raised the issue with one of the deputy managers. We further discussed their views with the deputy manager who agreed to look into these. Another person had their own dedicated staff team to provide consistent support which was important for their assessed needs.

Where agency staff were used there was an aim to provide consistency of support by using nurses familiar with people's needs through previous experience of working at the service. One person did not appreciate having support from agency staff. When we discussed this with the deputy manager their view was this person only had agency staff support them very rarely.

We checked staff recruitment procedures and found robust checks were in place. Where staff had previously worked in roles providing care and support to people the provider ensured thorough checks were made on past employment to ensure staff were suitable to work with people. Checks were in place to ensure nurses held current registration with the Nursing and Midwifery Council. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable staff from working with vulnerable groups. People using the service were involved in the interviewing of applicants and the provider took their views into account when recruiting new staff. .

People's medicines were generally managed safely. Medicines were stored securely and storage temperatures were monitored and recorded. We found the storage temperature of medicines stored in the nurses' office was too high on the first day of our visit. We discussed this with the registered manager who took action to lower the temperature in the office. We also discussed with the registered manager the practice of recording storage temperatures in the morning whereas a temperature check in the afternoon may be more useful particularly in warm weather. Communication was sent to nursing staff to ensure they were aware of the action to take to check and ensure medicine storage temperatures were kept within appropriate limits. On the second day of our visit we saw window film had been installed in the area to reduce the effect of the heat from the sun.

Nursing staff and care staff responsible for administering medicines had received appropriate training and competency checks. To enable a more individual approach, care staff working with a person would be responsible for supporting them to take their medicines and support plans contained detailed information for staff to follow. Individual protocols were in place for medicines prescribed to be given to people as necessary, for example for pain relief or for topical creams. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. Procedures were in place for reporting and responding to any errors with supporting people taking their medicines. People told us they were satisfied with how they were supported to take their medicines.

Is the service effective?

Our findings

People using the service were ably supported by staff who had received training suitable for their role. People confirmed they felt staff were well-trained. Records showed staff had received training in such subjects as food hygiene, first aid and infection control. Staff also received training specific for the needs of people using Percutaneous endoscopic gastrostomy (PEG) (a medical procedure in which a tube is passed into a person's stomach through the abdominal wall to support people who cannot swallow safely to receive their food). A three week induction programme was in place for new staff this involved training sessions and working alongside experienced staff. The Care certificate qualification had also been completed by staff. The Care certificate is a set of national standards that health and social care workers adhere to in their daily working life.

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Staff had regular individual meetings called supervision sessions with a senior member of staff as well as annual performance appraisals. One staff member commented, "I've had so much support" they acknowledged how their confidence had grown as a result of this. Another staff member commented about the support they had received "if you ask a question someone will find the answer for you". To assess the effectiveness of staff, a care audit was carried out annually. This involved questions and an observation of practice by a senior staff member of person-centred approaches. Areas observed included moving and handling, infection control and how the person was involved in receiving their care. Any areas identified for improvement would form part of an action plan for the staff member. The registered manager described the importance of investing in the staff team through training and support to produce an effective workforce. Staff described good communication and effective teamwork.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. Assessments had been completed of people's capacity to consent to receive care and support. Applications for authorisation to deprive people of their liberty had been made. There were no conditions with any of the applications approved.

People's healthcare needs were met through regular healthcare appointments and liaison with healthcare

professionals. People were supported to attend appointments with GPs and dentists. Support plans had actions for staff to follow to promote people's health and wellbeing. For example one person's support plan detailed how checks should be made to ensure the person's skin integrity. Support plans also reflected input from professionals such as speech and language specialists. Arrangements had been made to enable care staff to support people with taking the majority of their medicines instead of nursing staff. Nurses were therefore able to spend time supporting people's well-being and providing education regarding their health. Relatives of one person particularly appreciated the input of the nurses stating "we feel really happy knowing that there is an on-site nurse at Bradbury for any medical issues that arise." Where appropriate people also had input from a psychologist to aid their emotional well-being. People had hospital assessments completed. These described how people would be best supported in the event of admission to hospital and were designed to accompany them on any hospital admissions. People's health and wellbeing was additionally supported by the introduction of stretch exercises, yoga and tai chi.

People had specific information recorded about their food and fluid needs and preferences for staff to refer to. The chef explained how they responded to people's needs in relation to dietary needs, allergies and requests about the meals provided. People were supported to prepare meals and eat a balanced diet. A summer and a winter menu were offered during the appropriate seasons. An ice-cream machine had been obtained in response to requests. Relatives of a person using the service commented "(the person) is eating healthily and well from the chef's daily menu and has actually put on some much-needed weight for the first time in years."

People were involved in the initial design of the environment working with the selected architects to ensure it would be suitable for their needs. One person told us "I kind of like how it has been set out." A relative of a person using the service described the environment, "The accommodation itself is superb - light, airy, immaculately clean and purpose built for wheelchair-users, with plenty of space to get around and every adaptation to enable the residents to develop their skills and become as independent as possible."

Is the service caring?

Our findings

People's independence was respected and actively promoted. Some people were being supported to develop the skills they would need when moving out into more independent living. A relative of a person using the service commented positively about how the person's independence had increased since they had been at Bradbury Gardens. They told us, "His independence has come from being here." They acknowledged the person was now enjoying taking part in activities in the community which was a marked contrast to the position they had been before moving in. Some people carried out the cleaning of their own accommodation with the oversight of the housekeeper. People had been supported to understand how to take part in voting in the general election. One person reflected "we are not independent, although we are learning the skills".

People received support from personalised learning coordinators to help them gain independence and confidence when preparing to move out to live in the community (often to a town new to the person) through teaching life skills. One person spoke very positively about the support they had received from their coordinator, acknowledging they were a "good listener" and saying "I don't think I would be where I am without her support". They had received support to develop skills with budgeting, on-line shopping, cooking, washing and social networking. Relatives of one person told us "we have noticed she is getting better at directing her care and is now taking more responsibility for controlling her own environment and asking for changes to be made herself".

Some people bought their own food and prepared their meals with staff support. People also received input from occupational therapists to develop their mobility and increase their independence. To enable people to access the local town a guide using photographs had been produced to help people find dropped kerbs suitable for wheelchairs on the route between Bradbury Gardens and the town centre. People had a variety of communication needs and methods of communication including the use of electronic aids. Staff were aware of people's communication needs and how best to allow people to express themselves. One person told us "They give me time to get my words across".

The service was proactive in ensuring people achieved positive outcomes where routinely these may have not been achieved. One person had recently had to go into hospital for an operation. The manager and staff understood that the person's emotional wellbeing might be challenged if they had to spend a significant time in a new environment supported by unfamiliar staff. They worked to achieve an early hospital discharge which enabled the person to return to Bradbury Gardens where they quickly recovered and regained their independence. The registered manager also described how staff had been able to support the person emotionally which had a positive outcome on their recovery.

People had developed positive relationships with staff and were treated with respect and kindness. People using the service told us "staff are very nice, they make us happy, and they listen". People also told us staff were kind to them. Relatives of people using the service told us "staff are lovely, really nice", "very caring", "(the person) is extremely happy living there", "they take a lot of time and trouble to get to know the

young people who live there really well.", "They see each resident as an individual in their own right and genuinely care about their well-being and happiness, you often see residents and staff having a bit of a banter or a laugh together, so there is a really nice, positive buzz about the place." We observed staff speaking respectfully to people and taking time to respond to people's requests for support or information. When we looked around, staff checked if people were happy for us to view their rooms.

People were positive about the role of staff assigned to work with them known as keyworkers. One person said "My keyworker is lovely". Relatives of people also praised keyworkers, "they have done wonders with (the person) over this past year; they are both very patient and understanding about all (the person's) anxieties and issues and give them a lot of support to help them manage these and a safe place to discuss anything that's bothering them." We also heard how one person was looking forward to a holiday with the staff that regularly supported them.

A system of staff allocation was in place for people who attended the National Star College. This ensured when people went to the college they travelled there and were supported by staff they knew and who were familiar with their individual needs. The registered manager gave an example of how this was important for one person where staff familiarity would decrease the person's anxiety with moving and handling transfers and so prevent potential problems.

People and their representatives were involved in decisions about the care and support they received. Reviews were held with people and their keyworkers on a regular basis or as needed in response to any changes. One person told us "they ask you what support you want". A relative of a person using the service told us "I come to all (the person's) reviews. The registered manager described good relationships with the parents of people using the service. This was echoed in the comments we received and heard from people's relatives such as "We have weekly communication with (the person's) key workers over the phone and when we meet" and "They contact us on a regular basis, either by phone or e-mail, for a general catch-up and also let us know immediately if any issues arise – so we feel we are being kept fully up to date with what's happening with (the person), which is very reassuring".

People's privacy and dignity was respected. People confirmed they could have privacy. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. This approach was reflected in people's support plans. When supporting someone with personal care they would ensure doors were closed and people were covered appropriately. We observed staff knocking on doors before entering rooms during our visit. One person said "they always knock first."

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People had detailed support plans to guide staff in providing individualised support. For example one person's support plan for sleeping recorded they liked a shoe placed in the door of their room at night to keep the door partly open and they did not like staff going in and out of the room at night. Another person's support plan detailed how they liked to take their medicine in a specific type of drinks bottle. Information was available to guide staff in supporting people to manage their behaviour. This included specific actions such as reducing verbal language at certain times and a list of possible causes of anger and stress so that staff would know what people were trying to communicate through their behaviour. Documents titled "About me" provided a brief overview of important information about a person such as likes, dislikes and information about communication needs for staff reference, such as "say my name before you ask me to do anything" and key words to use. In relation to their communication needs one person commented about staff, "They give me time to get my words across". They also praised the "freedom of choice" they had experienced. A relative of a person said "they cope with his needs very well." People told us they received the right support for their needs.

People were supported to take part in activities and pursue their interests. As well as using the facilities at Bradbury Gardens (such as the Wilson centre, a community centre) for activities such as parties and cinema nights. People were supported to take part in activities in the community. These included horse riding, bowling, trampolining, walks in the local park and trips out. Detailed plans were in place for staff to follow to support people with activities. People told us there was "enough to do". One person told us "At the weekend we can do what we want" and "I like being able to go out". Relatives of people commented, "We have been very impressed with the detailed weekly schedule of activities prepared", "we really appreciate the enormous efforts the staff go to in offering the young people lots of opportunities to get together and have fun in-house." and "The staff are also extremely proactive in encouraging the residents to get out and about in the community and (the person) can often be found, either in a group or on her own with support staff, out shopping, at the pub/cinema/bowling/theatre/local events– the list is endless and (the person) is offered far more opportunity to get out and about than we could ever hope to manage." One person took responsibility for delivering post to people on site, twice a day. A relative visiting a person, cheerfully acknowledged the person was so busy with activities they didn't have time to see them when they visited. People also took holidays including holidays abroad with support provided by staff.

People were encouraged and supported to develop and maintain relationships with other people using the service and a feeling of community had been achieved. People described the atmosphere at Bradbury Gardens as "like a big family". One person said "I like to be with all the other people" Relatives of a person using the service commented on the "many varied opportunities to socialise with their peers" and "the staff at Bradbury make good use of their time and the wonderful space available to develop a sense of community between the residents."

There were arrangements to listen to and respond to any concerns or complaints. One person told us if they were not happy with anything they would "have a word with the managers." Another person said "If you talk

to your key worker, they would tell the people who need to know". Complaints had been thoroughly investigated with a response given to the complainant and remedial actions taken to avoid future issues. The registered manager described how the findings of one complaint had led to changes with the arrangements for people when they ate meals together. Issues raised in another complaint had been resolved with monitoring of the situation to prevent a reoccurrence.

People were supported to move into Bradbury Gardens and when they left to move to other accommodation. One person had a dedicated staff team to provide consistent support. In order to achieve a smooth transition from another service, the staff team had got to know the person by visiting them at the other service. When the person arrived at Bradbury Gardens key members of their new staff team were there to greet them spending time getting to know them. A relative of the person described this as "very reassuring".

Is the service well-led?

Our findings

Bradbury Gardens had a registered manager in post who had been registered as manager since September 2016. A registered manager is a person who has registered with 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 and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

While some staff demonstrated an awareness and understanding of whistleblowing procedures within the provider's organisation, others were unclear about internal whistleblowing procedures although were aware of reporting issues to other agencies. We discussed this with the registered manager who took action to ensure staff were clear about the relevant procedure through team meetings. Staff were clear about situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

We heard positive comments about the management of the service. One person told us "managers do a good job." Staff commented, "it's a very good organisation", "a well-run set-up", others said "The management is brilliant" and "It's really well managed". Staff were also positive about their role supporting people, one said, "I come away thinking that was a really good shift". The registered manager explained how a recent reorganisation of the management structure in to separate management teams had been a benefit to how staff were managed. Staff noted an improvement in how things were organised since the changes.

"The manager and her team place great emphasis on being approachable and available – the manager has invited us to call or e-mail her any time we have a worry - and we have found that both she and her team are very quick to respond to any issues raised."

The registered manager summarised the vision and values of the service as "enabling all service users to be as independent and as involved with the community as possible." They also emphasised the importance of a personalised approach, being led by people using the service and listening to people's voice and what they wanted to achieve. The registered manager described the current challenges as ensuring provision was 'evened out' across all accommodation at Bradbury Gardens so there were not different expectations and experiences based on where people lived whether in the main building or in the bungalows. The registered manager described how they kept up to date with current developments in adult social care through attending meetings with other registered managers and a local care provider's organisation as well as receiving updates by email and attending conferences. They also had links with other specialist colleges in order to share ideas and practice.

People benefitted from checks to ensure a consistent service was being provided. Every term a compliance visit was carried out by staff from the provider's organisation. This checked various areas of the five key questions safe, effective, caring, responsive and well-led. A detailed report was produced covering the year

and recording where actions for improvement had been completed. Department development plans had been produced, we saw a copy for the main building (Sumner Wilson) and this included areas for development such as development of the staff team, the introduction of electronic medicine records and establishing systems for feedback. Internal quality auditing took place on a number of areas of the service provided. The registered manager described how an audit of the falls one person had experienced had led them to review the support the person required to stay safe but also maintain their independence at the same time. Feedback had also received from people using the service through the student parliament.