

## Caring Homes Healthcare Group Limited

# Bradbury House

### Inspection report

New Street  
Braintree  
Essex  
CM7 1ES

Tel: 01376348181  
Website: [www.caringhomes.org](http://www.caringhomes.org)

Date of inspection visit:  
25 October 2017  
30 October 2017

Date of publication:  
27 November 2017

### 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

Bradbury House is a residential care service for older people located in a central location in Braintree. There were 19 people living at the service at the time of our inspection. The service is located in a historic building, which had been adapted and there was a lift between the two floors.

This inspection was carried out on the 25 and 30 October 2017. At the last inspection the service was rated 'Good' and at this inspection we found that the service remained 'Good'.

There was a new registered manager in post, but they had worked at the service for many years in a number of different roles. 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.

People spoke highly about the care they received and told us that they were safe and well looked after. Staff knew how to protect people from harm and where concerns were identified about individuals they were responded to appropriately.

Risks were assessed and steps put into place to reduce the risk of harm to individuals. Medicines were well organised and safely managed.

There was sufficient staff available to meet people's needs. The service benefited from a stable staff team who knew people well. People expressed confidence in the knowledge and skills of staff. We saw that staff received an induction when they started work at the service and on going training to ensure that they were kept up to date with their knowledge and competent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The manager was aware of their legal responsibilities and had made the appropriate referrals to professionals for assessment when people lacked capacity and needed constant supervision to keep them safe.

People spoke positively about the meals and we saw that people had good access to drinks and snacks throughout the day. Staff worked with a range of community health professionals to promote people's health.

Staff interacted with people in a warm and friendly manner. People spoke highly of staff and described them as attentive and kind. Staff communicated effectively and we saw that they worked well together to meet people's needs. People were consulted about the care they received and were enabled to make decisions about how it was provided. Care was underpinned by care plans which provided information to staff about people's care and support needs and preferences.

People had access to a range of interesting activities which promoted their wellbeing. There were clear arrangements in place to respond to concerns and ensure that they were addressed promptly.

People told us that the registered manager was visible and accessible and the service was well managed. Staff were motivated and well supported. The provider had clear arrangements in place to oversee the quality of care and drive on going improvements at the service.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was a comprehensive inspection and took place on the 25 and 30 October. The inspection was unannounced. The inspection team consisted of one inspector and an expert by experience. The expert by experience had experience of the needs of older people and those with a diagnosis of dementia. Prior to our inspection we reviewed information we held about the service. This included any concerns and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law. The provider had completed 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. Prior to the inspection we spoke with commissioners of the service.

We spoke with nine people who lived at the service and three visitors including a volunteer who visits the service regularly. We also spoke with the activities coordinator, the cook and four care staff as well as members of the management team. We reviewed two recruitment records, three care plans, medication administration records and records relating to the quality and safety monitoring of the service.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us that they were happy living in the service and they felt safe. One person told us, "Nothing goes missing here, it's not that sort of place, and they're all so trustworthy." Another person said, "I've got some money in my wallet just in case, it's quite safe, but the manager keeps a bit in the safe for me. I like to know it's there." Staff knew how to protect people from harm and were aware of the services safeguarding and whistleblowing policies. Posters providing clear information on how to raise a concern were also on display for visitors to the service. Where concerns had been raised with the management of the service, we saw that they had been responded to appropriately.

Risks were assessed and steps put into place to minimise them and protect people from harm. For example, the risks relating to mobility and skin integrity had been considered and there were clear plans in place regarding their management. This included obtaining specialist cushions and mattresses to reduce the likelihood of skin damage. People who required assistance with their mobility had individual slings which were clearly labelled and we observed staff assisting people to mobilise in an appropriate way.

There were systems in place for the oversight of equipment and management of environmental risks. This included checks on the settings of pressure mattresses and the testing of equipment such as hoists to ensure they were working effectively and safe to use. We saw there was a gate at the bottom of a flight of stairs to reduce the likelihood of falls but there was none at the top of the stairs. This meant people could be at risk of falls and the registered manager told us they would review their risk assessment.

People and staff told us there was sufficient staff working at the service. The service benefited from having a stable staff team and any absences were covered from within the staff team. One person told us that in a previous care home they often had to wait for long periods of time for their comfort needs to be met but said, "That doesn't happen here, it just wouldn't. I never have to wait for long, and that gives me such peace of mind." Another person told us, "I press my bell, and they [staff] come running... day or night, it's just the same, they come quickly, and are eager to help. I'd say they've got enough staff here... they never seem to rush me, and I certainly never feel neglected, far from it." We observed that staff were available in the communal areas and able to respond to people's needs promptly. People in their bedrooms, all had call bells within reach and we observed that staff checked on people regularly.

Robust checks were undertaken on new staff prior to their appointment to ensure that they were suitable to work at the service. We checked the recruitment records of two newly appointed staff and found that identity checks, references and Disclosure and Barring checks undertaken before the staff started to work at the service.

Medicines were safely managed and staff had undergone appropriate training before being able to administer their medicines. There were clear arrangements in place for the storage of all medicines

including controlled drugs. Staff were observed administering medicines and we saw that they gave people the time that they needed and ensured they had a drink nearby. One person told us, "When I need painkillers, day or night, I can call them [staff] up, they're very good." Medicine records were clear and well organised and guidance was in place for staff on the administration of 'as and when required' medicines. We checked a sample of medicines against the records and found that these tallied. Regular audits of medicines were undertaken to check that the systems in place were working effectively and any issues picked up promptly.

There were systems in place to control infections and keep people safe. On the day of our inspection two people were showing signs of a chest infection and the registered manager had contacted the health protection agency and put measures such as additional cleaning into place to reduce the likelihood of an outbreak. The service smelt fresh and clean, however we did note some staining on some furniture and damage to some tables. The registered manager responded by immediately ordering new items some of which were in place by the second day of our inspection.

## Is the service effective?

### Our findings

At this inspection we found that staff had the same level of skills and experience to enable them to meet people's needs effectively as they had at our previous inspection. People continued to have freedom of choice and good access to healthcare and the rating remained good.

People expressed confidence in the skills and knowledge of staff. One person told us, "I feel I'm in safe hands with them all, they know what they're doing, and they look after me very well." Staff told us they had the training and support they needed to carry out their roles effectively. Training consisted of a combination of online and face to face training. New staff shadowed more experienced colleagues before working independently and subsequently completed the Care Certificate or an equivalent robust induction programme. This is a national scheme to support new staff build their knowledge and skills. Additional training was available for all staff to update their knowledge and refresh their skills. We saw that a number of sessions were due to take place for nutrition, pressure care and end of life care. Staff were enabled to obtain additional qualifications in health and social care and were supported to access the Qualification and Credit Framework (QCF).

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 saw that the registered manager had made appropriate referrals to professionals for assessment when people lacked capacity and needed constant supervision to keep them safe. This met the requirements of the Deprivation of Liberty Safeguards (DoLS). People told us they were in control of how they were supported and were enabled to make their own decisions. One person told us, "Nobody tells me what to do, or not do and if I need help, I'll call for them."

People were happy with the food and were supported to maintain a balanced diet. The comments from people living in the service included, "The food here is very nice, and there's plenty of it. I always look forward to my meals; it's a highlight of the day." And, "I'm never hungry or thirsty here." We observed the lunchtime meal and observed that most people ate well. The meal looked and smelled appetising. Staff were well organised and attentive, asking people if they wanted help but also respecting their independence. Plate guards and specialist cutlery were in use to support people to eat as independently as possible. People were offered additional helpings and those who did not eat well were offered alternatives including cornflakes with hot milk and sandwiches. The majority of people ate in the lounge, although the service had a pleasant dining room nearby. The registered manager told us that most people preferred sitting in the lounge but agreed to encourage people to use the dining area as they could see the benefits in

terms of encouraging mobility and increasing socialisation.

Nutritional screening was undertaken and people's weight was monitored. There were systems in place to reduce the risk of malnourishment which included adding cream and butter to foods, provision of homemade snacks, such as sausage rolls as well as individual snack boxes. Individuals at risk of aspiration had a risk assessment in place and staff were clear about who required thickener and pureed food. We spoke to the registered manager about one individual who had accessed fluids which had not been thickened and they responded by changing the system to reduce the likelihood of this happening again.

People were supported to access appropriate health care provision and staff were alert to changes in people's wellbeing. People and their relatives spoke highly of the staff and told us that staff knew them well. The comments included, "I think they'd notice if (my relative) was unwell, or behaved differently, they all know [my relative] so well, you see" and, "One of the strengths of this home is its size; it's a very personal, small home where staff know people so well. It means people don't get overlooked" and, "They'd notice if I was unwell, maybe even before I would."

We saw that people had access to a range of health professionals including the chiropodist, dentist and district nurses. There had been a recent change to GP services and the service was now being supported by one local GP practice. People had been consulted about this change and it was planned that a clinic would be held in the service for people to access. We saw that a local health professional had left a message to staff in a comments book, 'Once again a big thank you, you all work so hard, a credit to the company you work for.'

## Is the service caring?

### Our findings

At this inspection people continued to speak very highly of the service, they were very complimentary of the staff and felt well cared for. Staff continued to develop meaningful relationships with the people they supported and the rating continues to be Good.

People told us that they were well cared for. One person told us, "This place is caring and homely, not clinical. I wouldn't leave here for anything." Another person said, "Staff are wonderful to me, I could not ask for better." We saw examples of positive caring interactions whereby staff were observed being attentive and kind in how they spoke to people. We saw that they noticed when people needed help and supported people in an unobtrusive way. We heard a member of staff say to an individual, "I'll just come and hold your door open for you." One person hadn't eaten as usual and the member of staff said, "It's all [the person] felt they could manage, so we'll keep a closer eye on them today."

Staff knew people well and interacted with people warmly. One person told us, "The best thing about being here is the friendliness of everyone . . . . Staff here know me so well, and understand me." Staff were able to tell us about people their preferences and personal histories. One person showed us a picture that had been printed off, showing the person with a recent birthday cake made for them by the home's cook. They told us, "She made me a coffee cake specially, because she knows that is my favourite . . . . now isn't that thoughtful of her." Staff spoke about people with genuine affection. One member of staff said, "They become like part of our family, and we have such lovely people here." A memorial had recently been placed in the garden to remember a person who had lived at the service for many years but had recently died. A special event had been held to remember them? and open the garden which families of previous residents had been invited to. One of the comments we saw referred to this, 'We will never forget the love and laughter we all enjoyed together while (my relative) lived here. They experienced so many new things and was continuously surprised by life.'

People were supported to express their views about their care and were involved in making decisions. We observed staff talking with people and offering people choices. People were wearing their hearing aids and there were communication aids in place to assist people to effectively communicate with others.

Questionnaires were given to individuals and families at regular intervals to ask for their views on the quality of care provided. We looked at the results of the last surveys and saw that the results were analysed and areas for development identified.

Staff had a good understanding of the principles of privacy dignity and human rights and we saw examples of where these principles were maintained. For example, personal care was provided in a discreet way and staff asked people if they could support them before providing assistance.

## Is the service responsive?

### Our findings

At this inspection we found that staff continued to be responsive to people's needs and managed concerns in a proactive way and the rating continues to be good.

Staff knew people well and the care provided by staff was underpinned by pre admission assessments and care plans. Care plans documented how best to support people as well as details of people's choices and preferences. Decisions such as Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were available, assessable and clearly recorded. One person told us that they appreciated the frank discussions they had with the registered manager regarding their on going care. They told us, "I have a stroke or heart attack I can stay here, the manager won't get rid of me. That gives me peace of mind about my future." Daily records were maintained which recorded how people occupied their day and the care provided. Staff told us there was good communication and information was handed over appropriately which ensured that they were aware of any changes to people's needs.

People were supported to follow interests which promoted their wellbeing. A new activity coordinator had recently started work at the service and people and their relative spoke about the positive impact of this. We were told of various initiatives that had been introduced, including trips out and a letter-writing service, where a resident can have support in replying, or instigating a letter to loved ones. On the day of our visit we observed an organised activity where different animals were brought out and passed around. People took great interest, asking questions about the animals. One member of staff was very emotional and told us that one individual had spoken more to the animals than they had heard them speak for some time, as a result of a stroke. The member of staff said, "They are very self-conscious of their speech, but of course animals don't judge you, do they?" People told us that they went to the pub and we heard about people going to a local tea dance. The service also benefited from the use of volunteers and we observed an individual being read to and chatting with people in their rooms.

A complaints procedure was in place and information about how to make a complaint was on display. The registered manager told us that there were no outstanding complaints but they had an open door policy and tried to deal with any concerns before they escalated into an issue. People told us they felt listened to by staff, and by the management team and that any issues can be discussed, and problems are quickly resolved as a result. One person told us that if they had a concern, "We don't need an appointment, we'll just talk to someone, and any of them would help."

## Is the service well-led?

### Our findings

At this inspection we found that the service continued to be well managed. People received good quality care and support and the provider had effective oversight arrangements. The service continues to be rated as well led.

People told us that this was a well-managed service. One person told us, "I'd absolutely recommend this home; I've never regretted the decision to come here."

The service had a registered manager who was relatively new in post but had worked at the service for many years in a number of different roles. The registered manager was supported by a deputy manager and a number of senior staff and together they provided on call cover for emergencies in the evenings and at weekends.

People using the service knew who the registered manager was and told us they were visible and accessible. One person told us, "If I've got something to say, I'll get (the manager) to pop up for a chat, she's very straightforward, I like her, she does a good job." A visitor told us, "The manager is fantastic, a really hard worker, very conscientious. The carers really respect, and like her. She would be very quick to notice if a member of staff wasn't working well, and she'd take quick action. . . . bad staff don't stay here."

Staff were motivated and positive about the culture of the service. They told us that they liked the fact that it was a relatively small service and very homely. Staff told us that the manager was fair and supportive and one member of staff told us how after helping out they had been given a box of chocolates by the manager to say thank you. Other staff told us about the providers reward scheme where staff were nominated for good practice. Regular staff meetings were held, and staff told us that they received supervisions and annual appraisals which were used to reflect on their practice and how they could improve the quality of care provided.

The registered manager and the area manager continued to assess the quality of the service through a programme of audits. They collected a range of management information on areas such as infection, falls and training. Where shortfalls were identified we saw that actions were taken to drive improvement.