Peninsula Care Homes Limited

Bramble Down

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

Bramble Down is a care home providing nursing care to up to 40 people. Most but not all of the people living at the home are older people. The home does not offer care to people with dementia as a primary diagnosis but some people may have some memory loss associated with other illness or disability.

The home is set over two floors, with a lift to access the first floor. It is set in the small rural village of Denbury. Accommodation is offered to people in single or shared rooms.

At the last inspection in January 2015 the home was rated as good in all areas. At this inspection we found the home remained good.

Why the service is rated Good

The home was being well managed and run. It was well resourced, which helped ensure there were suitable numbers of well trained and skilled staff to meet people's needs. Where equipment or specialist training was needed this had been provided. The registered manager and provider had put in place systems and audits to ensure high standards were maintained at all times, and regularly updated their practice and knowledge so they could confidently set and oversee standards at the home. Effective quality assurance systems were in place, where people were able to contribute their views about the service.

People received safe care in an environment that was regularly reviewed for risks and actions were taken to reduce these where identified. These included assessments of potential risks from fire, hot water and infection control.

Risks to people's health or well-being were assessed and mitigated through a series of risk assessments and actions taken to control them. This included assessments of people's mobility, moving and positioning, nutrition, and any pressure ulcer prevention. These were regularly updated and specialist advice sought when needed.

People received their medicines safely, and people were protected because staff understood how to identify and report concerns or abuse. Systems were in place for the management of complaints and concerns, although most people told us they would just tell the registered manager if they had any concerns and would be confident they would be addressed.

People received care from staff who had been subject to a robust recruitment process. Systems for staff training and support ensured staff received the training and support they needed to fulfil their job role. We saw and people told us that staff had built positive and valued relationships with people and supported them to be as independent as they were able. A relative told us they had placed great trust in the staff at the

home, and felt confident leaving their relation at night knowing they would be well looked after.

People received a well-balanced and nutritious diet. Meals were home cooked and people told us they were tasty. Where people were at risk of poor nutrition the home had taken action to monitor their intake refer them to other agencies such as the GP or dieticians for support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's rights regarding capacity and consent were understood and supported.

People's privacy and dignity was respected, and their independence was encouraged as far as people were able. This included recognition of activities people could do for themselves, including eating and moving, although this might take additional time. The home had policies that enabled relatives to continue to be involved with their relations care, including personal care if they wished. This was a comfort to people, especially at the end of their lives.

Relatives told us they were involved in making and supporting decisions about people's care where they were not able to do so, and we saw people received individual care in accordance with their agreed care plan.

The home had a very full activities programme, offering a wide variety of opportunities to meet people's needs and wishes. These included opportunities to develop new skills such as using computers or Tai chi.

Records were well maintained, and appropriate notifications had been made to the Care Quality Commission as required by law.

Further information is in the detailed findings below.

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 remains Good. The service was safe.

People received safe care in an environment that was regularly reviewed for risks and actions taken to reduce these.

People received their medicines safely.

Risks to people's health or well-being were assessed and managed.

People were protected because staff understood how to identify and report concerns or abuse.

There were sufficient staff on duty and safe systems for staff recruitment were in place.

Is the service effective?

Good

The service remains Good. The service was effective.

Systems for staff training and support ensured staff received the training and support they needed to fulfil their job role.

People received a well-balanced and nutritious diet.

People's rights regarding capacity and consent were understood and supported.

The premises provided a comfortable environment for people to live in.

Is the service caring?

Good

The service remains Good. The service was caring.

Staff had built positive relationships with people and supported them to be as independent as they were able.

Relatives were able to continue to be involved with their relations care, including personal care if they wished.

People's privacy and dignity was respected. Independence was encouraged as far as people were able.

Is the service responsive?

Good

The service remains Good. The service was responsive.

People received individual care in accordance with their agree care plan.

The home had a very active activities programme, offering a wide variety of opportunities to meet people's needs and wishes.

Systems were in place for the management of complaints.

Is the service well-led?

Good

The service remains Good. The home was well led.

The home was well resourced and the registered manager and staff team set high standards which they worked hard to maintain. We saw good leadership in place and evidence of a positive and open culture.

Effective quality assurance and audit systems were in place.

Records were well maintained, and appropriate notifications had been made to the Care Quality Commission as required by law.

Bramble Down

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 was 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 was a comprehensive inspection which took place on 22 May 2017. The inspection was unannounced, and was carried out by one adult social care inspector.

Before the inspection the provider 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 also reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required by law to send us.

During the inspection we spoke with or spent time with nine people who lived at the home, eight members of staff including registered nurses, care, cleaning and catering staff and the registered manager. We spent time observing how people spent their time as well as how people were being supported by the staff team. We also spoke with three visitors and a visiting district nurse.

We looked at the care records for four people with a range of needs. These records included support plans, risk assessments, health records and daily notes. We sat in on two handover meetings between shifts to see how information was shared and how duties were delegated for the day. We looked at records relating to the service and the running of the home. These records included policies and procedures as well as records relating to the management of medicines, activities, food, and safety checks on the building. We looked at two staff files, which included information about their recruitment and other training records.

Good

Is the service safe?

Our findings

At the last inspection of Bramble Down in January 2015 we rated this key question as good. We found this had not changed and the service was still rated as good.

People were protected from abuse and harm because staff understood about abuse and how to report any concerns they had about people's well-being. Policies and procedures regarding safeguarding people were well understood and staff demonstrated a good understanding of people's rights. One person told us "The staff know how to look after me properly. I am sure they would never be unkind" and a relative told us "I have complete trust in the staff here. I can sleep well at night knowing (relative's name) is well looked after".

People were being protected from risks associated with their care because the home had assessed and reduced risks to people where possible. Assessments were undertaken of risks to people from malnutrition, skin damage from pressure, falls, moving and handling, swallowing difficulties (where needed). Appropriate actions were then taken to reduce foreseeable risks. For example one person had been assessed as being at high risk of skin breakdown. They had been provided with a specialist pressure relieving mattress, which we saw was adjusted correctly to ensure it operated effectively. The person was moved regularly to relieve pressure and this was recorded to ensure staff were aware of the appropriate position to move them to. The person had been prescribed additional nutritional supplements to aid healing and promote good health.

People were being protected from harm because risks to their well-being from the environment were being managed. Risk assessments were undertaken of the premises and actions taken to reduce risks where identified. These included assessments of potential risks from fire, hot water and infection control. Lifts, hoists, and bath hoists were maintained and serviced regularly and regular tests carried out of fire systems and equipment in place. People had personal evacuation plans in place to ensure their safety in case of a fire and emergency equipment was regularly tested and reviewed. Risk assessments were undertaken of safe working practices for staff to ensure they were protected and there were emergency plans and contact numbers in place for staff to use.

People were supported by sufficient numbers of staff with appropriate skills to meet their care needs. Many people living at Bramble Down had complex care needs and over half the people needed two staff to attend to their care. At the time of the inspection the registered manager and provider had taken a decision to voluntarily limit the occupancy of the home to 30 people. This was because they had had recent staffing changes and wanted to ensure that their quality of care did not drop while new staff were being recruited and receiving training. On the day of the inspection there were 10 care and nursing staff on duty in the morning for 30 people, with additional cleaning, catering, maintenance, activities and administrative staff on duty. Staff told us they were busy but this level of staffing was manageable. Some people told us they did sometimes have to wait a bit longer than they would have liked to get dressed in the morning, but others told us staff responded quickly and it just 'depended what was going on' on the day. One member of staff told us how they re-assured a person they could stay up as late as they wanted to. Each day the nursing staff looked at the duties for the following day and allocated staff time for each person. This helped to ensure that any foreseeable staffing needs or peaks in demand were planned for in advance and additional staff

bought in as needed.

People were protected because the provider had a safe system in place for recruitment of staff. We looked at two staff files and found they contained evidence of a thorough process having been followed and Disclosure and barring (police) checks. This included checks for registered nursing staff to ensure they had the appropriate qualifications and remained on the nursing register.

People received their medicines safely. Medicines practice at the home had been audited recently by the provider and also by the local supplying pharmacist with no significant concerns identified. Records were completed which showed medicines had been given to people in accordance with the prescribing instructions. Additional records were completed where for example there were variable prescriptions or where medicines required additional precautions due to their strength or effects. Medicines were stored safely and only administered by trained nursing staff. Where one trained nurse needed updating in the use of a medical device to administer strong pain relief medicines we saw they were not doing so until they had received the required training.

We saw people were protected by the homes policies and procedures with regard to the control of infection. Laundry facilities had specialist washing machines capable of achieving a sluicing cycle and soiled items could be taken to the laundry area in sealed bags to reduce any risk of cross contamination. Cleaning staff told us they had appropriate resources and had received training in infection control, including use of equipment to do so. Staff wore aprons and gloves and had access to hand washing facilities. The provider had recently purchased an ultra violet device to test staff hand washing practice. Odour control was well managed, so people lived in a pleasant environment. The kitchen had been awarded a five out of five rating for food safety.

Good

Is the service effective?

Our findings

At the last inspection of Bramble Down in January 2015 we rated this key question as good. We found this had not changed and the service was still rated as good.

People received effective care from skilled and knowledgeable staff. The home had a training and development plan and matrix that included basic training for all staff as well as training related to individual people's needs, such as care of people with diabetes to ensure staff had the updated skills and knowledge to carry out their role. The provider was seeking effective ways of embedding staff training including arranging for a virtual reality dementia experience for the staff. This it was hoped would help staff understand and empathise with people's experience of dementia better. This was due to be carried out in June 2017. Staff gave feedback to the provider about training they had received and this helped ensure it met staff needs, or helped identify further training needed. Where staff had not completed specific training they did not provide support to people even though they may have had experience in another service . For example one experienced staff member told us they had not supported people with their moving and positioning until they had received the approved training at Bramble Down. The registered manager told us this was because they wanted to ensure staff had the correct training and skills. Systems for supervision and appraisal were in place, and had recently been audited by a senior person from within the organisation. This included peer supervision and observations of practice to help ensure staff were working consistently and shared good practices.

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's consent to their care and treatment was sought in line with legislation and guidance. We heard staff asking people for their consent when carrying out care and this was recorded in people's daily records as having been sought. Assessments were made where needed to assess people's capacity to consent, for example to consenting to care or taking medicines. Consultation was held with relatives and others involved in the person's care where they lacked the capacity to make a decision. Some decisions were then made in people's 'best interests' and recorded as such. For example one person was reluctant to receive care and support with regard to their personal hygiene. It had been assessed that they were not able to understand the potential outcomes of this due to their mental health. Specialist support and guidance had been sought from the Older person's mental health team to offer guidance to staff on how to support the person in a positive way and help meet their needs without further distressing them. This care was being provided in the person's 'best interests' and the person was being supported. We spoke with this person's relative who told us they felt there had been positive improvements in their relatives mood and agreement to receive care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications where appropriate for authorisation to deprive people of their liberty, which were awaiting approval by the local authority.

People were supported to eat, drink and maintain a healthy balanced diet. People told us the food was good and they ate well. One person said "I eat very well here. Very tasty" and another person told us they had enjoyed their lunch. The choice had been beef stew or curry and the person said they had chosen stew as they didn't like spicy food.

People were supported to have access to good healthcare. Throughout the inspection we saw evidence of the home liaising with other agencies such as GP practices, Older person's mental health team, district nurses and other specialists both community and hospital based. People's files contained evidence of dental, podiatry and optical services visiting the home. Specialist advice was sought when needed to ensure people had good healthcare outcomes. We tracked the care of one person who had recently been admitted to the home. We saw that following their admission the home had sought specialist advice with regard to moving and positioning the person and had been visited by a specialist physiotherapist who had provided staff with photographs and guidance. Specialist advice had also been sought on pain relief from the pain management team at the local hospice and this was being followed. The person was visited by a district nurse during the inspection who knew them from their previous home. They were pleased the person was more responsive and eating better at Bramble Down. Another person was due to have their ears syringed by a community nurse on the day of the inspection.

Bramble Down provided a comfortable environment for people to live in. The home was set over two floors and had a large dining room, a large and small lounge and conservatory area. Where there was a change of level, shallow, purpose built ramps had been provided, to make effectively level access throughout. A new summerhouse was being completed as the result of a donation from a family member and the grounds were well maintained and attractive with seating areas in both sun and shade. We saw one person sitting outside with a family member and their dogs all afternoon, having their hair done and chatting. One person told us they were going outside to sketch and take photographs of the garden, and vegetable beds had been provided for people to be involved in growing their own vegetables.

Good

Is the service caring?

Our findings

At the last inspection of Bramble Down in January 2015 we rated this key question as good. We found this had not changed and the service was still rated as good.

People told us they felt the staff were kind and caring. One person said "Couldn't be better", and a relative told us the staff were "Good, intelligent thoughtful staff" who communicated well with them about their relation's needs.

People were supported by staff who took a positive approach towards their care. We heard staff responding to people's wishes and needs. For example, a nurse mentioned that one person the previous evening at 8pm had become confused and was wondering where their breakfast was. They said they had given the person a breakfast which they had enjoyed and they had then settled and slept well. Another staff member told us "If people want an egg sandwich and a cup of tea in the middle of the night they can. It's their home". One person told us they did not feel that staff always acted on their wider suggestions for the home's development but told us they felt free to continue to suggest them.

We saw evidence of positive relationships in place. We saw people chatting with staff and sharing information about their lives, interests and experiences. One person was planning a personal shopping trip with a member of staff and told us about their previous experience doing so together and the fun they had had. We saw other people responding well to staff cheerfulness and gentle banter. Some staff had received training as 'dementia friends' which meant they had received specialist training in understanding, emphasising and supporting people living with dementia.

Visitors were welcome to the home at any time, and some people were being encouraged to maintain contacts with family and friends further away via the internet. We saw one person doing so with staff support during the inspection. This had meant the person learning new skills to do so. They told us they were very pleased to have done so. The home recognised 'Johns campaign', which is a campaign supporting the rights of people with dementia to be supported by their pre-existing family carers in health and social care settings. Information on this was available in the home's entrance. The registered manager told us how the home encouraged carers to maintain involvement with people's care needs in the home. For example one family member supported their relative with a feeding system as they had done at home, and participated in aspects of their personal care. Another relative told us they felt welcome to visit every day if they wanted to. They had been involved in making decisions about their relation's care where the person had not been able to do so themselves.

People's privacy and dignity were respected. Some people shared rooms and curtains were available to help maintain people's privacy. Staff knocked on people's doors when they were closed, but some people had their doors open for much of the day, in particular when they spent all of their day in bed due to illness or infirmity. If people wished curtains could be partially pulled to protect them from view. Staff told us that one person had a period of time in the afternoon when they had requested they not be disturbed and this was absolutely respected, including from visiting professionals.

People were supported to maintain their independence. We saw care plans indicated activities of daily care people could do for themselves and any equipment that may support them to maintain or improve this. For example we saw one person's care plan covered the person eating. Their plan indicated they were able to do part of this task themselves with support, specifically that the person "needs guidance on loading her fork and spoon and putting it to her mouth". A person was being supported to eat in a quieter area as they managed to eat more independently than in a busier dining room.

At the time of the inspection no-one was receiving end of life care at the home. However Bramble Down had considerable experience of supporting people and relatives at this time of their lives. Some staff had received training in best practice in end of life care and the home had a staff champion to help share good practice and ensure consistency in approach. The home had good links with the local hospice care service, including for complex pain management. The registered manager told us how the home's staff were proud of the care given to people at the end of their lives.

People's care plans included clinical tools completed by the GP indicating if the person wished to have significant medical intervention in the case of a sudden serious deterioration in their health. Some people had requested full support be given, others, or their families where appropriate had made a decision this would not be in their relations best interests. Information on people's wishes was kept securely to ensure it was accessible to medical or paramedic staff attending. Some files also had information on people's preferred wishes in relation to their end of life care recorded where this was known.

Good

Is the service responsive?

Our findings

At the last inspection of Bramble Down in January 2015 we rated this key question as good. We found this had not changed and the service was still rated as good.

People received personalised care that met their needs and wishes. One person we spoke with told us "I am very well looked after" and another said "They do a good job looking after us all. It must be hard".

Each person living at the home had a plan of care, based on assessments and this was regularly updated. Plans covered all areas of people's needs, including information about risks to their health and well-being, communication, mental health, moving and positioning needs and the person's wishes for their care where this was known. People's needs varied considerably from people who were able to be active around the home to people who needed full care and spent most of their time in bed. We saw that people had call bells available and close at hand so that they could summon staff support if needed. We saw one person being transferred using a hoist. Staff spoke calmly to the person and re-assured them during the procedure. We looked at the person's file which indicated this was the support they needed. This told us staff were respecting people's care needs and plans. Changes to people's needs were discussed at handovers.

A relative we spoke with told us how they had been involved in devising their relation's care plan and attended reviews where their care was updated as the person was no longer able to do so themselves. This gave them the opportunity to ensure the person's known views and wishes about their care were included in the care planning process. For example, plans included information about people's preferred routines and habits, such as when they liked to go to bed and foods thy enjoyed. This person's plan also included information about things that raised their anxiety and what helped keep them calmer and contented.

Assessments included assessments for pain, including where the person was not able to communicate this verbally. Staff we spoke with were aware of people's non-verbal communication of their wishes and told us they respected this. For example a staff member told us how they used to give one person a massage, but when they had enough they would withdraw from the contact, so the staff member would stop.

Plans included clinical tools completed by the GP indicating if the person wished to have significant medical intervention in the case of a sudden serious deterioration in their health. Some people had requested full support be given, others, or their families where appropriate had made a decision this would not be in their relations best interests. Information on people's wishes was kept securely to ensure it was accessible to medical or paramedic staff attending. Some files also had information on people's preferred wishes in relation to their end of life care recorded where this was known.

People were encouraged to be involved in activities of their choice. This included one to one support in people's rooms if they wished. Care plans showed where people were at risk of social isolation and recorded their individual wishes regarding personal contact with activities staff. The activities organiser was positive and enthusiastic about supporting people to remain physically and mentally active. They told us everyone was "able to do something, able to have some communication, to engage, no matter what their ability".

Activities were being provided seven days a week for people who wished to take part. On the morning of the inspection people could choose from joining the tablet computer group in the conservatory or having their hair done in the hairdressing room. The hairdresser told us this could be a very social event for people, where they enjoyed getting together and chatting. Some activities were very much led by people living at the home; others were put forward to try and if not popular were not repeated. This helped offer people new experiences as well as those they enjoyed already. Activities on offer were on display in the hallway, but the activities organiser told us that sometimes they just 'went with the flow' and sat chatting about the news or other events as people wished. Activities provided recently included Tai chi, reflexology and massage, manicures, musical entertainments, a visiting animals service, gardening and crafts. A relative told us they had spent some time with their relation recently listening to music in the group which both had enjoyed as a social experience.

People were encouraged to maintain links with the local community and there was discussion during the day of entries going into the local village show where the home had won prizes in previous years. People's artwork and crafts were on display in the home and for sale in the foyer. This showed their work was valued.

The home had a complaints procedure that was on display in the hallway, but the registered manager told us they had received no formal complaints since the last inspection, and any other day to day issues were dealt with immediately as they arose. People we spoke with told us they would speak to the registered manager if they had any concerns. A relative told us that at times their relation had said it took a long time for call bells to be answered. The registered manager confirmed this was easy to audit and identify as the call bell system in use could give a print out of times when balls had been rung and staff attended. They looked at this regularly to identify if there were any concerns about response times.

Good

Is the service well-led?

Our findings

At the last inspection of Bramble Down in January 2015 we rated this key question as good. We found this had not changed and the service was still rated as good.

The home was well led. There was a registered manager in post, who had been working at the home prior to the last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager told us they ensured they had a good oversight of the home and were quickly made aware of any pressure points or staffing difficulties because the staff worked well as a team and would raise any concerns. The registered manager also worked alongside staff on occasions to help ensure they were aware of people's needs. They held regular staff meetings, and we saw these were lively meetings where opportunities were taken to help staff reflect on their practice, improve consistency and help think about the home from the perspective of the people living there. The registered manager regularly updated their skills and knowledge at training events, care forums and seminars.

The registered manager had taken steps to protect people during recent staff changes, and had restricted any new admissions until they felt the home was safe and stable. This showed integrity and responsibility in the face of pressure from local healthcare services on filling vacancies. The registered manager told us the service had high standards and a good reputation that they were not prepared to compromise on. This gave us confidence they were a strong leader and advocate for positive high quality care.

The home had a positive and open culture. During the day we heard much humour and many positive interactions with people, whatever their level of disability and need. People told us the registered manager was approachable, and their office was located at the front of the home in an area where people passed regularly. Nursing and Care staff spoke warmly about the people living at the home and we consistently saw them discussing and putting thought into how their day to day lives could be made better. For example with managing pain relief to help ensure the person had a good level of pain free but 'alert' time.

People benefitted because the home was well resourced. There was sufficient equipment and staffing to meet people's needs and this was kept under close monitoring.

People could expect to receive high quality care because the home had systems in place to ensure safe, effective care was delivered. The provider had an audit calendar and each month regular audits were carried out of the service to monitor, assess and improve the quality of people's care and experience. This included assessing the home against guidance issued by CQC on complying with regulations. There was a formal quality assurance system in place. This included sending questionnaires to people living at the home, their relatives, staff and visiting professionals. This was collated, analysed and feedback from this was available so people could see the impact of their participation. Managers from other homes within the provider organisation were being encouraged to audit each other's homes to give a 'fresh pair of eyes' as a part of the

audit and quality assurance programme.

Records were well maintained and the registered manager had sent notifications to us as required to do by law. Policies and procedures were available to support practice, for example with regard to infection control.

A change was needed to the service's registration to reflect the services provided. This was to remove the regulated activity of diagnostic and screening as the home did not provide these services. The registered manager agreed to discuss this with the provider to ensure an appropriate application was made.