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 |

## Overall summary

This inspection took place on the 13 and 16 January 2015, and was unannounced. The second visit made to complete the inspection on 16 January 2015 was by appointment.

Bramble Down is a care home with nursing, situated in the village of Denbury, approximately three miles from the market town of Newton Abbot. The home is registered to provide nursing care for up to 40 people, and was full at the time of our inspection. People who lived at the home were older people with general nursing needs. Some people had moved to the home for end of life care, while others were there for a period of recovery and rehabilitation before returning to their own home.

As a policy the home does not provide care for people with dementia as a primary diagnosis, although we saw some people who lived there had a mild degree of memory loss associated with other ill health.

On our last inspection of the home in February 2014 we had identified concerns in relation to the staff recruitment processes in place and the staff's

# Summary of findings

understanding and recording of people's capacity to consent to their care. The provider sent us an action plan telling us that they would complete improvements to put these right by the 30th April 2014. On this inspection we saw that the improvements needed had been made and sustained.

The service 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.

We saw that people were supported in a service that was safe. Risks to people's health and safety were managed appropriately and people had opportunities to remain independent and take appropriate risks to enhance their quality of life. Staff understood people's rights and how to protect them from potential abuse or harm.

We saw that fluid balance charts had not always been fully completed where people were at risk of poor hydration. This meant that it was not possible for nurses to accurately check how much fluid people had taken. This put people at potential risk of poor hydration, although we did not identify anyone who was poorly hydrated on the inspection.

There were enough staff on duty throughout the day and night to meet people's needs. People we spoke with told us their needs were met, and we saw that although the home was busy people received individualised care in the way they wanted.

People were asked about how they wanted their care to be delivered, and we saw that care was delivered in accordance with people's care plans and their wishes. Care staff were well organised so that it was clear each day who they were responsible for supporting. This helped to ensure that people's care needs did not get missed.

We saw that staff had the skills, knowledge and training to help them meet people's needs. Staff told us they received good support at the home and that it was a good place to work.

We saw that the home managed people's medication well, including complex pain relief for end of life care. The home's staff were proactive in supporting people's healthcare, and account was taken of people's recovery goals and aspirations wherever possible. We saw that people had access to good community healthcare support services such as community physiotherapy or end of life care nurses.

People told us they enjoyed the meals at the home, which were described as good wholesome cooking, using fresh and local produce wherever possible. We saw people who needed support to eat were given this sensitively and in ways that respected their dignity.

People's capacity to consent to care was recorded, and where they could not do this records and assessments showed that decisions had been made in people's best interests. People's communication needs were assessed. We saw that no-one who lived at the home was being deprived of their liberty.

We saw that the staff were caring, both helping people to celebrate positive events and offer support at times of distress. We saw that there were good relationships between people receiving care and those supporting them. Staff we spoke with told us they were proud of the home's approach to end of life care which was based on good practice and positive links with local hospice services.

People had access to interesting activities that met their needs and wishes. We saw that the activities organiser had used innovative, creative and individual approaches to supporting people to remain active and involved where they were able to be.

We saw that care was individual and person centred. Staff we spoke with had a good understanding of the backgrounds, needs and wishes of the people they were caring for. They understood the importance of social, emotional and spiritual elements of people's care as well as medical needs.

The service managed any complaints or concerns well. People told us they felt able to raise any issues and be confident of a resolution without recrimination. The culture at Bramble Down was open and the manager told us her door "is always open".

We saw that the provider met legal obligations to the Care Quality Commission, and was operating in accordance with their conditions of registration. Quality

# Summary of findings

assurance and audit systems in place ensured that people received a consistently good standard of service, and that learning took place to develop the service further.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

Good

People told us they felt safe at the home. They told us they had confidence in the staff, and that staff supported them well.

We found that people were protected from abuse. Staff had access to clear training, policies and procedures to address concerns and report them appropriately.

We saw that people were enabled to take appropriate risks and that action was taken to reduce risks where possible. People were encouraged to remain independent even if that meant an increase in risk.

There were enough staff to support people safely.

Medication systems were safe and people received the medication they needed.

**Is the service effective?**
The service was effective.

Good

We saw that people were supported by staff who had the skills, knowledge and training to understand and meet their needs. We saw that staff were proactive in promoting and assessing people's health and wellbeing and took action promptly to address any concerns. However we saw that fluid balance charts were not always completed fully. This meant it was not always possible to see clearly if people were drinking enough.

We saw that people ate good, plentiful and wholesome meals. People told us they enjoyed their food and that they had choices available that met their preferences.

Staff had received appropriate training in the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act, which had been followed in practice. This meant that people's rights were being protected.

**Is the service caring?**
The service was caring

Good

We saw staff supporting people well, demonstrating good relationships with the people they were caring for. We saw positive events being celebrated and people being offered comfort in times of distress.

We saw that people's independence was encouraged and their privacy respected.

We saw evidence of good end of life care that supported people in the way they wanted.

**Is the service responsive?**
The service was responsive.

Good

# Summary of findings

We saw that people were supported well, with care being delivered in accordance with their wishes. Care planning systems were being reviewed to ensure this was further reflected in people's plans, however we saw people had been asked about their wishes and we saw these were followed.

We saw that people had access to activities of their choice and that creative ways had been identified to encourage people to learn new skills and maintain and share hobbies and interests. People told us they felt the home respected their lifetime achievements and interests.

We found that complaints and concerns were responded to quickly and thoroughly. People told us they would feel comfortable in raising any concerns and be confident of a resolution.

**Is the service well-led?**

Good 

The service was well led.

People benefitted from living in a well organised and well run home. We saw that people were involved in supporting developments of the service and driving forward improvements.

Staff that we spoke with told us the home was a good place to work and they took pride in the work they did.

We saw that the management of the service reflected upon and analysed the quality of the care and service provide in order to make improvements. Legal obligations were met and the service was resourced sufficiently well to enable the manager to provide a good quality of care.

# 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 inspection took place on 13 January 2015 and 16 January 2015 and the day of the first visit was unannounced. This meant that the provider did not know we were visiting. The first day of the inspection was carried out by one inspector. The second day of the inspection was carried out by two inspectors and was by appointment. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. 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.

During the inspection we spoke with twelve people who used the service, seven relatives, the registered manager and three registered nurses, six members of care staff, the home's administrator, the cook, the activities organiser and two members of the housekeeping team. We also spoke with a nurse assessor who was visiting the home and a member of the community healthcare team who was supporting a person who lived at the home. Prior to the inspection we had contacted local community teams who supported or commissioned people's placements at Bramble Down for their views on the service.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at six sets of records related to people's individual care needs. We looked at three staff recruitment files and records associated with the management of the service including quality audits, training records and policies and procedures. We observed staff setting up specialist equipment to support people with end of life care medication and looked at the way in which medication was stored and administered to people. We observed people being supported to eat and an activity session. We also sat in on two staff handovers to see how information was communicated between staff.

Good

# Is the service safe?

## Our findings

We found that the home was safe. People who lived at the home told us they felt safe there. We saw that there had been no safeguarding incidents at the home. Staff were up to date with safeguarding training and there was clear information available on what to do in case of concern. This included clear definitions of abuse and what actions to take. Staff we spoke with understood about people's rights to make decisions and felt confident that if they reported concerns they would be acted upon. They also understood about how and to whom concerns should be reported.

Where risks were identified actions were taken to reduce these wherever possible and in agreement with the person involved. We saw for example that one person had been assessed as being at risk due to an impaired swallowing reflex. The person had been assessed by a specialist team and clear guidance given to the home about how to support the person safely. We saw that there was a specific care plan and risk assessment in the person's file in relation to swallowing and that senior staff were identified each day to support the person with their eating. We observed the person being supported to eat and saw this was done respectfully and at the person's own pace in accordance with the guidance.

People were enabled to take risks if they had the capacity to decide to do so. We saw that a person had been assessed prior to admission to the home as needing a pureed diet. However on admission the person had requested sandwiches and other soft but not pureed food from the home. The home had made immediate arrangements for the person's swallowing reflex to be re-assessed and guidance was being followed along with a clear risk assessment.

We saw another person who wanted to return home but would be placing themselves at significant risk by doing so. We saw that the manager was actively working with this person and Social Services to increase the person's independence and mobility to enable them to do so. We also saw they were working with the person's family to help them develop the skills to care for the person at their home.

Risk assessments in people's files recorded risks relating to potential pressure areas, poor nutrition, falls and bed rails. We saw that these had been effective because no-one at Bramble Down had developed pressure sores, despite there being many people who were very frail. A visiting health care professional told us that they believed that the pressure area care at the home was very good. Staff we spoke with understood the actions that were needed to prevent a breakdown in people's skin.

We saw that there were sufficient staff on duty to keep people safe and meet their needs. We saw that each day a registered nurse on duty made an assessment of the staffing numbers needed the following day based upon the needs of people and any specialist planning or care that needed to be carried out. We saw that this included an allocation of skilled staff to support particular people with their needs. The home had recently increased the compliment of registered nurses on duty to meet an increased need and dependency level. People we spoke with told us there were enough staff on duty to support them. One told us "They are always about, and just pop their head round the door sometimes to see if I want anything". One person told us that sometimes staff had to rush off to deal with someone whose needs were greater, but added "Of course one day that could be me, so I don't mind". Throughout the two days of our visit we saw that the home was busy and active, but staff always had time to help people at their own pace.

We saw that people's medication was managed safely. The registered manager told us that they had recently had problems with the supply of medication from the pharmacy and had taken action to change to a new supplier shortly after the inspection.

Medication was administered by the registered nurses on duty; however, some care staff were also responsible for applying creams or topical liquids for people as they were getting them up. We saw that where this was done there were body maps in people's rooms to show where the cream was to be applied. All creams were marked with an opening date to ensure they were still effective.

We discussed the medication with two registered nurses and observed them preparing to give a person controlled pain relief medication through a device that delivered this over a 24 hour period. We saw that the nurses understood how the medication needed to be given and were clear about the safe storage and administration requirements.

Good

# Is the service safe?

We saw that medication that required refrigeration was kept at appropriate temperatures. Records were kept of each administration and where the quantity of medication to be given varied with the person's symptoms these were clearly recorded. We watched people being given their medication during the inspection. We saw that the medication was given to people with an explanation and time was given for them to take it at their own pace.

We saw that people had access to their medicines when they needed and wanted them, although no-one at the home held their own medication. For example we saw and heard evidence that requests for additional pain relief were responded to quickly and appropriately. One person we spoke with told us that if they found they were breathless earlier in the morning than usual then the nurses would give them their medication early. We saw another person had requested a review of their medication and the GP was asked to carry this out that day.

At our last inspection in February 2014 we had identified concerns over the lack of a robust recruitment procedure that had left people at risk from being cared for by staff who might be unsuitable to care for potentially vulnerable people. The provider sent us an action plan telling us what they intended to do to put this right. We saw on this inspection that action had been taken and sustained to ensure the homes systems protected people.

We saw that there were robust recruitment practices in place that included completed application forms and work histories. Since our last inspection an audit had been carried out of existing staff files and missing information updated or replaced where possible. We saw that for new staff pre-employment checks were carried out, including references and disclosure and barring checks. On the day of our first inspection the registered manager was interviewing for a staff post.

We saw that the applicant had completed an application form and was subject to a formal interview. References would be taken up prior to appointment. This told us that the recruitment policies were being followed.

Good

# Is the service effective?

## Our findings

We saw that for some people charts were kept to record the amount of food and drink they were taking. We looked at these charts for three people and found that they were not always filled in accurately enough to enable a judgement on whether the person had taken in enough fluids or food on that day. We discussed this with the Registered Manager who confirmed that they would take immediate action to remind staff to complete these accurately. We did not identify anyone who was dehydrated during the inspection and staff we spoke with were clear about the need to ensure people had enough to drink. People we spoke with told us they had access to drinks whenever they wanted.

We saw that people received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. People told us that they felt confidence in the staff to support them, and spoke positively about the care they received. They told us that the staff understood their needs and supported them well. They expressed confidence in the staff abilities to manage the equipment they needed and to understand and respond quickly if they needed additional help. One person told us "I am very very happy here, I have no complaints and can't praise the home highly enough".

A relative of a person who had passed away at the home told us "When my mother was here all the staff and especially the trained staff could not have done any more for her. The care was excellent – you'll never have a problem here".

Where staff needed additional support or training to carry out their duties we saw that plans were in place to address this. For example, one newly appointed nurse needed to update their competency in using a medical device. We saw they were working in a supervised capacity until this had been completed. The registered manager told us that specialist advice and training was sought as needed. For example we were told that when a person needed to be admitted to the home with an unfamiliar chest drain they had accessed specialist training to ensure nursing staff understood how this needed to be managed.

We saw that the home had a staff training matrix and where gaps were identified we saw that training was being accessed to complete this. Staff we spoke with told us that they received regular training and would be supported to do more as they wished. One staff member told us that they had been encouraged to undertake National Vocation Qualification at level three, which is a senior level, and would be able to develop this further if they wished. We saw that senior staff carried out observations of care delivery to assess and monitor staff competencies. Staff we spoke with also told us they received regular appraisals where they were asked about their learning needs and what training they would like to do.

However, we saw that staff who had commented on the annual quality assurance documentation did not all feel that the supervision and appraisals they received were sufficient. We saw that the home manager had already taken action to address this. Additional questionnaires had been sent to staff to assess how they felt the supervision and appraisal systems could be improved and what additional support people wanted. We saw that these were being returned during the week of the inspection. The registered manager told us that they would then compile an action plan to improve the systems in use. Work was also under way to ensure that the induction practice was compliant with changes to the Sector Skills Council Standards.

We saw that there was continuous learning occurring that was then cascaded through the staff teams. The registered manager and a registered nurse were to attend training in diabetes care the week following the inspection and training in dementia was planned for February 2015 for all staff. Nursing staff attended local forums for best practice, for example at the local hospice and the cook had attended courses in supporting people with swallowing difficulties. We spoke with a member of staff who was training to become a dementia care champion at the home, and a number of other staff had become dementia friends following training. This meant that they had undertaken some learning about helping people with dementia continue to live within their community.

Before people were admitted to the home we saw that assessments of their needs were carried out. One person was admitted to the home between the two inspection visits. On our first visit we saw the pre-admission assessment which the registered manager had undertaken when they had visited the person in hospital. We saw that this had included talking to the person, their carers and reviewing hospital notes to ensure that a full picture of the person's needs was gathered. We also heard the person's

Good

# Is the service effective?

needs were discussed at the daily handover so that staff would be prepared a day in advance for their admission. The day after their admission we saw that preliminary care plans had been completed and the equipment needed for the person's comfort and health had been provided. We saw that the person had also given the home information about their recovery aspirations and aims for improving their health condition. Consideration had been given to the person's disability in ensuring their room was usable for them, for example ensuring they could leave the bed on the correct side and access items in an area of good peripheral vision for them.

At our last inspection in February 2014 we had identified concerns about people's capacity to consent to care not being recorded or assessed. On this inspection we found that action had been taken.

We heard carers asking people for their consent when supporting them and the care plans contained evidence that people had been assessed for their capacity to consent to their care. We saw for example that one person's file recorded that a blood sample had been taken and the person had consented to this. Files also recorded people's communication, so where the person may no longer be able to consent verbally this recorded how they might show their consent in other ways. For example we discussed one person who received passive movement and massage for a painful leg. The staff member we spoke with told us "The physio came in and showed me how to do this. I know from her facial expression if she wants to participate". Where the person had no longer got the capacity to consent the care files recorded that staff carried out the activities in the person's best interests following consultation with relatives or others of significance. This was in accordance with the Mental Capacity Act 2005 (MCA).

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the implications of this legislation and had reviewed people's care to see if anyone at the home was being deprived of their liberty. No person was being deprived of their liberty at the time of our inspection and so no applications for authorisations for DoLS had been applied for.

We saw that people were supported to eat and drink enough and maintain a balanced diet. People told us they had a good choice of food available to them and we saw this demonstrated on both inspection days. People said the food was plentiful, home cooked and of a good quality. One person said "good cooks –proper country girls and they can really cook – just too much of it", and another person told us "When I first came I couldn't swallow very well and they pureed my food. Now I don't need that but they still check from time to time that I am managing and enjoying what I have."

We saw people were supported to eat in a manner that respected their dignity and at an appropriate pace. We saw that weight management regimes and special diets were managed well. Food that needed to be pureed was presented well. The cook told us that they made efforts to make even food supplements look attractive by piping or presenting them in ways to stimulate the appetite. Fresh produce was in use, including local meat and vegetables. The cook told us that if people were not well she would pop in to see them and see what they fancied that day rather than expect them to just eat what was prepared.

We saw evidence that people received access to healthcare services in a timely way. On our inspection we heard in the morning handover that one person had not been well over night. We saw that this person was seen by a GP later that day and taken back into hospital to manage a health condition. Another person saw a physiotherapist to help them with mobilisation and two other people were being assessed and reviewed by community healthcare staff on the day. We saw that people who requested to see their GP had this actioned. Care files recorded people having access to community healthcare specialists and preventative healthcare such as diabetic eye testing. We saw that staff acted promptly to identify a person with a possible urine infection. Nursing staff had obtained a sample and done initial tests before deciding to send off a sample to the local GP practice for analysis. This told us that the home were proactive in supporting people with their health.

Good

# Is the service caring?

## Our findings

People told us the service was caring, and that they felt cared for and well supported by the home. They spoke highly of the care they received and we also saw numerous letters of thanks and praise for the care provided. One person told us "I really couldn't be happier anywhere else" and a relative said "The staff really look after (my relation) well. If I can't be at home than I would want to be here myself. In fact I might just book in!"

We saw that the staff had a positive approach towards events and special events were celebrated for people. During the course of the inspection we saw one person's birthday being celebrated and other people being praised for the advances they had made. For example we saw a member of care staff supporting a person to walk. They said "You should be really proud of yourself, you did really well" when the person had finished and we saw the person acknowledged the comments with a smile. During the course of the inspection we also saw one person became distressed at an incident involving a family member. We saw that staff took it in turns to sit with and comfort the person with appropriate physical contact until their distress lessened. We saw that staff made arrangements for staff to cover their work so that they could spend time with this person, acknowledging their distress and offering them comfort. This showed us that people's emotional needs and welfare were important to staff.

We saw that good relationships were in evidence throughout the staff group towards the people who lived at the home. A relative we spoke with told us the care at the home went "far beyond what we could have expected – exceptional." One person we spoke with felt that the staff did not respond to them well, but overall people were very positive about the staff willingness to respond to their needs.

People we spoke with told us that they were able to offer their visitors hospitality which they appreciated greatly. One person told us "When my visitors come I just have to ask for a tray of tea – no one ever minds and it makes me feel good that I can do that. It is like I would have done in my home, and it makes it feel like my own home again."

We saw that staff expressed concerns over people's emotional wellbeing and offered ideas about how to support people to improve. For example we heard staff expressing views such as "I am worried about him he seems very down" and also "Please make sure she has lots of nibbles – whatever she would like she can have, anything to encourage her to eat she is eating so little".

We observed staff caring for people. We saw staff using moving and handling equipment with confidence, taking time to ensure the person understood what was happening and talking with them throughout the procedure. Where agency staff were used we saw that the home used staff who were familiar with the home wherever possible. An agency staff member we met on the inspection told us they worked there regularly and really enjoyed it as a place to work.

We saw that staff received information on confidentiality of information and we saw that where personal or sensitive information was recorded about people in their files it was treated respectfully.

We saw that people's privacy and dignity were respected. We saw staff knocking on people's doors before entering and curtains were available in shared rooms to protect people's privacy. We saw that staff ensured people retained their independence as far as possible and care plans directed staff to ensure that this was encouraged. We heard staff providing support to a person who was very frail and had limited consciousness. We heard them speaking gently to the person and telling them what they were doing even though there was little response. This demonstrated respect for the person.

We discussed with staff how they supported people who did not want to receive care. They told us that people could get up when they wanted. If the person did not want to get up and dressed when staff went to support them then they would check respectfully with them when they would like to get up later. They might also consider whether another member of staff might be of help. Relatives we spoke with told us that there was good communication with the home's staff and good relationships with the staff at all levels.

We saw that people were supported at the end of their life to have a comfortable, dignified and pain free death. Some people who were at the home for end of life care had medication that they might need in case of a sudden and predictable deterioration in their condition available in a

Good

# Is the service caring?

"Just in case" bag. This meant that if the person suddenly deteriorated and needed medication for example to relieve pain or dry secretions then this could be administered without delay.

Records held in people's files contained information on people's wishes in relation to their end of life care and forms had been completed with their GP to record their clinical preferences in the case of a sudden deterioration in their health. This would record for example if the person were to want to go to hospital or would want resuscitation. Staff we spoke with told us that they were proud of the care they delivered to people at the end of their lives, and felt it was something the home did very well. We saw that the registered manager and staff team worked in conjunction with the local hospice and end of life care team to deliver care in accordance with the Gold Standards Framework. This is a national marker of excellence for end of life care. While we were at the home we met people whose relation had recently received care at the end of their life at the home. They told the registered manager this had been "just what he would have wanted".

Good

# Is the service responsive?

## Our findings

We saw that care at the home was personalised to meet people's needs, and people were encouraged to have a say in the way their care was delivered.

We saw that people were involved in expressing their views about their care and being actively involved in decision making where they were able. For example we saw that people had been involved in discussions about their care planning, although no-one we spoke with had a copy of their care plan. The manager told us that people could do so if they wished, but people we spoke with did not feel they wanted a copy. New and more person centred care plans were being developed for everyone at the home. We saw that design meetings had been held with other managers within the provider group to take into account best practice in care planning.

The care plans we saw on this inspection contained information about people's wishes in relation to their care. We saw that people had 'hospital passports' in their files so that information could be transferred with them quickly in the case of a sudden deterioration in their health. One person we spoke with told us when we asked them about their care plan "I don't run the place, but it is well run. Medicines, Doctors visits etc. are all kept in my medical file. Staff have talked to me about things like when I want to get up and go to bed. I go to bed around 7pm. It suits me and I don't have to go to sleep straight away – I watch television. I get my night tablets between 8 and 9 which suits me." In another newly admitted person's file we saw information on the aims and goals that the person wanted to achieve in their recovery from a stroke, which included "walking independently and knitting again".

We saw that throughout the admission process information was gathered about people's past history and preferences, including hobbies and interests and activities the person would enjoy. We spent time with the home's activities organiser looking at how people were involved in the life of the home and encouraged to participate in interesting and stimulating activities. There was an acknowledgement of the importance of people's personal history, and some people at the home knew each other from local village life prior to admission. One person told us "I can't think of anywhere better – a friend of mine came in here yesterday. I would recommend it to anyone. " People were also encouraged to continue with pre-existing community contacts. One person told us for example that the vicar from their old village visited them at the home which was of great comfort to them.

The activities provided were based on the needs and wishes of people who lived at the home and where possible were also led by people who lived there. We saw that in the first couple of days of people's admission the activities organiser would visit them to get an idea of what they enjoyed. For some people individual or room based activities were more in accordance with their wishes than group ones. Other people enjoyed more communal, or craft based activities. There was a daily programme available and we saw people participating over both inspection days in events. Activities included a tablet computer group, quizzes and word games, reminiscence, poetry, crafts and gardening where appropriate. People had completed ambitious craft projects such as a papier-mâché Tower of London with poppies to celebrate the commemoration of the First World War ending and other collaborative artwork was on display in the home.

During the inspection we observed an activity session on reminiscence. People who participated also were also involved in general discussions about the home and spent time engaging with the home's pet dog and tortoise. The home had a newsletter giving people information about forthcoming activities and projects like the on-going renovation of a large dolls house. One person who lived at the home had previously been involved in making dolls house furniture. The information about the activities on offer was available in large print and pictorial format to encourage people to take part. Walls in the home were decorated with artwork people had completed and cards were for sale in the hallway that people had made.

We saw that the groups also included one on the use of tablet computers. One person told us about how the home had recognised their past skills when they were admitted and used a laptop. They told us that the activities organiser had leant them a tablet computer to see how they had got on with it. The person had found they liked it so had purchased one themselves and now used it to keep up to date with news and in contact with people around the world who shared similar interests. Another person we

Good

# Is the service responsive?

were told had developed skills in internet shopping and used social media to keep in contact with relatives abroad as a result of what they had learned in the group at Bramble Down.

We saw that the activities organiser encouraged people who lived at the home to lead groups and share talents or interests themselves. One person told us "We had an excellent group yesterday afternoon talking about poetry. My wife was the one who used to like poetry, but (the activities organiser) asked me to help with the group and it was really good. They are using my skills. We talked about poems around Winter, the seasons and religious festivals. It helped me take my mind off my health".

Relatives also told us about their experiences of the staff going "above and beyond" to engage with their relative and support their interests. One relative told us that the cook had given up her day off to spend time with their relation looking at deciding on the design of the Christmas cakes. This was because the person had previously had a background in catering.

The activities organiser talked about how they supported a person using appropriate touch and massage. They said they did this because "It helps to make her feel special. I can't stop the contracture, but the 1:1 time helps people feel special." They also talked to us about the importance of knowing people well in order to be able to provide good care for them. They told us about one person who had told them that all their life they had enjoyed reading a particular book which was very special to them. The staff member said that the person had now lost the ability to read but that they still read the book to them even though the person was no longer able to acknowledge this. They did this because they knew this had been important to the person during their life and they felt it was important it was continued.

We saw that any complaints or concerns about the service were responded to immediately. We looked at the action the registered manager had taken in respect of a complaint. We saw that following a concern being raised the registered manager instigated an investigation and developed action plans to support improvement with a member of staff. Feedback was given to the person who had raised the concern about the actions that had been taken and they were satisfied with the outcome. People told us they would feel able to raise any concerns with the registered manager or staff and feel confident they would be acted upon without bad feeling. Relatives told us they had had no concerns but would feel very comfortable in raising any issues if they had to.

We heard that community healthcare staff found the home provided a high standard of care and that they had confidence in the home. We saw that the home's staff had received training in best practice for end of life care from the local hospice team with whom they worked regularly. However we also heard of many instances where people who had gone to the home for end of life care but had improved and had then gone back home to spend their last few months with their families. We asked community healthcare staff how this had been achieved. They felt it was because the home never "gave up on people" and never gave up working to improve their quality of life. One told us it was due to "Good care, a good level of nursing, never giving up, knowing the patients well, a happy environment like the person's home, a good staff team – the whole thing comes back to leadership and ethos".

Good

# Is the service well-led?

## Our findings

We saw that there was a positive and open culture in the home. People told us that they were encouraged to be involved and make decisions about their care, and to have a say in the way that the home was run. One person told us "This place is very open" and comments from staff included "I love it here" and "This is the best job that I have ever had". People were clear about who was in charge and told us that they had regular contact with the registered manager who visited them regularly in their rooms if they were not able to go out themselves. We saw people calling in to the registered manager's office throughout the day to thank them for the care being delivered.

People told us there were good supportive relationships in place and that they got on well with the staff who supported them. One person felt that staff did not always identify or respond to their needs quickly enough, but other people consistently told us that their needs were met well and in a timely way. Relatives we spoke with told us there was good communication with Bramble Down, and that they were kept in touch with any changes in their relative's condition. One said "I have confidence in the staff to deal with any issues, but I know they would also ring me to let me know straight away. That is really reassuring."

We saw that information about the home was available for people both before and after their admission, including clear information on charges and conditions of residency. Some information for people who lived at the home was available in a pictorial, large print or easy read format. A statement of purpose contained information for people about the provider organisation and standards they could expect to receive at the home. There was also a newsletter from across the care homes in the group giving information about developments and featuring examples of craft work and good practice undertaken at the homes. We saw the newsletter from December 2014 included photographs and profiles of some of the staff who work for the organisation to help develop a sense of community and understanding of staff roles.

We saw that the home was well organised, and although very busy throughout the day we saw that all the staff we met were aware of their roles and tasks for the day. We saw that there were regular meetings at all levels throughout the home which helped ensure that all staff were aware of daily issues, such as one person's birthday and another person being assessed to go home. We sat in on a handover with the registered nurses and another meeting with care staff. We saw that individual duties were allocated for the day along with ensuring that particular staff were allocated to work with individual people. This helped ensure that no-one's care got missed. We saw that staff were involved in discussions over people's care and asked their opinions. Information was also given about other changes at the home, for example on the first day we saw advanced planning for an admission the following day. This included information being shared with care staff about the person's needs.

We also saw that there were regular staff meetings, held separately for registered nurses, senior care staff and care staff, and also for all staff. Additional meetings were held for people who lived at the home to gain their views on the service and discuss any improvements people would like to see. We looked at the minutes for these and saw that they reflected actions requested by people who lived at the home, for example with activities provided.

Clear systems were in place to ensure that good standards of care were experienced by people who lived at the home. We saw that there was a monthly series of audits carried out on practice issues, and a regular monthly analysis was undertaken of incidents such as falls to try to identify any trends and prevent them re-occurring. Any incidents such as skin tears were investigated and an action plan or additional support put in place where needed.

Health and safety audits were carried out by external consultants who also provided advice, support, policies and procedures for ensuring people's health and safety. We saw that a regular assessment of the safety of the premises was carried out, and any action required was undertaken. For example, we saw that a recent audit had identified that the laundry system in an external building needed stronger linkage to the main fire alarm system. We saw that this was being done while we were at the home. Equipment such as lifts and hoists were on a service and maintenance contract so that any issues could be remedied. Clinical waste arrangements were managed by an external contractor. Staff we spoke with were clear about how to report maintenance issues and we saw that these were attended to quickly.

We saw that the registered manager had been proactive in supporting developments in care. For example we saw that a training day had been given to staff about the

Good

# Is the service well-led?

forthcoming changes in legislation and inspection methodology relating to care homes. Information about new legislation was available on posters in the home to ensure all staff had access to this.

There was a continual programme of improvement at the home. Feedback from relatives had been included in an annual Quality Assurance report produced by the home. This had been developed as the result of surveys sent to people who lived in, worked in or visited the home, as well as input from meetings and audits. We saw that the report had led to actions. We saw for example that the registered manager was considering the removal of some en-suite facilities to people's rooms as they were not used by those individuals. This would provide people with additional space that would be of more use to them. Plans were also in place to upgrade the dining room and people were being consulted about a choice of furnishings and colour schemes.

Where concerns had been identified through the quality assurance system we saw that additional information had been sought by the manager to clarify and resolve the issue. For example we saw that a small minority of staff had expressed concern that the supervision systems at the home were not meeting their needs. We saw that an additional consultation was being held with the staff to look at what they wanted and needed from a new supervision system and how that could be achieved.

We saw that the home was proud to celebrate successes both of individuals and the home, and to reward staff for their efforts. Staff had access to an incentive scheme where good practice was identified and rewarded. A staff member we spoke with told us about how they had been inspired by recent initiatives in dementia care to develop new skills and undertake additional training. The registered manager told us that overall the home was well resourced, and that if something was needed for people it was provided. This told us the provider was concerned to ensure the quality of services could be maintained. For example we heard that an additional registered nurse had been placed on the rota in the afternoons to ensure that nursing tasks such as administering medication could be carried out in a timely way.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. Other initiatives were also in place, such as the home recently being re-accredited with the "Investors in People" award indicated that good practice in employment was in place. The registered manager was keen to look at improving this further. They told us that the provider had recently started completing reports of their visits and the registered manager was to receive additional support to develop their role.