

Brambles Care Home Ltd

Brambles Care Home

Inspection report

22 Cliff Road
Leigh On Sea
Essex
SS9 1HJ

Tel: 01702472417

Website: www.bramblescarehome.co.uk

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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

About the service

Brambles Care Home is a residential care home providing personal and nursing care for up to 29 people aged 65 and over. This also includes people living with dementia. At the time of the inspection there were 26 people living at the service.

People's experience of using this service and what we found

People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people's safety and wellbeing were assessed, recorded and followed by staff. Suitable arrangements were in place to ensure people received their medication as they should. Enough numbers of staff were available to support people living at Brambles Care Home and to meet their needs. Recruitment practices and procedures were safe. People were protected by the prevention and control of infection. Findings from this inspection showed lessons were learned and improvements made when things went wrong.

Suitable arrangements were in place to ensure staff were appropriately trained and newly appointed staff received an induction. Staff felt valued and supported by the registered manager and received formal supervision and an annual appraisal. The dining experience for people using the service was good. People received enough food and drink to meet their needs. People were supported to access healthcare services and receive ongoing healthcare support. The service worked with other organisations to enable people to receive effective care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Since our last inspection to the service, many areas of the home environment had been refurbished and redecorated.

People and those acting on their behalf told us they were treated with care, kindness, respect and dignity. Staff had a good rapport and relationship with the people they supported, and observations demonstrated what people told us.

People's care and support needs were documented, and staff had a good understanding and knowledge of these and the care to be delivered. Information relating to people's end of life care needs was recorded and included people's and those acting on their behalf preferences and wishes. Suitable arrangements were in place to enable people to participate in meaningful social activities to meet their needs. Complaints were well managed and a record of compliments to capture the service's achievements was maintained.

People told us the service was well-led and managed. Quality assurance arrangements enabled the provider and registered manager to monitor the quality of the service provided and staff performance.

Rating at last inspection

The rating at last inspection was good (published May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Brambles Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Brambles Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on the 26 November 2019 and was unannounced.

What we did:

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the registered provider is required to send us by law.

We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff, the service's chef and the registered manager. We reviewed

five people's care files and six staff personnel files. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training and supervision records, complaint and compliment records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Yes, I feel safe, why wouldn't I", "Safe, why yes, I have no concerns about living here [Brambles Care Home]" and, "I would say so, safe, of course."
- Staff had a good understanding of how to keep people safe and ensured people's safety was always maintained. Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.
- There was a low incidence of safeguarding concerns at Brambles Care Home. The registered manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Assessing risk, safety monitoring and management

- Risk assessments identified how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. This included risks relating to moving and handling, pressure ulcers, nutrition and falls.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP) for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service. Staff spoken with were aware of the service's fire procedures and knew what to do in the event of an emergency.
- The service had introduced since our last inspection to the service, a fire safety e-book for visitors to sign in and out.

Staffing and recruitment

- People's comments about staffing levels were positive. One person told us, "Staff are always checking to see if I am alright." When asked if staff were prompt to attend to them when they used their call alarm facility, they told us, "Yes, very, sometimes it feels like seconds and there they [staff] are."
- The deployment of staff was appropriate and there were enough staff to meet people's needs. Staff were responsive in a timely way and call alarm facilities were answered promptly. Staff told us staffing levels were appropriate. One member of staff told us, "Staffing levels are fine, any staffing shortfalls we have are infrequent and do not affect the residents. We use an external agency if short staffed and the manager will

help out, they never have to be asked."

- Staff had been recruited safely to ensure they were suitable to work with the people they supported.

Using medicines safely

- People stated they always received their prescribed medication as they should and were happy to have this administered by staff.
- We looked at the Medication Administration Records [MAR] for 10 out of 26 people living at the service. These were in good order, provided an account of medicines used and demonstrated people were given their medicines as stipulated by the prescriber.
- Observation of the medication rounds showed these were completed with due regard to people's dignity and personal choice. For example, people were asked if they wished to have pain relief medication and the staff member respected this decision.
- Staff involved in the administration of medication received appropriate training and had their competency assessed. Medication audits were completed each month. Audits for the period August to October 2019 were viewed and these demonstrated a good level of compliance had been achieved with few corrective actions required.

Preventing and controlling infection

- The service was clean and odour free. One person using the service told us, "It feels and looks very clean, if it wasn't I wouldn't be here."
- Staff used Personal Protective Equipment [PPE] such as gloves and aprons to help prevent the spread of infection and told us there were enough supplies readily available.
- Staff had received suitable infection control training.

Learning lessons when things go wrong

- Procedures were in place for the reporting of incidents and accidents. Where incidents had occurred, action had been taken to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social care needs were assessed prior to their admission to the service and regularly reviewed. This included where people were admitted to hospital.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff were supported to complete mandatory training at regular intervals. This was to ensure they had the right knowledge and skills to carry out their role. Staff spoken with told us training provided consisted of 'face to face' and online training which enabled them to meet people's needs to an appropriate level. Staff told us the quality of training provided was good.
- Newly employed staff received an induction relevant to their role and according to their level of experience and professional qualifications. A member of staff told us their induction was robust and structured, including the opportunity to shadow a more experienced member of staff.
- Staff told us they felt valued and supported, particularly by the registered manager. Staff confirmed they received formal supervision and those employed longer than 12 months had received an annual appraisal of their overall performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People's comments about the food were positive. Comments included, "I really enjoyed that", "That was very moreish" and, "The food is lovely, in fact it is too good, I'm putting on weight" [pointing to their stomach and laughing].
- The dining experience for people was positive. People had access to enough food and drink throughout the day and meals were nicely presented. People were able to choose where they had their meal, such as in the communal lounge, in the dining room or in the comfort of their bedroom.
- Each month people using the service were given the opportunity to experience different food from around the world. In November 2019, people enjoyed a meal from Thailand and spoke positively about the experience.
- Where people were at risk of poor nutrition, their weight was monitored, and appropriate healthcare professionals were consulted for support and advice. The service's chef was aware of those people who required their meals to be fortified because of the risk of losing weight and those who required their meals

to be soft or pureed because of swallowing or choking difficulties. Although currently there was no-one requiring a specialist diet, the service had in the past supported a person who was vegetarian and someone who required a diet in line with their ethnicity and religious beliefs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other organisations to ensure they delivered joined-up care and people had access to healthcare services when needed. Relatives confirmed they were kept up-to-date about their family members needs and the outcome of health-related appointments.
- Staff sought advice and support at the earliest opportunity and made timely referrals where appropriate to healthcare professionals and services. Following the inspection, a healthcare professional spoke positively about Brambles Care Home and the level of care and support provided by staff for people living there.
- The service was part of the 'Red Bag Care Home Scheme'. This is a national initiative. The aim is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

Adapting service, design, decoration to meet people's needs

- Brambles Care Home is a detached house within a residential area in Leigh on Sea. There were sufficient communal areas for people to use and access throughout the day.
- People had personalised rooms which supported their individual needs and preferences.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS and how this impacted on people using the service.
- People's capacity to make decisions were assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.
- People were supported as much as possible to make their own decisions. Staff asked for people's consent before providing care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's comments about the quality of care received were positive. Comments included, "I am very happy living where I am, it's lovely. The staff are very good and kind", "The staff are great, and I am treated very well" and, "I cannot criticise this place, the care is exceptional." Relatives told us, "[Relative] likes it here and we cannot fault this place."
- Observations throughout the day showed people received person-centred care and had a good rapport and relationship with the staff who supported them. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink, supporting people to mobilise within the home environment or just talking to people.
- People and staff were relaxed in each other's company and it was evident staff knew people well. Staff understood people's different communication needs and how to effectively communicate with them. The registered manager confirmed no-one at the time of the inspection required specialist assistive technology.

Supporting people to express their views and be involved in making decisions about their care

- People and those acting on their behalf were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. Evidence of meeting minutes for people using the service and those acting on their behalf were readily available. These demonstrated they were well attended, and people were supported to have a 'voice' and to discuss what was working well and where improvements were needed. For example, changes to the menu or ideas for the social activity programme.
- People and their relatives were given the opportunity to provide feedback about the service through the completion of an annual questionnaire.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People were observed to wear clothes and costume jewellery of their choosing.
- Where appropriate people were supported to remain independent. Observations showed several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed they were able to manage their personal care with limited staff support. The registered manager told us one

person maintained their independence by hand washing their own clothes. The service had supported this by purchasing a clothes airer, so they could dry their clothes.

- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans covered people's individual care and support needs, including how the delivery of care and support was to be provided by staff. Staff had a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes and preferences.
- Information available showed people's care plans were reviewed and updated to reflect where people's needs had changed.
- Where people were judged to be at the end of their life, care plans were in place detailing people's and those acting on their behalf wishes and preferences. The registered manager was aware how to access local palliative care support and services. Staff had received end of life care training.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs and staff knew how to support people. This approach helped to ensure people's communication needs were known and met.
- The menu and activity programme was provided in an appropriate format, for example, written, easy read and pictorial.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Suitable arrangements were in place to ensure people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community.
- During the inspection, 10 people were observed to actively participate and visibly enjoy chair exercises to music. Weekly activity plans showed people also enjoyed the opportunity to participate in charades, word searches, quizzes, hand manicures and massages, dominoes, film afternoons and various art and craft projects.
- The registered manager told us the service utilised external community services, for example, the local church, children and their parents from two local nursery's. Activities were also centred around celebrated traditional Christian holidays and other events such as Halloween, Guy Fawkes, Mother's and Father's Day.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise issues of concern with the service.
- The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. Complaints logged were investigated and responded to in an open, transparent and timely manner.
- Compliments were maintained to capture the service's achievements. Compliments included, 'Friendly staff who show interest in residents and activities outside and within the home' and, 'To all the staff, thank you all, it's been lovely staying.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring continued compliance with regulatory requirements was maintained. The registered manager confirmed their next aim would be to work towards providing an 'outstanding' service at Brambles Care Home.
- The registered manager told us they were supported by the registered provider but did not receive regular formal supervision. However, they confirmed communication with the registered provider was very positive and they talked regularly.
- People using the service, relatives and staff were complimentary regarding the registered manager and said the service was well managed and led.
- Staff were extremely positive about working at the service. One member of staff told us, "I love it, it's [Brambles Care Home] my second home, [Name of registered manager] is a brilliant manager." A second member of staff told us, "The home has a lovely atmosphere, it feels like a family, really homely and not clinical. [Name of registered manager] is fantastic and makes a difference, for staff and residents. I wouldn't leave here to go to another care home."
- The quality assurance arrangements monitored the experience of people being supported and risks to the quality of the service were managed. This information was used to help the registered manager drive improvement and monitor performance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Effective arrangements were in place for gathering people's views of the service they received, those of people acting on their behalf and staff employed at the service. Comments recorded were mostly positive and where areas for improvement were highlighted, actions taken were recorded.
- An analysis of the comments made had been completed by the registered provider and manager. This demonstrated where action had been taken and showed the registered provider and manager had listened

to people's views and made the required improvements. For example, where comments about the menus were highlighted, action was now taken to ensure these were discussed as part of 'resident' meetings.

- Newsletters were completed each month, detailing events and activities undertaken each month. In October 2019, people living at the service enjoyed a Halloween party and enjoyed experiencing food from India.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.
- The service is part of the local Dementia Alliance Network in Southend on Sea and attends quarterly meetings. The aim is to discuss initiatives for anyone affected and living with dementia.