

Forestglade Limited

Bramble House

Inspection report

96a-98 Stroud Road
Gloucester
Gloucestershire
GL1 5AJ

Tel: 01452521018

Date of inspection visit:
09 January 2017
10 January 2017

Date of publication:
01 March 2017

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 9 and 10 January 2017 and was unannounced. The service was last inspected in September 2014. There were no breaches of the legal requirements at that time.

Bramble House Care Home is registered to provide personal care for up to 29 people. On the day of the visit, there were 29 people at Bramble House.

There was a registered manager for the service. 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.

Risks to people were minimised because staff understood what their responsibilities were in relation to protecting people from the risk of abuse. New staff were recruited only after an in-depth recruitment process.

People were cared for with kindness and compassion by the staff. The team had built up close, caring relationships with the people they supported their families and friends. The staff understood how to treat people as individuals and respected their lifestyle preferences, choices and wishes.

People were supported to eat meals that were varied and were nutritionally well balanced. Mealtimes were sociable events and people were able to invite their visitors to join them for meals. This meant that people were well supported and able to keep close contact with those who mattered to them.

People were cared for in a way that respected their privacy and dignity and promoted their independence. The home had a welcoming and friendly atmosphere. Close contact with family members was actively encouraged.

People who lived at Bramble House were being supported to enjoy a range of activities of their choosing. People enjoyed the activities and the opportunities made available to them. There were links with the nearby community and people were encouraged to be part of this.

The care and service people received was regularly reviewed to find out what improvements were needed, and how the service could be further developed. There were quality checking systems in place to monitor the service to ensure people received care that was personalised to their needs. Previous medicine audits had picked up some matters that required. The registered manager had acted on these matters.

The team spoke positively about the management structure of the organisation. They told us that the registered manager provided caring and supportive leadership. The staff team told us they were well supported by the registered manager. The registered manager was also very positive about their role and

the team that they managed. Staff and visitors said the registered manager was always around and helped them whenever they needed any kind of advice guidance and support.

We have made a recommendation about the management of medicines.

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 not fully safe

Medicines were not always being managed in a way that was fully safe.

Staff understood what their responsibilities were in relation to keeping people safe from abuse. There were processes and guidance in place to support staff in protecting people from harm.

Risks to people's safety were assessed and action taken to reduce these. Checks were undertaken to ensure potential new staff were safe to work with people.

The staffing arrangements were regularly reviewed so that people received safe support.

Requires Improvement



Is the service effective?

The service was effective.

People were supported by staff who knew how to provide them with effective care that met their needs.

Staff went on regular training and were properly supported so that they were able to meet the needs of the people at Bramble House.

People were supported to eat and drink enough for their health and wellbeing.

People were supported so that their healthcare needs were met. Support and guidance was obtained from other healthcare professionals when it was needed.

Good



Is the service caring?

The service was caring

Staff were seen to be caring and sensitive in their approach and manner with the people they supported.

Good



Staff understood how to support people in a way that was respectful and maintained their privacy.

People were supported to maintain their independence in the home and the community.

Is the service responsive?

Good ●

The service was responsive

The staff knew people's preferences, likes and dislikes, and care was provided based on these preferences.

Care was planned in a flexible way and care plans showed how people preferred to be supported.

People benefited from a variety of different social activities. Outside entertainers regularly put on entertainment that people enjoyed.

Is the service well-led?

Good ●

The service was well led

The staff felt that the home was well run and that they were well supported by the registered manager.

Quality checking audits were in place that picked up where there were shortfalls in the service and these were acted upon. □

Staff understood the provider's visions and values for the service and put these into practice with the people who they supported.

Bramble House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service was last inspected in September 2014 when it was meeting the regulations at that time. The inspection took place on 9 and 10 January 2017 and was unannounced. One inspector carried out the inspection.

Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR). The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service such as from notifications. A notification is information about important events which the service 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 met 16 people who were living in the home, and two visitors. The staff we spoke with included the registered manager, a director of the organisation, the assistant manager, five care staff and domestic and catering staff.

We viewed three people's care records, staff training records, staff recruitment files, supervision records and staff duty rotas. We also checked a number of other records relating to the way the home was run. These included team meetings records, survey results, quality monitoring checks, audits, complaints records.

Is the service safe?

Our findings

We found that some aspects of medicines management were not fully safe. We saw two charts which had entries hand written by staff. The hand written entries had not been signed, dated or checked by a second member of staff. The staff had written that staff were to give people the contents of their dosette box. They did not identify what the specific medicines in the dosette box were. This meant there was a risk that people would not receive the medicines they needed if staff did not have clear instructions for each medicine. Other charts we saw were clearly written and stated exactly what medicines people were to be given. When we brought these matters to the attention of the registered manager they responded immediately to address the concerns. They put in place an action plan which included additional checks on how medicine records had been completed by staff to ensure they were being done correctly. A full medicines audit was carried out and actions were taken to address these shortfalls in the service. Staff were also booked to go on further medicines management training which was arranged immediately after our inspection.

We recommend that the service consider current published guidance relating to medicines recording and administration and take action to update staff practice accordingly.

People received their medicines when they needed them. Medicine records included people's photographs to ensure staff could identify them. We saw staff giving people their medicines and they did this following a safe procedure. They checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines. Medicines were kept safely and trolleys were locked away inside a locked cupboard with the rest of the medicines. Medicines that required additional security were regularly checked by staff. There were stock checks and remaining balances of medicines which had been given were recorded. There were daily records of the fridge and room temperatures to make sure medicines were stored correctly to maintain their effectiveness. There were guidelines in place for people who had medicines prescribed to be taken as and when required. There was guidance to support staff to give 'take as required' medicine, for example to help people manage their pain. Body maps were kept to support staff to know when and where to apply creams and lotions for people. This helped to ensure people were given their medicines safely.

Staff understood a key part of their role was to support people to stay safe in the least restrictive way. They said this could include staff discreetly monitoring someone who was at risk of falling. We saw staff supported certain people who could become anxious and agitated in mood towards others. This was done in a way that did not restrict their freedom but that kept them and others safe.

Staff told us they went on regular safeguarding training to help them to fully up to date about how to respond to safeguarding concerns. The staff were able to explain to us about the different types of abuse that can occur. Staff had a good understanding about how to reported concerns. They were also confident that management would deal with concerns immediately. The registered manager ensured that all allegations of potential abuse were reported to the local authority. They also understood that certain matters should be reported to the Commission as well.

There was a system for reporting accidents and incidents that was used to ensure care was safe and improvements were made when needed. These records set out what happened after each occurrence. The registered manager fully reviewed what had happened after each incident. This was to look for themes and trends so improvements could be made to the overall safety of the service. This was evidenced when the registered manager had recently looked at suitable ways to assist a person who had been assessed as not having full mental capacity and wanted to leave the premises unescorted. The person concerned needed to be supported by staff for their own safety. Their care plan had been reviewed and updated and recorded how to support the person in a way that meant they could go out with staff and stay safe.

There were enough suitably competent staff who understood how to meet the needs of people living at Bramble House and keep them safe. This was evidenced for us when we saw that staff were able to consistently provide attentive one to one support to people who needed extra assistance. For example, we saw staff were able to respond immediately to people who had become upset and anxious in mood. There were also enough staff to give assistance to people who needed extra support with eating and drinking. We saw that staff were readily available when needed to offer people support with their mobility needs. There was also enough staff to sit with people and spend time with them engaging them in conversation.

The staffing rotas showed the home had the number of staff needed to provide safe care. Where there was staff shortages, this was been planned for and cover was in place. The registered manager explained how the numbers and skill mix of staff on duty each day were regularly reviewed. This was to ensure there were the right numbers of competent staff to meet the needs of people at Bramble House. These numbers were altered and increased when this was needed, for example when people were physically unwell and needed more care and support.

People were protected by the provider's recruitment procedures for taking on new staff. These procedures helped to ensure people were supported by suitably qualified and experienced staff. We saw that thorough employment checks were completed before a new employee could start work. There were records kept of the interview process for each person who was recruited. References were sought and one of which when possible was the last employer. Where someone had gaps of time in employment history this was explored with them to find out the reasons why. There was also a Disclosure and Barring Service (DBS) certificate carried out for each member of staff before they could start working for the organisation. A valid DBS check is a legal requirement. It is carried out to prevent unsuitable staff being recruited to work with vulnerable people.

Health and safety checks were undertaken to monitor that the environment and equipment safe. For example, a fire risk assessment had been carried out of the premises and how to keep people safe in the event of a fire. External companies checked the firefighting equipment and fire detection systems. We saw confirmation that moving and handling equipment such as hoists was also regularly checked and maintained in suitable condition.

When we toured the home we found that the premises smelt fresh throughout. The registered manager told us that there were full time domestic staff employed to keep the home clean and hygienic. There were systems in being followed by staff that aimed to reduce the risks to people from cross infection. Staff used had a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. For example, different coloured cleaning equipment was used to keep toilets clean and was not used to clean bedrooms and communal areas.

We saw that personal protective equipment was available for staff and that this was used, for example, at mealtimes. Staff told us they had everything they needed. We also saw that staff had received training in

infection control and food hygiene. This was to help ensure that staff had the relevant knowledge to maintain a hygienic environment. We looked at the kitchen area of the home and saw that there was a dedicated basin for hand washing. Throughout the home, hand cleaning products were available.

Is the service effective?

Our findings

The relatives we met were positive about how the staff were supporting their family member with their care. Examples of comments made included, "They are like one big extended family I am welcomed and looked after at any time when I visit," and, "The staff are very kind and caring towards everybody, they seem to know how to look after people here."

People received effective care and support with their range of needs. We saw this in a number of ways. We saw staff use a number of different approaches with the people they supported. Staff used gentle humour with some people who responded very positively to this approach. They used a gentle tone of voice and a calm manner when certain people were agitated in mood. This approach helped those people to become calmer. They also used distraction techniques with some people who were asking about loved ones that they no longer recalled had died. Care records clearly set out these different approaches for the people concerned. The staff were supporting people as the care records set out that they should. When some people living with dementia showed certain behaviours that may challenge others the staff responded in an attentive and positive way. The staff used different responses including gentle distraction techniques to try to help people feel calmer in mood. The people who were being supported in these ways responded to the staff, became calmer, and looked more relaxed in mood.

Staff had an understanding and insight into the needs of people they supported. The staff told us about people's preferences and daily routines, for example, when people preferred to get up, what choice of meals they liked, how they liked to spend the day as well as their spiritual beliefs. We saw staff assisted people with their care in the ways that they explained to us.

People and their relatives spoke highly of the choice and quality of food that was provided. Comments included, "The food is very good" and, "The food is home cooked and they always get a choice." People were able to make a choice from picture menus that were available to help them. We saw a choice of water or other soft drinks were served with lunch. People were also offered tea, coffee, and other drinks throughout the day. There were snacks such as fruit and biscuits readily available for people in dishes in communal parts of the home. We saw people helped themselves to snacks between meals.

We saw people being served breakfast and lunch on both days of our visit. The dining rooms looked light and welcoming. There was also a relaxed atmosphere between people and staff. This was evidenced by good-humoured interactions between them. We heard staff talk with people and tell them or show them what the food was at meal times. The staff were organised and they communicated among themselves to ensure people were served their meals promptly.

For those people who needed extra assistance to eat and drink we saw there was detailed clear guidance set out in their care records. Staff used this information to deliver effective care and promote physical health and well-being. For example, one person required a modified consistency diet. This was to minimise the risk of them choking on their food. Their care record plan clearly explained how to ensure meals were suitable for the person. This showed how the person's nutritional needs were met. Risk assessments were in place to

identify people who may be at risk of poor nutrition. Where a person was found to be at risk, we saw that advice had been sought from relevant other professionals and acted upon. For example, one person was advised to increase their calorie intake. People's weight was monitored when needed to help identify people who were not receiving adequate nutrition.

A chiropodist came to the home to see people for appointments during our visit. Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. Care records showed when people saw the dentist, opticians, GP and other health care professionals involved in their care and treatment. We saw appointments were regularly made for people when required.

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 decision made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty. We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been made to the local authority as legally required to make sure any restrictions on people were lawful. There were nine completed DoLS application in place for certain people at Bramble House. These clearly explained why certain people had some restrictions on their liberty. For example one person was at risk as they were not able to safely cross roads and negotiate traffic safely on their own.

Staff told us they been on training about the MCA and knew of the need to consider capacity and what to do when people lacked capacity. Care records demonstrated that capacity was assessed and considered when needed. When a person lacked capacity, there were clear instructions within care records as to how to support the person. For people who were being restricted of their liberty, safe procedures had been put in place to ensure it was lawfully carried out. People's care records also explained what individual's health needs were and how they impacted on their ability to make decisions. Records included evidence that peoples families were involved when people could not directly given consent to care.

The team of staff who supported people were suitably qualified and experienced to meet their needs. The staff we spoke with told us they had been on a variety of training courses on matters that were relevant to the needs of the people who lived at Bramble House. Training records confirmed there was regular training provided for staff. Recent training session's staff had attended included caring for people with dementia, the nutritional needs of older people, safeguarding people, and medicines management. This was to make sure staff had the skills and knowledge necessary to effectively meet people's needs. Further courses staff had been on included understanding behaviours that challenge, and working with people with dementia.

Staff told us they were well supported and supervised in their work. Staff said they met with the registered manager or the assistant manager on a regular basis. This was to review their performance with them, find out how they were feeling, and if they had any training needs. They also explained that at each meeting the needs of people were discussed with them. This meant people were assisted by staff that were well supervised and motivated in their work. Supervision records confirmed that staff were supported and developed in their work.

Is the service caring?

Our findings

We spent time observing daily life and how people were supported by the staff. The staff were patient and kind in manner towards people. This was evidenced in a number of ways. Staff sat next to people and did not lean over them when they spoke with them. They used gentle touch with people such as holding their hands or gently touching their arm. Staff also used a soft tone of voice and spoke with people in a calm and gentle voice. We also saw that staff did not ignore people and they communicated with them all a consistent amount of time.

Care plans explained if people preferred to receive personal care from a person of their own gender. We saw that this was respected and acted upon by staff. The staff we spoke with understood the importance of respecting this wish around people's care so that their dignity and privacy were maintained. People had their own bedrooms and this meant that people were able to spend time in private if they wished to. The bedrooms we viewed had been personalised with people's personal belongings. We also saw people were encouraged to bring photos and small items of furniture in to them to feel more homely. There was also a quieter lounge people could use if they wanted to meet with visitors and have space and privacy.

People benefited because there was a person centred culture in the home. The staff that we spoke with demonstrated that they had a good knowledge of the people who lived at the home. Staff were able to tell us about people what made them unique and their life history before they came to Bramble House. Staff could tell us people's specific likes, dislikes and preferences. These included what time they liked to get up, what food preferences they had, and how they liked to spend their day. On both days of our visit, we heard staff use this knowledge when they engaged people in conversation. They spoke to them about their family, their life and memories of when they were younger.

The registered manager told us their role and the role of staff included offering emotional support for relatives at difficult times. People's visitors told us that staff were also supportive and kind towards them. We saw visitors greeted the registered manager in a very friendly way. The registered manager responded in an equally warm way.

The staff told us that people who lived at Bramble House had access to weekly communion if they wished to practise their faith. They told us they also had formed good links with a local church. Care records included information about people's wishes for end of life care. People's preferences and wishes for preferred place of care and specific funeral arrangements were clearly set out. Some staff had been on end of life training. This meant staff had an understanding about how to provide care to people at the end of their life.

Is the service responsive?

Our findings

Staff were knowledgeable about people's individual care needs and were able to explain how they used the care plans to ensure care was given in the way the person preferred. Care plans included an initial assessment that identified what the persons needs were and what type of support they required to meet them. There was an up to date person-centred care plan in place for each person. Care plans were informative and contained detailed information about how each person wished to receive their care. For example, how often and when they wanted support with personal care. They also set out bedtime and morning routines, and how a person liked to be supported at these times. Staff assisted people with their care in the ways that were set out in their care plans. Care records were reviewed and updated regularly to make sure they were accurate. When possible this was done with the involvement of the person who they were written about.

People benefited from a range of social and therapeutic activities in the home, which were suitable for their needs. We saw one of the regular outside entertainers put on a show for people. The entertainer specialised in providing entertainment for people with dementia type illnesses. They used a variety of memory prompts with people as part of their show. People were laughing, joking, and responding positively to them. The registered manager told us after our visit that music was seen as very important as part of the daily activities programme. The programme included regular fitness sessions run both from external providers and also by the activities coordinator. There was also a karaoke app that can be used by people who want to have a sing-song.

The registered manager told us that activities were central to the ethos of the service. They said all the staff and people at the home worked together to build an activities programme which catered for their preferences and interests. There was a very flexible timetable of social activities that took place in the home each day. Activities were planned in a relaxed and informal way, due to people's dementia type illnesses impacting on their memory and confusion levels. Activities that took place included regular visits from different musicians and singers, drives to the community, and hand and nail massages. There was also a gardening group, cooking demonstrations by the chef, and themed events such as parties and celebrations of festivals and important dates in the calendar. The registered manager told us that staff went out with people to visit family, friends, attend rugby or the cinema in their own time. This was frequently done and staff had no expectation of personal recompense for their time.

The registered manager had introduced the idea of person-centred boxes. These were kept in an easily accessible bookcase in one of the lounges. There was a box for each person and these had been put in place to assist staff to run activities based on what people enjoyed doing. The boxes contained items which were of interest to the individual. These included books, craftwork, photos, and DVDs of a favourite film or TV programme. This idea was based on research into person centred care for people with dementia. It showed how the registered manager was implementing new ways to improve the lives of people at the home.

There was an open visiting policy and visitors were able to have a free meal with their relatives at the home. We saw people having lunch together with their relatives and looking very relaxed and animated together on

both days of our visit. Relatives were also invited to any parties and social events that took place regularly at the home. This helped people to stay close to those who mattered to them.

The inside environment had been adapted to be dementia friendly in a number of areas of the home. There was also a mock-up of an old style bus stop along one corridor. The area with the bus stop was based on a transport theme and there were pictures and wall art of different modes of transport. There was an indoor garden area which included a soundtrack of bird song, garden implements, wall sculptures of brightly coloured flowers (in dementia friendly colours) and images of gardens and birds as well as a garden bench where residents can sit and pass the time. Another area was of London which the registered manager said was important to several people for family reasons. The registered manager also said that these landmarks were chosen because they were recognisable to people. These were creative ways to stimulate people and provide opportunities for reminiscence with them. We saw staff doing this with people on both days of our visit.

For reminiscence and stimulation parts of the home were adapted with photos of old film stars, singers and entertainers. There were also pictures of old style adverts on display. There was a very large TV screen that had been set up to show photos of people and staff from the home. The photos rotated in turn on the screen.

Different parts of the home were decorated in bright colours, and staff wore different bright coloured tops to help people to see what part of the home the staff worked in. The registered manager told us that staff wore these colours because research had found that some people with dementia may only see four colours. The staff uniform had been chosen specifically around those colours. These were pink, yellow, orange and red. The dementia friendly colours were to help people that live at the service recognise the staff.

People had access to useful information about the service and also how to make a complaint. There were copies of the service user guide available for people and their representatives so they could have access to up to date information about life in the home. The service user guide contained clearly written information about the service. This was written in an easy to understand style. There was also information about the qualifications of the staff employed, and the accommodation at the home. The philosophy of the home and how the service aim to meet peoples' needs was also set out. The complaints procedure was in each service users guide so people know how to complain about the service. This helped ensure people had the information they need to make a complaint. The complaints procedure includes the up to date contact information for the ombudsman if a person wanted to contact them directly.

Is the service well-led?

Our findings

The quality of service and overall experience of life at the home was properly checked and monitored. Areas of the service being regularly checked included the quality of care planning processes, health and safety, management of medicines, staffing levels, staff training. We saw that the registered manager had identified medicines matters that required attention when they carried out their audits. The registered manager had put in place an action plan to address them. For example, some medicine administration charts had not been completed correctly. The registered manager had identified that improvements were needed. The registered manager was open and transparent approach in their approach with people. He clearly explained to us how he was aiming to improve the service even more. For example, he aimed to develop even more the range of social and therapeutic activities that people were able to take part in.

The staff told us that the registered manager was open and supportive in his management style. We saw he spent plenty of time with people and with the staff during our visit. The staff also told us that the registered manager worked alongside them regularly and always helped them if they needed extra support with people at any time. This was evident during our visit as we saw the registered manager support people and spend time with staff that needed their support.

The registered manager told us he had an open door policy to the management of the home. This was also evident as we saw that staff were very relaxed to approach him when they need to see him. Visitors also approached the manager and were very relaxed with him on both days of our visit. This further benefited people as it was evident from our discussions that the registered manager had a very good knowledge of the needs of each person at the home.

The registered manager had been highly commended in an award scheme for leadership and management in the region. This was a self-nominating awards programme. The registered manager had been highly commended by the awards programme. The registered manager told us that the service won two other awards from the Gloucestershire Care Providers Association in 2016. The GCPA is a membership body open to all independent providers of social care delivering care to people in their own homes or in a residential setting within Gloucestershire. The GCPA state that these awards were to celebrate the very best people who work in the independent care sector in the county. They were also to offer the opportunity to highlight the excellent and innovative work that is undertaken in all parts of the sector and reward those dedicated and hardworking professionals'. One award was the 'dementia award' and the other was the 'care catering team' both awarded by the GCPA after a self-penned nomination by the Home.

The registered manager kept himself up to date about current topics and issues to do with care for older people with dementia. He went to meetings with other professionals who worked in the sector of adult social care. We saw information and learning was shared with the team at staff team meetings. There were also articles and journals about health and social care matters on display to be read by staff.

There was an electronic system in the home that was used to audit the care and service. The registered manager and other staff told us that this information was used by them to monitor the quality of care

people received. For example, if people had received care and support that they needed in a timely way, and by the correct number of staff. Trends were also found for example, if people's mobility levels changed, or if people became agitated at specific times of day or night. We saw that care plans were changed and updated based on this information.

The staff and registered manager told us that team meetings were held regularly the staff we met told us they were always encouraged to make their views known to the registered manager about any aspect of how the home was run. The records of recent minutes of team meetings showed meetings were seen as an opportunity to keep staff informed about changes and about how the home was run. Staff were also given plenty of time to express their opinions. This helped to demonstrate showed there was an open management culture at Bramble House.

The staff demonstrated that they understood what the provider's visions and values for the service were. They explained that these included always being person centred in their approach towards people, as well as showing the upmost respect towards people. The staff told us they tried to make sure they always put these values into practice when they supported people. For example, staff said one way they did this was to try to support people to make choices in their daily life and in relation to all aspects of their care.