

The Brandon Trust

# The Rambles Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Rambles is a residential care home. People in a residential care home receive accommodation and 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 Rambles accommodates up to 6 people with a learning disability. At the time of the inspection 4 people were living there.

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

People received safe care that was person-centred. Staff had checks undertaken prior to starting their employment. People were supported by enough staff who knew them well and care plans contained risk assessments and important information. People had communication and hospital passports these had information such as what people liked to do and what they liked to eat and drink.

The environment was clean and odour free. Staff and visitors had access to plenty of personal protective equipment (PPE) including hand sanitiser. Visiting procedures were in place and staff were part of regular testing each week. All staff and service users have received two vaccines and people were supported to have maximum choice and control of their lives in the least restrictive way as possible.

People received their medicines safely and records confirmed this. Incidents and accidents were monitored and reviewed for any trends and themes. Improvements had been made to the environment. This included refurbishment of the two bathrooms, a new boiler and radiators, decorating areas of the home and new outdoor seating and a vegetable patch. Relatives spoke highly of the support and care people received.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. For example, the model of care was set to maximise people's choice and independence. Care was person - centred and people were supported by staff who valued people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection; Requires improvement (Published February 2020)

Why we inspected; This was based on the previous rating. At this inspection we found the overall rating

had changed from Requires Improvement to Good.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Rambles 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken on the 2 July 2021. It was carried out by one adult social care inspector.

#### Service and service type

The Rambles is a care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service at the time of the inspection had a registered manager in post. This meant that they and the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included incidents the provider must notify us about. Prior to this inspection we had not requested the provider completes a provider information return. A provider information return (PIR) is when we required

information from provider on key information about the service, what the service does well and improvements they plan to make. We took this into account in making our judgements in this report.

#### During the inspection

During the inspection we walked around the building and the garden area and observed staff interactions with people. We spoke with one person, two members of staff and the registered manager.

We reviewed a range of records. These included two people's care records including their communication passport and medication records. We also looked at records relating to the management of the service such as two staff files relating to recruitment, incidents and accidents, training records, policies, procedures and quality assurance systems.

#### After the inspection

Following the inspection we spoke with two relatives and two health care professionals.

# 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 Required improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At the last inspection we found hot water temperatures were above recommended safe ranges and radiators posed a risk of scalding people should they fall or lean against them. At this inspection improvements had been made and temperatures were within the Health and Safety executive (HSE) guidelines. Radiators had been upgraded and were now a type with protective casing to prevent burns.
- People's care plans contained important information relating to their individual needs. Risk assessments included risks around mobility, choking, accessing the community and products that were potentially hazardous. Staff knew people well and how to support them safely.
- People had personal evacuation plans in place. These covered what support the person might require in the event of an emergency.
- People had hospital passports which contained important information such as all about me and their medications and medical history.

### Systems and processes to safeguard people from the risk of abuse

- Relatives, staff and health care professionals felt the service was safe. One relative told us, "Safe oh yes definitely". One health care professional told us, "People are safe, absolutely".
- Staff had a good understanding of the different types of abuse. One member of staff told us, "Emotional, sexual, neglect, financial. I would go to my line manager, The Care Quality Commission, the police, or care connect, if I had any concerns".

### Staffing and recruitment

- People were supported by enough staff and by staff who knew them well.
- Staffing numbers were adapted to reflect people's support and individual needs. Staff felt there was enough staff to meet people's needs. One member of staff told us, "Yes, there is enough staff".
- People were supported by staff who had pre employment checks in place. Checks included, references, Disclosure and Barring Service (DBS) and checks on their identity.

### Using medicines safely

- People received their medicines safely.
- Medicines Administration Records (MAR) were completed as required and were up to date. Although staff knew people's medicines and where topical creams needed to go. One person required a body map giving staff guidance on where to administer their topical cream. The registered manager actioned this following

our inspection.

- Staff received medicines training and had their competencies checked.

#### Preventing and controlling infection

- We were not always assured that the provider was using PPE effectively and safely. During the inspection we observed one member of staff pull down their face mask below their chin to have a drink and then pull their face mask back up. They were outside at the time but within 2 meters of a person. We fed this back to the registered manager who confirmed action had been taken following the inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The registered manager monitored incidents and accidents. These were logged including details of the incident and actions taken.



# 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 Requires improvement. At this inspection this key question has now improved to Good.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had quality assurance systems in place that monitored medicines management, Health and Safety, incidents and accidents, and if the service was safe, effective, responsive, caring and well-led.
- During the inspection we identified a shortfall relating to one person not having a body map in place for topical creams. This shortfall had not been identified prior to our inspection. Immediate action was taken to address this following our inspection. The providers medicines management audit could be improved so that any shortfalls like this in the future are identified.
- The provider had monthly audits of water temperatures. These were within safe and recommended ranges. Environmental checks such as legionella's, electrical checks and Portable Appliance Tests (PAT) were also in place.
- The service had a registered manager in place. They were aware of their responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture that was supportive and person-centred. One relative told us, "I couldn't wish for better. (name) is well looked after". Another relative told us, "(name) is well cared for. I have a good working relationship with them and there is good communication".
- Relatives spoke highly of the support people received. One relative told us, "They do a marvellous job very pleased. My mind is at rest". Another relative told us, "I'm perfectly happy".
- The provider's values were person-centred and focused on what support each individual wanted to achieve with their dreams. This included looking at the whole person, seeking solutions, being adventurous, connecting and being creative. One member of staff told us, "It's very person-centred here. We want it to be the best it can be for people we support".

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

- Notifications were made when events or incidents occurred that affected the service or people.
- The provider was displaying the rating on their website. The rating was also displayed within the entrance. This was in line with requirements.

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

- People were supported to stay in contact with their loved ones throughout the pandemic. This was through indoor and outdoor visits or through regular phone calls.

Continuous learning and improving care; Working in partnership with others

- The provider had a positive culture that was open so that improvements could be made. Incidents and accidents were monitored so that any trends could be identified along with any improvements and lessons learnt.
- Various improvements had been implemented following our last inspection. This included the refitting of two bathrooms, a new boiler for the central heating system including radiators, decorating parts of the service and the garden had new seating and a vegetable patch.
- The registered manager attended virtual management meetings a few times a week. This was an opportunity to keep up with any changes.
- The registered manager and staff worked in partnership with the local authority, safeguarding team, social workers, GP's and the community learning disability team. One health care professional told us, "They have been excellent with one person. I've really noticed a difference". Another health care professional told us, "I don't have any issues. They do a brilliant job".