

Forestglade Limited

Bramble House

Inspection report

96a-98 Stroud Road
Gloucester
Gloucestershire
GL1 5AJ

Tel: 01452521018

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23 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Bramble House is a care home without nursing that provides a service to up to 29 older people, some of whom may be living with dementia or a physical disability. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection, there were 27 people living at the service.

Why we inspected:

We received a number of concerns through our intelligence monitoring of the service. These concerns related to staffing levels, infection control, medicine management, safe care and treatment and the environment. As a result, we undertook a focused inspection to look into these concerns and our findings are noted in this report.

We only looked at two key questions which were is the service Safe? and is the service Well-led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bramble House on our website at www.cqc.org.uk.

People's experience of using this service:

There was no registered manager in post during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left the service in December 2018 and the provider was actively recruiting for a new registered manager.

We found the provider had made some improvement following our previous comprehensive inspection on 24 and 26 April 2018. People could be assured that safe pre-employment checks were being followed when staff were recruited. The legal requirement to ensure fit and proper persons are employed were now met. People had received their medicines as prescribed.

However, some improvements were needed to ensure good medicine practices would always be followed to avoid breaching a legal requirement in future and to improve the service.

Regular audits in relation to health and safety, fire drills, call bell response times and people's falls were still not being completed regularly. The provider might therefore not identify shortfalls in the service promptly so that action could be taken to prevent people from receiving unsafe care. Effective quality assurance systems were still not in place and the provider was taking action to establish a robust quality monitoring system. Improvements were still needed before the requirement in relation to Good governance would be met.

This was the second consecutive time the service was rated Requires Improvement overall. We met with the provider on 31 January 2019 to understand why progress against their inspection action plan had been slow. The provider told us due to significant staff turnover and the registered manager leaving the service was 'running behind' with improvements identified at our previous inspection. To prevent people receiving unsafe care whilst improvements were being completed the provider was spending more time at the service and monitored improvements.

We included the community nursing's Care Home Support Team in our meeting and they agreed with the provider the support they could provide to enable improvement. We also informed the local authority that we were escalating our monitoring of the service due to the repeated Requires Improvement rating and the delay in improving the service to Good.

The provider had introduced a comprehensive audit tracker which would be used to check whether the monthly audits were being completed. Areas that would be audited included; care plans, medication, falls, accidents and incidents, health and safety checks, safeguarding and complaints. The provider told us an action plan would be completed and monitored to ensure shortfalls identified would be addressed. They agreed to provide CQC with a monthly update of the outcomes of their audits and progress made against action plans to support us to monitor the effectiveness of their new audit programme.

Sufficient numbers of staff were available to ensure people's safety and well-being. The provider had reviewed their staffing assessment tool to determine sufficient staffing levels were maintained. Staff had a good understanding of people's needs and had been trained to carry out their role. The provider had arranged further training for staff. Staff understood their responsibility to report concerns and poor practices.

Rating at last inspection:

The last rating was Requires Improvement (report published June 2018). We found two breaches of the Health and Social Care Act in relation to the requirements to employ fit and proper persons and Good governance.

Follow up:

We will monitor all intelligence received about the service to inform us of the service's progress and of any risks, and to help us plan the next inspection accordingly. We will review the provider's monthly progress reports to monitor whether the required improvements were being made.

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 always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Bramble House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors.

Service and service type:

Bramble House is a care home without nursing that provides a service to up to 29 older people, some of whom may be living with dementia or a physical disability.

Notice of inspection:

This inspection took place on 22 and 23 January 2019 and was unannounced.

What we did:

Before we visited the service, we reviewed the information we held about it. This included notifications from the provider. Notifications are information about important events the service is required to send us by law. A Provider Information Return (PIR) was not requested prior to this inspection. A PIR is a form we ask the provider to send us annually, which gives some key information about the service, what the service does well and improvements they plan to make. We gathered this information during the inspection.

During our visit to Bramble House we spoke with both directors of the home, an acting manager, the assistant manager and six care staff. We spoke to three people living at the home, two relatives and two health and social care professionals to get their views and feedback about the home. We reviewed, staff recruitment files, records relating to the care and support people received and records relating to the management of their medicines. We also reviewed the provider's last quality monitoring audit and current improvement action plan.

After the inspection we met with the provider on 31 January 2019 to discuss our inspection findings. The

provider shared copies of their quality assurance checks with us as well as their updated action plans to address the shortfalls we had identified.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People had received their medicines as prescribed. However, some improvements were needed to ensure good medicine practices would always be followed to avoid breaching a legal requirement in future and to improve the service.
- The provider had completed a medicine audit prior to our inspection and had identified some shortfalls. For example, they found guidance was not always available to staff when people required occasional medicines such as pain relief. The provider was taking action following their audit to update people's medicine care plans.
- It is good practice to maintain ongoing accurate stock level checks of all medicines within a care home so that adequate stock levels and stock rotation can be maintained and discrepancies or missed doses can be easily identified. We carried out a random stock check of six people's medicines and found not all medicines were accounted for and a weekly internal stock take had not been undertaken since November 2018. Staff were not able to readily tell us what the current stock balance should be for each individual we sampled. The provider took immediate action to complete a medicine stock check and reintroduce their stock checking procedures. Time was needed to establish an effective stock management system at Bramble House.
- On the first day of our inspection we saw the morning medication round took over three and a half hours, finishing at 11.45am which meant it was nearly time again for the lunchtime medicine round. One person required their medicine four times a day. The time they received their medicines were not always documented to enable the manager to monitor that adequate time had passed between doses and there was a risk they would receive their medicines too close together.
- The provider had arranged for a representative from the community pharmacy to visit the following week to check the services systems for ordering, recording and storage of medicines to ensure current good practice was being followed.
- Staff had received medicine management training and the provider was arranging further training for staff so they would all be up to date with current medicine practices.
- Daily medicine checks were also being completed to check that people had received their medicines whilst these improvements were being made.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on safeguarding adults and on the provider's policies and procedures for managing risks and keeping people safe. Staff knew how to recognise and report abuse and how to raise concerns they may have about the practices and behaviours of colleagues. One relative said, "[The person] tells me they are safe and happy".
- Safeguarding concerns had been raised with the safeguarding authority and investigated by the provider

in a timely manner.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and updated when people's needs changed.
- People's risk assessment included areas such as their mobility, skin integrity and communication needs. Staff were familiar with people's risks and could tell us how they supported people in line with their risk management plans.
- People were actively supported to have as much control and independence as possible and to receive the level of support they required from staff to stay safe. For example, one person was fully mobile and was able to access the community when they wished.

Learning lessons when things go wrong

- Staff gave us examples of what incidents to report, and how to report them in line with provider policy. Staff spoke about the importance of being open and transparent with people including apologising and providing an explanation when things went wrong.
- A record of incidents and accidents was kept which showed these were appropriately responded to. The provider had identified prior to our inspection that the monitoring of falls across the service needed to resume and action was being taken to re-introduce this system.
- Staff received information about incident investigations, including discussions at team meetings and supervision. The provider was introducing checks to ensure actions they had taken to improve the service following incidents were understood and implemented by all staff.

Preventing and controlling infection

- Staff were trained in infection control. People told us staff washed their hands and use disposable gloves and aprons where required.
- Staff had access to protective personal equipment such as gloves and people's care plans highlighted the importance of using these. We saw one incident where infection control procedures could have been improved and spoke to the provider regarding this incident. They told us they would immediately address this with the staff member and competency checks were being put in place to ensure infection control procedures were followed by all staff.
- The home appeared clean but tired. There was a rusty bath hoist and some stained carpets/furnishing and this increased potential risk of spread of infection. The provider was working on a refurbishment plan, some refurbishment had already started and the provider would update us on progress made against the planned improvements.

Staffing and recruitment

- At our previous inspection we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff recruitment processes were safe. At this inspection we found significant improvements had been made and the breach of Regulation 19 had been met. The provider now followed safe recruitment processes. This included reference checks from previous employers, and checks with the Disclosure and Barring Service (DBS). The DBS helps prevent unsuitable people from working in care, and assists providers in making safer recruitment decisions.
- The provider had a system in place to estimate the number of staff needed to provide safe staffing in the service. Staffing levels matched this on the majority of shifts we looked at. The provider was reviewing their staffing tool to ensure it accurately reflected the staffing needs of people and had increased staffing levels following staff feedback about busy times when additional staff support might be needed.
- Cover arrangements for sickness, leave and vacant posts were in place with existing staff and others from

the Bramble House homecare staff team providing cover to ensure people's safety.

- Staff had completed mandatory training relevant to their role and the provider had identified prior to our inspection that refresher training in for example, moving and handling, was overdue and this training was being arranged.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was no registered manager in post during our inspection as required by the provider's registration. The registered manager had left the service in December 2018 and the provider was actively recruiting for a new registered manager. In the interim the Director and Assistant Manager with the support of Bramble Homecare's Group Manager was overseeing the day to day management of the home.
- We found the provider had not made all the required improvements following our previous inspection in April 2018. Although some action had been taken and staff recruitment checks had improved, medicine management, care plans and quality monitoring arrangements still required improvement.
- Quality monitoring systems still needed to be embedded and had not always been effective in identifying shortfalls in the service. For example, the provider's medicine audit completed prior to our inspection did not prompt staff to audit the stock management system and they had therefore not identified that people's medicine stock had not been checked routinely. Regular audits in relation to health and safety, fire drills, call bell response times and people's falls were not being completed regularly. The provider might therefore not identify shortfalls in the service promptly so that action could be taken to prevent people from receiving unsafe care.

The above demonstrated an on-going breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We met with the provider on 31 January 2019 to understand why progress against their inspection action plan had been slow. The provider gave us open and honest feedback at the provider meeting on 31 January 2019 and told us the service was 'running behind' with improvements identified at our previous inspection for example, in relation to medicine management and audits. Significant staff turnover and the registered manager leaving had impacted on their improvement plans. The provider told us they were committed to making the desired improvements and they gave us reassurances and detailed documentation of action they had taken following our inspection.
- The provider was in the process of updating people's care plans to a new and improved format, which would enable changes to people's care plans to be made easily. This would ensure that care plans were always up to date and staff had access to relevant information about people's care always.
- The provider had introduced a comprehensive audit tracker which would be used to check whether the monthly audits required by the provider were being completed. Areas that would be audited included; Care plans, medication, falls, accidents and incidents, health and safety checks, safeguarding and complaints. The provider told us an action plan would be completed and monitored to ensure shortfalls identified would be addressed. They agreed to provide CQC with a monthly update of the outcomes of their audits and

progress made against action plans to support us monitor the effectiveness of their new audit programme.

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

- All staff we spoke to told us they felt listened to and were able to contribute to the running of the home. Staff said they could knock on the door of the office and felt able to raise issues or ask questions. Staff told us the acting manager and provider were approachable.
- Staff completed satisfaction surveys however people and relatives had not had this opportunity since November 2017. The provider told us these would be re-introduced soon. When we spoke to relatives they told us they were able to raise concerns however they would appreciate the opportunity to participate in giving feedback to the provider in a constructive way. The provider was reviewing their feedback systems as a result.
- All the people we spoke to told us they were treated well, with dignity and respect and were treated equally.

Planning and promoting person-centred, high-quality care and support. Continuous learning and improving care and how the provider understands and acts on duty of candour responsibility

- The provider was keen to reflect on and learn from the management of incidents which involved securing people's well-being and safety and were planning to include this as part of their monthly audit. They had reflected on the concerns which had been reported to them prior to our inspection and the subsequent action taken to reduce risks to people's well-being and safety following these.
- The provider told us they promoted continuous learning, they held meetings with staff to discuss work practices, training, development needs and staff's well-being. The provider told us champions and link workers were going to be introduced to improve staff knowledge in areas such as; dementia and dignity.
- All people and relatives we spoke with commented that they were satisfied with the service received. One person said, "I like it here, they are lovely and look after me well". One relative said, "Communication seems better now than what it was. I have good relationships with the staff and I can always ring if I have a problem".

Working in partnership with others

- We spoke to a health and social care professional who had visited the home in 2018 and they told us, "I have regular contact with Bramble House, I am always given whatever information I need however; I can see there are complex individuals at the home and I feel staff would benefit from more dementia training. The carers appear to be trying their best but they appear rushed, I think due to the layout of the home". The provider was arranging dementia training with the community Care Home Support Team.
- Further communication with the local authority was to be organised by the provider to ensure effective joint working was in place to ensure people received the care they required. The provider had liaised with the local Care Home Support Team who was supporting them with areas such as care plans and staff training.
- The provider was a member of the relevant industry associations to ensure they were updated in terms of any changes to policies or good practice guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 17(2)(a) The provider did not adequately assess, monitor and improve the quality and safety of the services provided.