

Century Care Limited

The Brambles Rest Home

Inspection report

Park Avenue
New Longton
Preston
Lancashire
PR4 4AY

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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

The inspection took place on 01 October 2015 and was unannounced. The inspection was undertaken by two adult social care inspectors.

At our last inspection on 08 & 09 May 2014, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 relating to; Care and welfare of people who use services (Regulation 9), Staffing (Regulation 22), Assessing and monitoring the quality of service provision (Regulation 10) and Records (Regulation 20). Following that inspection, we received an action plan from the provider which explained changes they planned to make to improve the experience of people who used the service.

During this inspection, we looked at whether the provider had made the changes they had planned and whether they had improved the standard of the service provided. We found the changes that had been implemented had resolved the issues we identified at our last inspection.

The Brambles Rest Home is a large detached residence, situated in a residential area of New Longton near to the city of Preston. The home provides 24 hour personal care and accommodation for up to 32 older people. All bedrooms have ensuite toilet facilities, some have showers and there are five different communal areas. There is a passenger lift to the first floor and all areas are wheelchair accessible. There are extensive gardens with outdoor seating areas and a large car park.

The service had a long-standing registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People experienced safe care and support from staff that had been properly recruited and were skilled and knowledgeable. The service identified and managed risks to people's health, safety and well-being and kept them under review.

The service had systems and processes in place to ensure the safe management of medicines. Staff who administered medicines had been trained appropriately and their competence checked. A quarterly visit from the local medicines optimisation team took place, with the aim of improving the overall experience for people who received medicines at the home.

Staff received regular one-to-one supervision sessions with the registered manager to discuss performance, training, aspirations and other topics. Staff told us they felt well supported by the manager and had access to the training they needed.

People were complimentary about the selection and the quality of the food provided. We saw people enjoyed the mealtime experience.

People were able to access external healthcare services, such as dentists, doctors and chiropodists, which helped to maintain their overall healthcare needs.

The staff team were described as 'friendly', 'kind' and 'caring'. We saw that people's privacy was respected and dignity promoted by staff at the service. However, there were occasions when staff seemed to be rushing to complete tasks which affected the quality of interactions with people in their care. The provider assured us they would address this following our inspection.

People were involved and consulted with regard to planning their care and had their individual needs and preferences taken into account in the way care was delivered. Regular review of people's needs and plans of care helped to ensure that the care delivered was safe and suitable for them.

Feedback from people who used the service, their relatives, staff and visiting professionals was sought via a range of means. The feedback we saw and were given by people we spoke with was complimentary. The provider had implemented a suitable complaints procedure and people knew how to raise concerns or complaints.

The service was led by an experienced manager, with a committed staff team. This helped the service to look toward continuous improvement of the experience of people who used the service. A range of safety and quality checks were employed by the manager to identify and address any shortfalls in the quality of the service provided to people.

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.

Staff understood their responsibilities with regards to safeguarding people against harm or the risk of harm.

Comprehensive risk assessments and risk management plans were completed for each person who used the service and were regularly updated.

The service had safe systems and processes in place to ensure people's medicines were managed safely and properly.

Is the service effective?

Good ●

The service was effective.

Care and support was provided to people by a knowledgeable and competent staff team. Staff received regular supervision and were able to access training which helped them to care for people effectively.

Staff and the registered manager had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough and maintain a balanced diet.

People were able to access healthcare services, as and when they required them.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated well and the staff were caring.

Staff interacted well with people who used the service, responding promptly to requests for assistance. However, there were times when staff seemed rushed to complete tasks, which

affected the quality of interactions with people.

Staff respected people's privacy and dignity and maintained confidentiality at all times.

People were consulted about their care and support needs.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and delivered in line with people's individual needs and preferences.

The service used a range of risk assessments to identify risks to people's health and well-being. Risk management plans were implemented to reduce such risks.

People who used the service and their relatives were confident that they could raise concerns or complaints and that they would be taken seriously and any issues resolved.

Is the service well-led?

Good ●

The service was well-led.

We received positive feedback from people, their relatives, staff and visiting professionals about the leadership at the service.

A range of audits and feedback methods were employed to monitor the quality of the service provided to people, with the aim of continually improving the standard of care delivered.

Regular checks were carried out to ensure risks to people's health, safety and well-being were minimised and managed appropriately.

The Brambles Rest Home

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 inspection took place on 01 October 2015 and was unannounced. The inspection was undertaken by two adult social care inspectors.

Prior to the inspection we reviewed all the information we had about the service, which included notifications from the provider and others about significant incidents at the home. We also reviewed information about the service that was available on the internet and social media. We spoke with the local authority safeguarding team and contracts and commissioning teams.

We spoke with five people who used the service and two of their relatives who were visiting during the inspection. We also spoke with three health care professionals who visited the service during the inspection.

We spoke with the nominated individual, registered manager, a senior care worker, two care workers and the cook.

We toured all areas of the building and observed interactions between staff and people who used the service. We observed the mealtime experience over lunch and the care that was provided to people.

We looked at assessments and written plans of care for four people who used the service. We also reviewed other important documentation relating to people who used the service, including accident and incident records and medication administration records (MARs).

We also looked at a selection of documents relating to the management of the service. These included three staff recruitment files, staff training records, staff rotas, minutes of meetings with staff and people who used the service, complaints and quality assurance audits.

Is the service safe?

Our findings

People we spoke with and their relatives told us the service provided safe care. Comments included; "Yes, I feel safe" And; "Yes, very safe. They're always on hand if you need anything." We were told that there were normally sufficient staff on duty to meet people's needs.

At our last inspection, 08 & 09 May 2014, we found people were not protected against the risks of unsafe care or treatment because assessments of people's needs and associated care plans were not regularly reviewed and updated, in line with changes in people's circumstances. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and we issued a compliance action.

At the last inspection, we also found that people were at risk of receiving unsafe care or treatment due to a lack of appropriate information about them. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We received an action plan from the provider which told us how they planned to make improvements for people who used the service.

We found improvements had been made since the last inspection. We reviewed assessments and care planning documentation for four people who used the service. We found that a comprehensive assessment of people's needs took place prior to admission, which was reviewed monthly, or more frequently due to changes in people's circumstances. Care planning documentation had also been improved. We saw that care plans which addressed people's individual needs were reviewed and updated regularly, to ensure people's needs were met consistently. This showed the service had made improvements to ensure people received care and treatment that was safe and appropriate to their needs.

We observed staff were not rushed and routines during the day were calm and unhurried. Call bells were answered promptly and staff we spoke with told us that there were sufficient staff available to meet people's individual needs. We discussed staffing levels with the registered manager, who told us that although no formal tool is used to assess staffing, they monitor staffing levels closely. They told us that staffing was discussed with staff on an informal basis, to gain staff member's opinions on whether people's needs were being met. Staff we spoke with confirmed this. Additionally, the registered manager monitored falls within the home, pressure area care and people's general wellbeing. If they noticed anything out of the ordinary, they would increase staffing levels in line with the increase in people's dependency levels. Throughout the inspection we witnessed staff attended to people's needs in a timely way. We found the staff team had a positive, collaborative approach to their work and the registered manager was available to offer support and guidance at all times. Since our last inspection, the registered manager had altered shift patterns at the home so that there was now a one hour overlap between shifts. This helped to ensure that there was a contingency in place for emergencies and to provide a good quality handover between shifts. In addition, the registered manager told us they could call on staff to come in to work if they felt they needed to increase staffing on a particular day.

Staff recruitment records showed new employees were only employed after full checks had been carried out. These included application forms to check gaps in employment, references and disclosure and barring checks to see if people were excluded from working with vulnerable adults. These checks helped to ensure that only suitable candidates of good character were employed by the service.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice. We looked at training records which confirmed staff received training about how to safeguard adults from abuse and this was updated annually. The service kept a record of all safeguarding incidents and the outcome. We spoke with the local authority safeguarding team, who told us they did not have any concerns about the service and there were no outstanding safeguarding investigations on-going at the time of the inspection.

We found the service operated safe systems with regards to the proper management of medicines. We observed staff followed safe administration practices. We checked medicines administration records for four people and found they were in order, without any errors or unexplained omissions. Controlled drugs were checked for two people and found to be in order. We saw from training records that staff had been trained in the safe administration of medicines. The registered manager told us and staff confirmed that their practice was regularly observed by the manager to check they were competent.

The service undertook a quarterly review of people's medicines in partnership with a pharmacist from the local medicines optimisation team. This helped to ensure that people received the best experience from their medicines, including what medicines were prescribed, when they were administered and how they were administered.

Equipment and utilities used in the service, such as the lift, hoists, fire alarm, call bells, hot water, gas and electrical items were maintained and checked by competent people. Contingency plans were in place for emergencies.

Is the service effective?

Our findings

People who used the service told us the staff and manager knew them well and knew how best to provide care and support to them. One person told us; "The staff are good. They all know what they are doing." We also received positive comments from visiting relatives who told us; "Staff appear to know what they are doing; they are compassionate, understanding and patient" And; "Staff are very approachable and doing a fabulous job".

We spoke with three visiting healthcare professionals who were also complimentary about the staff and registered manager. Comments we received included; "[Registered Manager] knows every single resident, their needs, what they like and what they don't" And; "Staff are always available and helpful. They assist us where we need it and interactions we see are always good".

When we last inspected the service on 08 & 09 May 2014, we found the provider had not taken appropriate steps to ensure that there were, at all times, sufficient numbers of suitably qualified, skilled and experienced staff on duty to safeguard the health, safety and welfare of people who used the service. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following our inspection, we received an action plan from the provider which showed how they planned to make improvements for people who used the service. We found improvements had been made with regard to staff training and knowledge, in line with the action plan the provider sent us.

Staff told us they had completed an induction when they started work and were up to date with the training considered mandatory by the provider. This was confirmed by the training records we reviewed. Mandatory training areas included food hygiene, fire safety, medicines, manual handling, safeguarding adults, health and safety, infection control and dementia awareness. We saw that most members of staff had also attained nationally accredited qualifications in health and social care. The provider was signed up to Investors In People, which is a nationally recognised framework that helps organisations to improve their performance and realise their objectives through the effective management and development of their people.

Staff we spoke with told us and records we looked at confirmed that staff received regular, one-to-one supervision sessions with the registered manager every six weeks. These supervision sessions gave staff and the registered manager the opportunity to discuss performance, training and development and various topics that were relevant to the staff role. The registered manager and staff told us that supervision sessions were worthwhile and that they found them useful. Staff explained that the registered manager was very supportive and that they could approach them at any time for guidance and advice.

The registered manager attended external training courses, conferences and events. This helped them to keep up to date with regards to best practice in residential care and current national 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.

The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager demonstrated a clear understanding of the MCA and DoLS and how they were applied in support of the people who used the service. At the time of our inspection, we found one person who used the service was the subject of a DoLS authorisation. We looked in detail at the DoLS documentation for the person concerned and found it to be in good order. We saw that the application had been made in a timely fashion and had been kept under review. The conditions of the authorisation were being followed and in line with legal requirements. We did not find any evidence of anyone else at the home being subject to restrictive practices.

Staff we spoke with were aware of the importance of seeking consent from people when they were offering support. They demonstrated a good understanding of the MCA and how it applied to their roles. We witnessed staff gained consent when they offered support to people and ensured people understood before any care intervention took place.

We saw that mental capacity assessments had been completed relating to specific decisions such as the use of bed rails at night time. Where a person had been assessed as not having capacity, records showed that relatives and health care professionals, where appropriate, had been involved in making specific decisions in their best interests.

The service supported people to eat and drink enough and to maintain a balanced diet. When people moved into the home, their preferences with regard to food and drink were explored with them and, where appropriate, those close to them. The information gathered, including any food allergies, was passed to the chef to ensure people's needs and preferences could be met. The chef explained that they were able to take time to speak with people about their food preferences and reviewed the menu roughly every six weeks, in consultation with people who used the service. This helped to ensure the food and drinks provided continued to meet people's changing needs and preferences over time. People had a choice of meals and were able to request items that were not on the menu if they wished to do so.

We observed the mealtime experience during our inspection and saw that people were provided with plenty to eat and drink. We saw that mealtimes were relaxed and unhurried. People who used the service appeared to enjoy the atmosphere and the food which they were served. Most people ate together in the dining room, however, people were able to choose to eat in their rooms or other communal areas if they so wished. Staff were observed to offer support to people, where required. We saw staff gently and patiently encouraged people to eat and drink in a dignified manner. At other times of the day, we saw staff provided people with drinks and snacks and reminded people to drink plenty of fluids.

People told us and records we looked at confirmed that people were able to access external healthcare

services, such as dentists, doctors and chiropodists. Records of any such appointments were made in people's care documentation. The feedback from visiting professionals was good. They explained that the registered manager informed them immediately of any problems and that communication with the service was very good.

Is the service caring?

Our findings

People who used the service told us they were treated well and that the staff were caring. One person said; "The staff are nice, they look after me" Another said; "Staff are nice and kind". Visitors to the home told us they were happy with the staff that cared for their relatives.

Staff and the registered manager told us that, over time, they had built up a good rapport with people who used the service. We observed many kind, positive interactions during our inspection. It was clear that people were comfortable in the presence of staff who supported them. Staff showed concern for people's well-being and were prompt to answer calls for assistance. However, we also observed times when staff seemed to be rushing to complete tasks, which led to more task-based interactions with little or no discussion with the person concerned. A visiting relative we spoke with also commented that sometimes staff appear task driven, rather than talking with or greeting people. We raised this with the provider and the registered manager who assured us they would address this following the inspection.

Staff we spoke with talked fondly of people who used the service and it was evident they knew people and their needs well. The service took a person-centred approach to delivering care and support to people. Comprehensive assessments gathered information about people, their needs, life histories, preferences, likes and dislikes. This helped the service to deliver care and support which was tailored around the individual.

People we spoke with and records we looked at confirmed that people were consulted about their care and support needs. One person told us; "Yes, I feel involved. I choose what they help me with, what time I get up and go to bed, what I eat... It's all up to me really." We saw review documents in people's care files which showed that the person concerned and, where appropriate, those close to them, were involved in reviewing the care and support that was delivered. The reviews were carried out on a monthly basis, or more frequently, in line with changes in people's needs.

Staff received training to ensure they understood dignity, privacy and respect. They were able to give us practical examples to reflect this, such as knocking on people's doors, ensuring people were clothed, covered and closing curtains and doors when undertaking personal care. During the course of our inspection, we observed staff knock on doors and call people's names before entering, approaching people calmly and respectfully.

We found confidential personal information about people was stored securely in the registered manager's office. This helped to ensure that only people who had the right to, could access the information.

Is the service responsive?

Our findings

People and their relatives told us they were provided with care that met their needs.

People were provided with information when they moved into the home, such as the complaints procedure, important contact numbers and what they could expect from the service.

We saw that care files included care and health needs assessments, care plans and risk assessments. These assessments covered, for example, moving and handling, mobility, nutrition, communication, sleeping, activities, medicines, continence and end of life care. Guidance and support was sought from external agencies as required. For example, where people were at risk of developing pressure sores, the district nursing team were involved and action was taken to mitigate any risks, such as using pressure relieving equipment.

Care plans contained detailed information and guidance for staff about how to best meet people's needs. Care plans were up to date, regularly reviewed and readily accessible for staff. This helped to ensure staff had the right information to assist them in supporting people in the way they wanted to be supported.

We saw that where risk assessments had been completed, action was taken to mitigate any identified risks. For example, we saw a person had been assessed as being at high risk of malnutrition. We saw the service had referred them to a healthcare professional for guidance and advice. The person had been prescribed food supplements which we observed were given to them by staff during the inspection. Additionally, the person's weight, food and fluid intake were closely monitored for early indication of any change in their needs.

We looked at minutes of resident's meetings, where people who used the service were able to speak with the management team about things that were important to them. The meetings were also attended by people's relatives and senior staff members. The most recent meeting covered food, assistance to use the lift, visitors bringing in children and use of the call bells.

The service provided a range of activities and people were supported to go out to events in the local community if they wished to do so. Since our last inspection, the registered manager had undertaken work to improve the level of detail that was recorded around people's social histories and preferences. This was to assist staff in providing activities which suited each individual. The registered manager told us this was an area they were keen to develop further so that people could access activities that were meaningful to them.

People and their relatives told us they knew about the home's complaints procedure and they would tell staff or the registered manager if they were not happy, or if they needed to make a complaint. They told us they were confident they would be listened to, their complaints would be fully investigated and action taken if necessary. The registered manager maintained a log of complaints which included detail about any investigation and action taken in response to complaints. We noted the service had not received any formal complaints since our last inspection. We saw numerous greetings cards and letters that had been sent to the

home from people's relatives, thanking the service for the care and support that had been provided to their loved ones.

The provider gathered feedback from people who used the service and their relatives by way of a regular satisfaction survey. We looked at the results of the most recent survey, which was completed in July 2015. We saw all the feedback from people who had completed the questionnaires was very positive. Staff were described as "Friendly, helpful and caring", there were also positive comments about the selection and quality of the food and the cleanliness of the home.

Is the service well-led?

Our findings

All the people we spoke with, and their relatives knew who the registered manager was and felt they were approachable and open. One person told us; "[Registered manager] is lovely. She's really good and makes sure we are well looked after" another person commented; "She's great. I know I can go to her any time, with anything and she'll listen".

Staff we spoke with were also very complimentary about the registered manager and the support they received from her. They told us they were well supported and we found the culture at the home to be open and transparent. They felt that their opinion counted, that they had been listened to when making suggestions for improvement at the home and that many of their suggestions had been implemented.

We also received very positive feedback about the registered manager and the home in general from three visiting professionals. Comments included; "It's a very good home"; "They put in place any suggestions we make and are very good with pressure care"; "[Registered manager] knows every single resident"; "The home is well organised and everyone is friendly"; "Communication is always good, we have a handover before we leave, each time we visit".

Throughout the inspection, people and their relatives, staff and visiting professionals described a happy, calm and friendly environment. It was clear the registered manager took the lead on many issues including care, risk management and staff development. During conversations with the registered manager, the provider and the staff team, it was clear that the ethos of the home was to ensure people received a high standard of care and that the home was driven toward continually improving the environment and the care delivered for people who used the service.

The service had a current statement of purpose. This is a document which outlines the vision, aims and objectives of the service. There were clear lines of responsibility and accountability. Staff we spoke with were knowledgeable about the people they supported and enthusiastic about providing a high standard of care and support to people who used the service.

The registered manager had implemented a range of audits and checks on areas such as health and safety, cleanliness and infection control, fire safety and the care delivered to people. The registered manager spent a good proportion of their time with people who used the service and so was able to gain informal feedback from them on a daily basis. These measures helped to ensure that the quality of the service provided to people was monitored continually. We saw that where issues were identified, action was taken to address any shortfalls.

We saw records which confirmed checks were carried out on the premises and equipment at the home. These included checks on fire safety equipment, such as the alarm and fire extinguishers, water temperature checks, emergency lighting and the lift.

We saw records of accidents and incidents, and safeguarding alerts that were reported to the local authority.

Our records confirmed that the home reported any incidents as required.