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# The Brambles

## Inspection report

The Brambles 104 Station Road  
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08 April 2021

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

The Brambles is a residential care home for four people with learning disabilities. The home is on one level and each person was provided with their own room. There was a communal living room and kitchen and a large dining area. At the time of the inspection there were four people living in the home

We found the following examples of good practice.

The provider participated in the COVID-19 testing programme, Staff had access to a COVID-19 folder that held relevant guidance and up to date information regarding the pandemic. The provider ensured that all staff had received appropriate infection control and COVID-19 training.

Visitors were welcomed by the provider. Visits had to be booked in advance and visitors were required to follow the providers safe entry protocols. These included, checking people's temperature. Visitors who were not part of a regular testing programme were asked to complete a rapid COVID-19 test. Personal protective equipment (PPE) was also provided for visitors as part of good infection control practice.

Visitors used a dedicated entrance, which led directly into the room where the visit took place. This was good infection control practice as movement within the home was restricted to one room.

Staff supported people to remain safe by wearing the correct PPE and practising good hygiene standards. The registered manager was the infection control lead. They confirmed, they completed daily visual checks of the environment and staff practice, Staff had access to enough PPE, which they disposed of safely.

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

We always ask the following five questions of services.

### **Is the service safe?**

Further information is in the detailed findings below.

**Inspected but not rated**

# The Brambles

## **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.

As part of CQC's response to the coronavirus pandemic we are looking at the preparedness of care homes in relation to infection prevention and control. This was a targeted inspection looking at the infection control and prevention measures the provider has in place.

This inspection took place on 8 April 2021.

# Is the service safe?

## Our findings

S5 How well are people protected by the prevention and control of infection?

- 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 using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- 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 somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We found that risk assessments in relation to COVID-19 for staff and people who used the service had not been documented. The provider told us they had had discussions with staff and had looked at how to keep people safe. However, they had not incorporated this within people's care plans.

We found processes were in place to manage infection control, but the provider did not have a system to monitor these processes. For example, staff understood and confirmed they were maintaining good infection control. However, the tasks completed by staff were not documented and as a result could not be evidenced as being completed. We spoke with the provider about this and they have assured us that this will be rectified.

We also spoke with the provider about monitoring people's temperatures, as this was good infection control practice. The provider confirmed this would be implemented immediately.

We have also signposted the provider to resources to develop their approach.