

St Anne's Community Services

# St Anne's Community Services - The Brambles

## Inspection report

28 Silver Street  
Dodsworth  
Barnsley  
South Yorkshire  
S75 3NP

Tel: 01226242348

Website: [www.st-annes.org.uk](http://www.st-annes.org.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 02 and 03 August 2017 and the first day was unannounced. The service was last inspected on 18 and 20 January 2017 and we found breaches of the legal requirements in safe care and treatment, person-centred care, staffing and good governance. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The Brambles provides respite for adults with a learning disability and/or physical disability, in the South Yorkshire area. There were three people using the service during our inspection. There is a registered manager in place who had been registered since September 2016. 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.

There were some improvements which could be made about the recording of risk and how this is managed. For example, we did not see an assessment for all the assistive equipment in use and more detail was required in some of the moving and handling care plans. However, in some files we looked at we found extremely detailed guidance for staff to follow, with the use of photographs and step by step plans. Risk assessments had been undertaken such as the risk of dehydration, malnutrition and pressure ulcers, and measures had been taken to reduce the risk of harm.

Accidents and incidents were monitored for trends and themes and actions implemented to prevent further harm.

Medicines management had improved since our last inspection. Staff were trained and assessed as competent to manage medicines and regular audits were undertaken. Where issues had been raised, we saw these were dealt with by the registered manager.

We found the necessary recruitment checks had been made to ensure staff suitability to work at the service. There were sufficient numbers of staff on duty during our inspection to provide person-centred care.

Staff received an induction to ensure they developed into their role and were able to shadow shifts with more experienced staff to ensure they felt confident to take on the caring role. Staff received supervision, appraisal and training to ensure they developed the skills to care for people at The Brambles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager was in the process of completing all the required capacity assessments and best interest decision

making in consultation with family members. Deprivation of Liberty Safeguards authorisations had been completed where required.

Food was freshly prepared. Choice was offered at mealtimes and meals were varied depending on the preference of each person who stayed. We observed staff supporting people with their meals. Nursing staff monitored people at risk of dehydration to ensure they had adequate hydration, although the recommended fluid intake target was not always realistic.

We found staff to be compassionate and caring when supporting people who were staying at The Brambles. We observed staff protecting people's privacy and dignity and ensuring their needs in relation to equality and diversity were appropriately met.

People were provided with care which met their choices and preferences, such as what time they got up, went to bed, what they ate and how they liked to spend their day. Staff we spoke with demonstrated they were aware of the needs of the people they were supporting and their individual personalities and preferences.

People and their families were encouraged to share their views on how they wanted the service to be run.

Care records we looked at during our inspection contained out of date information which had the potential to result in inappropriate care delivery; this was a concern raised at the last inspection in January 2017. However, the service had clear directions where improvements were required and those files which had been updated we saw were completed to a high standard.

Audits had improved since our last inspection and actions were completed where issues had been identified. The registered provider completed their own quality checks at the service and there was an improvement plan in place. Outcomes were monitored by the area manager

We found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 in relation to records. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The management of medicines had improved since our last inspection. Systems had been changed to ensure medicines were checked when people commenced respite.

Staffing levels were appropriate to meet the needs of the people receiving respite care.

Risk assessments were in place. Risk reduction measures in some care plans were very detailed, but further information was required in others.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff had received training, supervision and an annual appraisal to enable them to gain the skills required for their roles.

The registered manager had commenced mental capacity assessments and best interest decision-making to ensure the service was compliant with the Mental Capacity Act 2005, but this had not been completed fully at the time of the inspection.

Appropriate referrals had been made for people to speech and language therapy, dieticians and other health professionals when the need arose

### Is the service caring?

**Good** ●

The service was caring.

We saw staff were kind and compassionate when supporting with people at the service.

Staff encouraged people to be independent throughout their stay

People's privacy and dignity was respected by staff.

### Is the service responsive?

The service was not always responsive.

Records had improved but some records were still difficult to navigate. Updated care plans were clear to follow and some contained photographs to guide staff.

Staff knew people and their preferences well. We saw people were offered choice throughout the inspection.

The registered provider actively responded to concerns to ensure the service improved

**Requires Improvement** 

### Is the service well-led?

The service was not always well-led.

Governance, management and leadership at the service had improved.

The registered provider had made improvements but needed to demonstrate their sustainability to ensure the quality of the service continued to improve.

Staff and relatives told us the registered manager was supportive and morale at the service was improving.

**Requires Improvement** 

# St Anne's Community Services - 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 2 August 2017 and was unannounced. We also inspected on 3 August 2017 and this was announced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, the safeguarding team, the infection control team, the fire and police service, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection.

The registered provider had not been asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the respite service. We spoke with one person receiving respite care. We spoke with 11 relatives of people who have used the respite service. We spoke with the area manager, the registered manager and two care staff. We reviewed three staff recruitment files, four people's care records and a variety of documents which related to the management and governance of the home.

# Is the service safe?

## Our findings

At our previous inspection in January 2017 we had concerns people were not always protected from unsafe care and treatment. At this inspection we checked for improvements and found some had been made and some were on-going.

We asked one person staying on respite whether they were safe at The Brambles. They told us, "I feel looked after here. There are enough staff to help me when I need them. I have a tablet in the morning and at night. The staff always give them to me." We spoke with 11 relatives on the telephone during our inspection and none had any concerns about their relations' safety whilst staying at the service. One relative said, "Oh yeah, my [relative] was definitely safe. I've no concerns about them being safe there. That's why [relative] goes there as much as anything, because we trust them." Another relative said, "Yes, [relative] seems to enjoy it there. I think there are enough staff for the people who are there, certainly when I've called anyway. It's been quiet on the times I've taken [relative], but nothing has ever jumped out at me saying that there isn't enough staff on duty." A further relative said, "Yep, 100%. Definitely. I've no worries whatsoever when [relative] is there and the staff are good with [relative] and there always seem to be enough on duty."

Medicines management had been an issue at our last inspection. At this inspection, the registered manager told us the system for booking in medicines had changed. Relatives provided an up to date list which the staff cross reference with the GP. They worked out how much of each medicine the person required for their stay and when the person commenced their stay, staff went through the medicines to check the amount correlated with the requirement for the period.

Other improvements in the management of medicines included twice daily checks on medicines. The controlled drugs cupboard key was kept by the nurse. Medicine fridge temperatures were checked although there were no medicines requiring refrigeration at the time of this inspection. We found each person's medicine cupboard in their bedroom contained a thermometer and staff checked the temperature each day. The process for managing controlled drugs had been improved and was compliant with best practice.

We found a discrepancy in the file of one person. Old information had not been removed from their file, which indicated they were on one medication which was no longer the case. When we cross referenced this information with their medicines, none had been supplied or written on their updated medicine administration record (MAR) which confirmed they were not taking this medication. The allergy section on their front sheet had also not been updated with information gained when the person was admitted and did not specify they had an allergy to one medicine. This was pointed out to the nurse in charge who agreed to rectify it immediately.

The registered manager explained that due to the nature of the service staffing levels varied on a day to day basis and was dependent upon the number of people staying at the service. They told us they asked families to give two weeks' notice to ensure they could plan the staff rota accordingly. We observed there was sufficient staff on duty to meet the needs of people who were staying at the service during this inspection.

Staff had received training in how to keep people safe. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse. They knew the procedure to follow to report any safeguarding incidents or if they were concerned about a colleague's practice. This meant the service had measures in place to safeguard people from abuse

We checked to see how risks were managed at the service as this had been a concern at our last inspection in January 2017. Care files we looked at contained risk assessments. For example, a person at risk of choking had a risk assessment which included control measures such as one-to-one support whilst eating, food of a fork-mashable and soft consistency, and the person being given time to swallow properly between mouthfuls. We saw risk assessments in place related to the risk of scalding whilst showering. On the whole risk assessments and risk reduction plans were much improved and were detailed (particularly in the updated files), but some minor improvements were required to make them complete such as ensuring information in different sections reflected and cross referenced other relevant sections and the method in moving and handling care plans provided detailed guidance for staff.

One member of staff told us about areas of good practice around safety. They said one person had complicated requirements in relation to the management of their medical condition. To guide staff, they told us the registered manager had taken "Step by step photographs" for staff to follow. They told us about another person who has to be seated with precision in their wheelchair, and photographs of the process had proved useful.

We saw some detailed information in one person's file including photographs on how to ensure their feet were positioned correctly and securely fastened into their wheelchair footrests. However, in another file, we could not find out why they were using the tilt in space shower chair as there was no record they had an issue with their posture. When we asked the registered manager, we were told this was the equipment they used when at home. Although we did not see any evidence to suggest this was unsafe, it is important the registered provider ensures they have systems in place to assess people for the equipment they are using to ensure the equipment in use remains safe.

Accidents and incidents were recorded and we saw evidence they were logged on an electronic system which was submitted to the registered provider. Analysis of accidents and incidents was also completed; this provided an opportunity for staff to identify patterns or trends, thus enabling changes to be made to people's care and support to reduce future risk of injury. We questioned contingency arrangements, as when one person needed to be taken to hospital in the early hours of the morning it had left only one care staff for two hours until the day shift staff arrived. The registered manager told us they did not operate an on call system to provide additional staff. However, situations such as these require a contingency plan to ensure people at the service are supported by staff in accordance with their assessed needs.

We looked at the systems in place to ensure staff were safely recruited. The registered manager told us they were fully recruited apart from one full time support staff to cover for a maternity leave post. We reviewed three recently recruited staff files. We saw that all of the files contained an application form, two references, and confirmation of the person's identity. Recruitment procedures minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, and we saw in recruitment records that any gaps were explored at interview. Two written references were sought (including, where possible, from a previous employer) and proof of address and identity obtained. Disclosure and Barring Service (DBS) checks were carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.



Moving and handling equipment was available throughout the service to assist people with physical disabilities, such as ceiling track hoists and there was a full record of all the equipment at the home. Records we looked at showed these had been serviced regularly and had a recent Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) certificate. Although there was no record the slings had been checked at the most recent service, and there were very few slings at the home. As one person was using the registered provider's slings, we brought this to the attention of the registered manager to ensure there were adequate numbers of suitable slings at the service, to allow for laundering and to make sure slings had been checked and labelled so that records complied with the regulations. The registered manager told us people usually came in with their own slings and these were checked on arrival at the beginning of their stay.

We saw information about the action to take in the event of a fire was displayed within the building and equipment to assist staff should they need to evacuate people from the building was available. Personal Emergency Evacuation Plans (PEEPs) were held by the office. A PEEP is a document which details what support a person would need to leave the building in an emergency.

Records also showed that all the gas equipment had been serviced and checked. Hot water outlet temperatures were checked to ensure they did not scald people. The service had a contingency plan in place in case of emergency, including electrical failure and gas failure. Control measures were in place for staff to follow. At our last inspection we found portable appliance testing (PAT) tests had not been carried out. This had been rectified at this inspection and tests had been completed. We reviewed the maintenance folder which evidenced an audit trail to show work required had been completed.

Communal toilets and bathrooms contained ample supplies of soap and paper hand towels. We saw aprons and gloves were also readily available for staff to access. The kitchen area was noted to be clean and hygienic but we did find a discarded foodstuff had been left in the sensory room and not removed on the first day of our inspection.

## Is the service effective?

### Our findings

At the last inspection in January 2017 we found there were no mental capacity assessments in place for those people who lacked the capacity to consent to their care and treatment. We also found there was no evidence people had been asked for or had given their consent to the care and support they were receiving or made their own decisions. At this inspection we checked for improvements and found the home had been working to an action plan which was still on-going at the time of the inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked for improvements at this inspection to determine 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 had followed the requirements in the DoLS and had submitted applications to the 'supervisory body' for authority to do so. The registered manager told us the local authority requested each time a person who met the requirements for a DoLS came to stay; the registered provider was required to request an urgent authorisation for the short stay. We saw they had complied with this requirement.

We found improvements had been made in some care files which showed related assessments and decisions had been properly taken to ensure compliance with the MCA. Not all capacity assessments had been completed at the service for all the people who stayed on respite and best interest decision making with the relevant people was still on-going. The registered manager and area manager had arranged best interest meetings in the person's own home with relevant people and in this respect they were fully compliant with the MCA for those that had been completed. We did find some conflicting information in the care plans of two of the people staying on respite, but on enquiry with the registered manager, these files had not been updated in line with their new process.

Relatives we spoke with told us staff were trained to care for their relations. One said, "They know my [relative's] needs. They phone up; they take [my relative] to appointments. When [my relative] is going in, they phone up and check the medication is still the same and there have been no changes, they ask what [my relative] currently likes doing, what food [my relative] is eating at the moment. Everything seems very well run and organised." Another relative told us, "Sometimes when you go there you see new faces amongst the staff. But they are always with someone who is trained and knows how to deal with [my relative]. They never leave [my relative] with new people on their own. New staff are with experienced staff and they are learning as they go along."

We saw records which confirmed staff were inducted into their role. All new to care staff were expected to complete the Care Certificate when commencing employment at The Brambles. The Care Certificate is a set of minimum standards that should be covered as part of induction training of new care workers dependent on their past experience and qualifications in care. This meant the home was using the recommended standard for new care workers to attain. Nurses had their own induction and were required to complete a portfolio within their first 20 months and newly qualified nurses undertook a preceptorship, a structured period of transition for the newly qualified nurse, in their first year, to introduce them to their role and offer guidance and support. Staff told us they felt their induction had been thorough. One member of staff said, "I had a two day induction and shadowed the nurses for two weeks, before getting more involved."

Staff were receiving regular supervision and the frequency depended on their experience and how long they had worked at the service. For example, one new starter told us they had supervision every month for the first six months. They said, "We plan goals at every supervision and training I'd like to do." They also said, "I don't wait for my supervision if I have a query. I just approach [the registered manager] if I have a query."

The registered provider utilised a mixture of training methods ranging from online training followed by a written test, classroom based learning and training provided by the local authority. We reviewed the staff training matrix provided by the registered manager. This showed us essential training had been provided in topics such as moving and handling and infection control. Staff had received specialist PEG training and tissue viability training. PEG stands for percutaneous enteral gastrostomy tube and is a device people use who either cannot eat safely orally or cannot eat or drink enough orally. The registered manager told us the registered provider's trainer was working with Huddersfield University to utilise their facilities to provide clinical training for staff such as around the use of suction machines. Face to face training was provided for moving and handling of people, first aid, positive behavioural support, epilepsy and buccal midazolam administration, and some safeguarding training. The Clinical Commissioning Group had also provided additional medication training for the registered manager and the staff, and records showed staff had a yearly medication competency check. These were repeated if staff made errors in the management of medicines. The registered provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS. This meant staff received the training and support they needed to provide effective care.

We found consent had been sought for those people who were able to consent to their care and treatment and this was recorded in their care plans. Each person had a document in their care files titled, "Individual mental Capacity Statement" which detailed the area of support and how the person was to be provided with information to enable them to consent. We observed staff asking people for consent during the day and people confirmed this was their usual practice. Staff told us they supported decision making for those people who could not give verbal consent by physically showing the person the choices or by using pictures and acting on their non-verbal cues. People's preferred means of communication was recorded in their care plans. This meant the registered provider had systems and processes in place to preserve their human rights.

The registered manager told us menus were planned a week in advance and based on the likes and dislikes of the people staying that week. People could choose what they wanted to eat and if they decided they did not like what was on the menu they were offered an alternative. The registered manager told us, "We have been known to cook four different meals for people." One person staying at the home told us, "I like the food here. The staff cut up my food for me and support me with meals."

We saw a blackboard with the day's menu written on it. There was a whiteboard next to it with a colour coded room system for each person staying, containing dietary information, such as who had a 'normal' diet

and who required pureed, chopped or diced foods. There was also a list of drinks with people's preferences for hot or cold drinks, how many sugars they took and what specialist equipment they might require. This guided staff to the cutlery and crockery the person needed to maintain their independence and whether they could hold a cup or cutlery or required support. This meant the registered provider was actively supporting people to maintain their independence whilst staying at The Brambles.

The environment had been purpose built and designed to be accessible to people with physical disabilities. All rooms were on ground level and sufficiently spacious to allow the use of specialist equipment and wide enough to allow people to be moved easily in wheelchairs. There were overhead tracking hoists in all the rooms to move people from the bed to their wheelchair and to allow them access to the bathrooms. A specialist bath was available to everyone who accessed the service. The home had a sensory room, which allowed people who may usually need to be in a wheelchair to spend time safely and comfortably on large padded mats and bean bags.

One person using the service told us they were supported with appointments to ensure they remained well. They said, "I get taken to the doctors and things, if I need to go." We saw evidence people were referred to the dietician, and to speech and language therapists. Other health professionals and specialists had provided guidance for staff to follow when caring for people. This showed us people at the home were assisted to maintain their health and wellbeing by accessing external support when required.

## Is the service caring?

### Our findings

We asked people using the service and their relatives whether their care staff were kind and caring. One person staying told us, "The staff are kind. They care for me in a nice way." One relative said, "Staff are lovely. I can just phone up and say a time I'm coming. [My relative] is always clean and tidy and has never looked unkempt or dirty. Never had a problem on that score. [My relative] goes in for a week and I know that [my relative] is going to be fine in there." Another relative said, "If we go away, friends and other relatives can visit anytime. So it's not like they are putting on a show for visitors. They can just turn up unannounced if we are away. [My relative] is always clean and tidy when they come home and we've had no issue with it."

We observed that staff members' approach was calm, sensitive and respectful. People were observed to be comfortable and confident around the staff. We saw people laughing and smiling with staff members. The registered manager told us they altered their working pattern to enable them to observe staff who worked weekends and later shifts to assure themselves that all staff provided compassionate care.

We asked about equality and diversity and how people were supported in relation to their religious and cultural needs. The registered manager told us the registered provider had an equality and diversity officer who had provided training for staff. The registered provider disseminated information to the service on equality issues and the area manager told us they had recently provided information on the Pride activities to be held the following weekend; people using their services would be supported to attend if they wanted to go. Pride describes activities held to promote equality and challenge discrimination for lesbian, gay, bisexual and transgender (LGBT) people. The service also had a cultural calendar to raise awareness of religious ceremonies. This demonstrated the registered provider was supporting equality and diversity at their services.

The registered manager told us they could accommodate people's preference for gender specific support workers and people could choose who they wanted to support them on a daily basis from the staff on the rota. This meant the registered provider was supporting people's right to personalised care to meet their preferences.

Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would do this. We asked how people were supported to be as independent as possible throughout their stay. The registered manager told us some people were supported to do their own laundry, help vacuum their rooms and make their own drinks. They told us, and we could see for ourselves, the home had a range of assistive equipment to promote independence and involve people in activities of daily living such as baking. We observed one person assisting to make a hot drink.

The service did not provide end of life care. The registered manager told us one person who stayed had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place. They said they kept a photocopy on the person's care record, and the original always remained on the person to ensure it went with them between services.

## Is the service responsive?

### Our findings

At the last inspection in January 2017 we found records were often incomplete or out of date which meant people were at risk of receiving unsafe care and treatment. At this inspection we found some improvements had been made, although the registered provider had not yet reviewed the care files for all the people who stayed for respite. The registered manager told us they had prioritised those people who came frequently as the review involved meeting people and their families at their homes to gain an understanding of people's needs and to ensure the necessary best interest decisions were made where the person lacked capacity to consent to their care and treatment.

We found admission information was incomplete at our last inspection. At this inspection the registered manager told us the whole process had been changed and an admission pack was completed every time a person stayed at the service. This included more personalised information such as which bedroom they preferred to stay in and what CD's they would like in their rooms. They told us they made a phone call to the family at each visit to check if there had been any changes and reviewed and changed the support plan if required. We confirmed this with the relatives we spoke with during our inspection. The registered manager told us they checked through this information once the person arrived, and undertook a skin integrity risk assessment, a nutritional risk assessment, and an oral hygiene assessment. On admission staff also recorded the person's weight, completed a body map, checked the person's wheelchair and recorded information about the person's moving and handling slings. On discharge, families were asked to review information prior to the person leaving. Throughout each person's stay the named nurse reviewed the support plan to document any changes in people's preferences, completed a body map and passed on discharge information to families, which meant they were completely informed of their family member's stay. This meant the process for admitting and discharging people was more robust than we previously found to ensure both the registered provider and the family had the essential information to care for people and to provide a smooth transition in and out of the service.

At the last inspection in January 2017 we found care records were difficult to navigate and were not personalised to enable care staff to be able to provide person-centred care. At this inspection we found there had been some improvement in this area, although not all files had been reviewed. Those that had been updated were clear, person-centred and gave the reader clear guidance on how to support people. The registered manager told us people previously had three different files but these had been amalgamated so information was held together in one file. We did find some out of date information and conflicting information in the care files for two of the three people staying at the service at the time of this inspection which could compromise safe care and treatment if they were supported by unfamiliar staff.

This demonstrated a continuing breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A detailed daily planner and handover sheet was completed for each person during their stay which included what they had eaten and had to drink, and any personal care activities they had received that day. This included any observations and the activities people had undertaken. This was a useful tool to record

daily interventions although we found one person's records contained an unrealistic recommended fluid intake. The service had found this difficult to meet, and it gave the impression they were not meeting the person's requirements. On further interrogation of the information, the target fluid intake was the issue. This was discussed with the registered manager, who agreed they would look into this.

Staff we spoke with were able to describe people's care and support needs and knew about people's likes, dislikes and interests. We saw some care files contained detailed information about the tastes and preferences of people who used the service which meant the registered provider ensured staff had a rounded picture of the person, their life and personal history, to enable them to provide personalised care.

It was clear from our observations staff knew people well and were knowledgeable about the things that were important to them in their lives. We saw they supported people to make choices in their everyday lives taking into account their views and preferences which demonstrated they were providing person centred care.

We asked the registered manager how people were supported to undertake activities of their choice during their respite period. They said people went to the same clubs and day centres as if they were at home. One person liked to go to an evening club and they utilised the service's transport to access this facility during their stay. The service employed a driver for 11 hours each week, and some staff were able to drive the service's vehicle. Although, the lack of staff who could drive, had been noted by the staff and registered manager as an issue and they were seeking to address this to minimise the impact on people accessing the community outside the driver's hours. The registered manager told us they planned activities a week ahead based on people's preferences. This included shopping trips, meals out or day trips. One relative confirmed their family member's usual activities were carried out whilst they stayed for respite and told us, "We have carried through our own care plan from home, to work there as well. It's the same as we do at home, really. They stick to the timetable and routine that we have found works best with [my relative], and when we phone from holiday, [my relative's] doing roughly the same as if they were at home with us."

One person staying on respite told us, "I get taken to the day centre. I like to build with my bricks. I don't like telly, but I do like listening to the radio." We observed the radio played constantly in the kitchen, where the person was undertaking an activity during the inspection which confirmed staff were supporting them in line with their preference.

In the corridors we saw bright visual boards with each month of the year. Important days in each month, such as Mother's Day in March, National Dyslexia day in May, Father's Day in June, and Christmas in December were recorded. There were also celebratory montages with lots of pictures of people at the service celebrating the home's anniversaries. The corridors were colourful and freshly painted.

There was a complaints policy in place and the registered provider had a formal procedure in place if people were not happy with any aspect of service delivery. The registered manager could demonstrate they acted on any concerns to ensure improvements were made. We asked people and their relatives whether they knew how to make a complaint. One relative told us, "I've never had any complaints. The staff seem to know what they are doing. There are no restrictions on visiting. We could go anytime we wanted to and yes, [my relative] was always clean and tidy when we picked them up." Another relative said, "We have had concerns, rather than complaints. Once when we visited [my relative] was sat wet, other times [my relative] hasn't been sat comfortably in their chair. The thing is though, at The Brambles they take on board these things so that they don't turn into a complaint. They've taken on board what we've said and sorted it and responded to it. They've been really good like that, unlike another place that he was at where we did have to complain



## Is the service well-led?

### Our findings

At the previous inspection in January 2017 we found the leadership of the service was inadequate and there had been a lack of oversight by the registered provider. At this inspection we found the registered provider had acted upon our inspection findings, improvements at the service had been made and further improvements were ongoing.

There was a registered manager who had been registered since September 2016. Since our last inspection they had visited the registered provider's other respite services, and built up a network of managers to support them. They were undertaking a Level5 Diploma in management. Additional support was provided through a monthly managers' meeting and a respite service meeting to enable learning and development to be shared amongst the management team.

We reviewed staff meeting minutes held with the nursing staff and support staff. These evidenced discussions were held around each person staying and any issues, plus discussions about clinical skills and developments, learning from errors, and issues of documentation. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service.

The registered manager described the culture at the service, "Everyone is open. They admit when something goes wrong. Blame free. Staff strive to do their best and are caring and considerate. We have open communication amongst staff." They told us, "Staff have the right attitude. They want to do the best. They are willing to adapt for each person." We found staff were involved in the running of the service. A team day was planned for shortly after this inspection and part of the day involved developing a team plan for the service. Staff told us the registered manager was supportive and they felt comfortable to raise any concerns they might have. Staff also told us morale at the service had been low following the last inspection but was improving as they could see the effort they were putting in to improve the service was providing rewards.

We found the registered manager analysed information about the quality and safety of the service and undertook a range of audits. We reviewed the most recent audit of people's care files and cross referenced this with information in the care files we reviewed, and found this was in order. The registered manager told us they were required by the registered provider to audit four files each month. They said if they found any issues with the files, they would feed this back to the nurses to amend the record. Other audits completed included fire alarm checks, vehicle checks, equipment checks, nurse call buzzer checks, fridge freezer checks, medication audits, and finance audits. In addition, the registered manager compiled information from their audits to report to the registered provider. They had a detailed Quality Improvement Plan which they were working to and this showed some actions had been completed. This demonstrated the service was making improvements in the quality of the service provided.

At the time of this inspection, not all care files had been audited and not all information had been updated. The service had reviewed half of the care records and best interest meetings had been held for 10 people. The registered manager expected to complete all the files by the end of September 2017. The registered



manager told us they had prioritised those people who came for respite the most frequently. However, we found two of the people staying for respite during our inspection had not yet had their files fully updated. However, when we raised this with the registered manager they agreed to update these files. This meant the registered provider had not yet attained the necessary requirements in terms of record keeping but they were continuing actions to improve this aspect of service delivery.

The registered provider produced a quarterly newsletter to keep relatives informed about the service at the Brambles, such as the staffing arrangements, birthdays and activities. Following the last Care Quality Commission inspection the registered manager had arranged a meeting with families to discuss the report and what actions were to be taken to make improvements. This demonstrated the service was involving families openly in the improvements that were required. Families had been instrumental in the improvements at the service and one suggestion which came from families was for the clothes a person arrived in to be documented on the property list completed on arrival at each visit. This ensured that at the end of the stay the person returned home with all their items of clothing. This meant the registered provider was listening to and acting on suggestions to improve their service.

We asked the registered manager how they kept up to date with current best practice. They told us they gained this from the Nursing and Midwifery Council (NMC), from information cascaded from the registered provider, from the local authority, and from the registered provider's nurses forum. The service offered placements for student nurses from Sheffield Hallam and Huddersfield Universities. The registered manager told us this benefitted the service and a recent student had collated information in easy read formats for people using the service from a variety of sources. We also asked the registered manager how they responded to alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). They said they were notified by their head office and were required to respond using a voting button stating whether or not the guidance applied. If it did apply the registered manager shared the information with staff and a risk assessment was implemented. This meant the registered provider was acting on known risk to ensure people at the service were safe.

The previous inspection ratings were displayed online and at the home. This showed the registered provider was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.

The Chief Executive of the organisation compiled a newsletter called "Link up News" which was designed to keep staff informed about what was happening within the wider organisation. This included an employee of the month award and information on Learning Disability week. This demonstrated the registered provider recognised the importance of recognising staff contribution and involvement in developments at the service to drive up the quality of service provision.

The registered manager told us they were working with a local Academy who were putting a team together to paint a mural on the wall outside the building. People staying at the service continued to be involved in their communities whilst using the respite facilities. This meant the registered provider was involving the local community and enabling people using the service to maintain their links with the community of their choice.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Some care records were difficult to navigate and did not contain all the information required to support and care for people. Risk management plans were not all detailed to contain all the risk reductions measures to ensure people were safe. Capacity assessments and best interest decisions had not been recorded for all the people staying at the time of our inspection.</p>