

Derby City Council

# Bramble Brook House

## Inspection report

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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

This inspection took place on 4 & 5 July 2016 and was unannounced.

Bramble Brook House provides residential care for up to 40 older people, who may have a physical disability, or sensory impairment. There are bedrooms on the ground and first floors. There were 19 people living at the service at the time of our inspection.

There was a registered manager in post. The home is required to have a 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 and associated Regulations about how the service is run.

Staff understood how to protect people from abuse and were responsive to their needs. People were protected against the risk of abuse, as checks were made to confirm staff were of good character to work with people. Sufficient staff were available to meet people's diverse needs.

Risk assessments and care plans had been developed with the involvement of people and their representatives. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way.

People were supported to take their medicine as and when needed, for example staff asked people if they were ready to take their medicines. However medicine storage was not always effective and self-medicating procedures were not clear.

Staff received training to meet the needs of people living at the service and received supervision, to support and develop their skills.

The registered manager and staff knew about people's individual capacity to make decisions and supported people to make their own decisions. People's needs and preferences were met when they were supported with their dietary needs. People had access to health support; referrals were made to relevant health care professionals when required.

People told us staff were caring and kind and that they had confidence in them to provide the support they needed. The culture of the home empowered people to maintain their dignity and privacy. Staff understood the needs and preferences of the people they supported and worked in partnership with them and their representatives.

People had opportunities to pursue their hobbies and interests and their lifestyle choices were respected by staff.

People and their representatives knew how to make a complaint and were confident that their complaint would be fully investigated and action taken if necessary.

Arrangements were in place to assess and monitor the quality of the service, so that actions could be put in place to drive improvement. However the providers internal audit did not pick up the issues we identified. The management of the service were open and transparent. Positive communication was encouraged and people's feedback was sought by the registered manager to further develop the service and drive improvement.

## 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.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns. Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely to promote their independence. Staff were appropriately recruited. There were sufficient numbers of staff available to keep people safe. Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had received appropriate induction and training to ensure that they could support people. People were protected under the Deprivation of Liberty safeguards. People were supported to maintain their hydration and nutrition. People were referred to the relevant health care professionals when required, which promoted their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring. People's privacy, dignity and independence was respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that took account of their Individual needs and preferences. People using the service felt confident that any concerns they raised would be listened to and action would be taken.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post and they demonstrated good management and leadership skills. The service had an open and friendly culture and people found staff were approachable and helpful. People were encouraged to give their views about the service. Staff were complimentary about the support they received from the management team and were able to share their views about the service's development. The provider's quality assurance and governance systems were not always effective. The medication audit did not pick up issues we identified.

# Bramble Brook House

## **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 was 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 4 and 5 July 2016 and was unannounced. On the first day of the inspection, the team consisted of one inspector and one 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. On the second day of the inspection, there was one inspector.

Before the inspection visit, the provider completed 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. As part of our planning we reviewed the information in the PIR.

We reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with six people who used the service and four relatives. We spoke with the registered manager, assistant manager, senior care team leader and three care staff.

We looked at the care records of two people two staff employment records, and other records related to the management of the service. This included quality assurance, staff training records and policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe at Bramble Brook House. One person said, "I feel nice and safe here" and another person stated, "I feel safe here due to staff being around. If I use the call bell the staff respond." Relatives we spoke with, told us their family members were safe at the service.

The registered manager was knowledgeable about their responsibilities in reporting safeguarding issues. Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff told us what actions they would take if they had concerns for the safety of people who used the service. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. There was information about how to report suspected abuse in the service which was accessible to staff. The provider had a whistleblowing policy (where a member of staff passes on information regarding poor practice) which told staff what to do if they had concerns about the welfare of any of the people who used the service. A member of staff said "I would have no problem in whistleblowing if I had any concerns."

The registered manager had identified potential risks related to each person who used the service, and care plans were written to instruct staff how to manage and reduce each person's risks. The risk assessments in place were detailed, up to date and were reviewed regularly. Staff we spoke with were aware about people's risks and were clear about how to support people safely. For example, one person's risk assessment stated they required the support of one member of staff and their walking frame when transferring to a wheelchair. Our observations showed staff followed these instructions whilst supporting this person. We saw people moved around the home independently or used a walking aid. Where people needed assistance staff helped them to move safely. For instance, we saw a member of staff intervened when they saw a person was unsteady, safely giving clear guidance and direction to them.

Each person had an individual personal evacuation plan. This provided staff with information about how to evacuate the person safely in the event of a fire or any other incident. Building works were taking place to improve fire safety. This included installing new fire doors.

Staff were aware of the actions they should take when an incident affecting people's safety occurred. For example one member of staff said, "If a person was found on the floor I would press the emergency buzzer for additional staff support and we would ring the ambulance service."

People told us there were enough staff on duty to support them. One person said, "The staffing levels are ok, however if staff are off sick, the home could be a bit short staffed." Another person told us, "At the moment there are enough staff as there are not many residents." A relative told us there had been times when there were no staff present when people required support, and they had to find the staff to tell them. They also said the call bell was not accessible for people. On both days of the inspection visit, we saw there were occasions when the communal areas were not staffed. The registered manager told us they were looking at trying to ensure a member of staff was present in communal areas, for example if it was identified a person required constant supervision. We saw a portable call bell in the lounge which was not within reach of some people with reduced mobility who sat in the lounge. We discussed this with the registered manager who told

us they would look into having more portable call bells available in communal areas.

Staff told us staffing levels were currently sufficient to meet people's needs. Comments from staff relating to staffing included, "At the moment there are 19 residents, which means we get to spend more time with them," "There are enough staff currently, however if the needs of people change or more people move in we will need more staff." And, "Staffing levels are ok." The registered manager told us staffing levels were determined by using an electronic 'analysis tool'. This was completed by management on a daily basis. They entered information about people's dependency needs and the tool calculated the staffing levels required. The registered manager told us if staff phoned to say they could not work a shift because of sickness, or were on holiday, these shifts would be covered either by the existing staff team, care staff from other services within the provider group, or regular agency staff. There were currently sufficient staff to support people, however this would need to be kept under review as the number of people using the service increases to ensure people's needs can be met safely.

The provider's recruitment practices reduced the risks of employing people unsuitable to work at the home. Relevant pre-employment checks were in place before staff commenced employment. This included Disclosure and Barring Service (DBS) checks and proof of identification. The DBS is a national agency that keeps records of criminal convictions.

People told us staff supported them to take their medicines. We saw the senior care team leader administer medicines at lunchtime. The staff member asked people whether they were ready and wanted their medicines.

The provider completed regular audits on the management and storage of medicines. Despite this, we found that one medicine had not been discarded as per the manufactures guidance. We also found another medicine stored in the fridge for a person who had moved from the service during November 2015. However this medicine was stored in a box with another person's name on it.

We were told one person self-administered their medicines. They had a lockable drawer in their bedroom to store medicines safely. The senior care team leader was aware how the person managed their medicines. However the risk assessment and care plan did not specify how the person managed their medicines and did not indicate how staff monitored this. We discussed this with the registered manager who told us they would ensure the risk assessment was updated to reflect this information.

In one bedroom we saw an electric socket was broken. We raised this with the registered manager and this was repaired by the end of the inspection visit. In the same bedroom we saw the wardrobe door had come away from the wardrobe unit. Following the inspection visit the registered manager informed us they had started to carry out daily visual checks to identify any maintenance issues, which would be documented and reported to the maintenance team and followed up as required.

There was an enclosed patio garden area, which was used by people at the service. However a relative raised concerns about the uneven paving which presented as a trip hazard. We discussed this with the registered manager who confirmed this had been raised with senior management and she was awaiting the outcome.



# Is the service effective?

## Our findings

People we spoke with said they received the care and support they needed. We received positive comments about the staff team. A person told us, "The staff are very good." Another person said, "The staff are nice. If you have any concerns you can speak to someone. I find Bramble Brook House a happy place." One relative said, "I cannot praise the staff enough."

Staff we spoke with had, on commencing work at the home, received an induction to their role, and training which equipped them to support people who used the service. All the staff we spoke with told us they received a variety of training to enable them to carry out their job effectively. A member of staff told us, "The training we receive is relevant to our roles." Another member of staff said, "We receive regular updates in training."

Staff told us they were provided with an opportunity to discuss their training and development through regular supervision meetings. A plan was in place to ensure supervision was provided on a regular basis. Supervisions are meetings between a manager and staff member which discuss issues related to the staff member's work role and for the staff member to receive feedback on their performance. Staff told us that they felt well supported by the management team. One member of staff said, "If I have any concerns the manager will make time to see me. I feel she listens and gives me feedback." This demonstrated that staff were supported to meet people's needs effectively.

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 people lack mental capacity to take particular decisions, any decisions 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).

Staff respected people's rights to make their own decisions when possible. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. We saw staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and participating in activities. The registered manager confirmed two people they supported, lacked capacity to make their own decisions. We saw that where there had been concerns about a person's capacity to make decisions, assessments had been carried out to identify which decisions people lacked capacity to make. Most staff we spoke with told us they had received training about the MCA. One member of staff told us they were waiting to attend training in this area.

Some people who lived at the home had been assessed as being deprived of their liberty. Applications had been made to the local authority to approve people's deprivation of liberty. At the time of our inspection two people had DoLS authorisations that had been approved.

People told us they enjoyed the meals provided. Comments from people about the food included, "The food is very good, in fact it's excellent," "The food's good you can have a full cooked breakfast" and, "I am having liver as I have especially asked for it." Throughout the inspection visit we saw people were provided with refreshments, including hot and cold drinks. We saw staff encouraged people to drink. People told us they were given plenty of fluids to keep them hydrated. One person said, "Staff will make me a cup of tea whenever I like."

People's dietary needs were met. The registered manager told us information on people's dietary needs was obtained when they moved to the service. People's views about meals was sought to ensure menus took account of people's preferred meal choices. Dietary requirements were detailed in people's care plans. For example, in one person's care plan it was written the person required assistance to cut their food due to arthritis. The registered manager and staff told us people's dietary needs and preferences were shared with the catering staff.

People received appropriate care and support for their health and social care needs. We saw external health and social care professionals were involved in people's care and people saw a range of other health professionals as appropriate. People told us their health care needs were met and the GP and other health care professionals were contacted as needed. One person said, "If I need to see a doctor I just ask one of the staff." Another person stated, "I have a chiropodist appointment every six weeks." Other people told us they had their eyes tested by an optician who visited them at Bramble Brook House.

Records seen demonstrated the registered manager and staff worked with relevant health care professionals to ensure people's needs were met. They also maintained professional contacts with relevant agencies such as the local authority, specialist health services and local medical centres. During the inspection we saw health care professionals visiting some people at the service.

## Is the service caring?

### Our findings

People and relatives told us that staff were kind and caring. One person said, "The staff are very good, they couldn't be any better." Another person said, "The staff are caring, they always ask if you are alright." Relative's comments included, "The staff working here are very caring" and, "The staff have been brilliant. They are caring and very kind."

There was a relaxed atmosphere at Bramble Brook House. During our two day visit we saw staff were caring and helpful. They approached people who lived at the home with respect, and in a kind and compassionate way. We observed care staff sitting with people in the communal areas. They interacted well with people whilst engaging in conversations with them.

People's privacy and dignity was respected and promoted. People told us staff treated them respect, and we saw people being treated with respect and their dignity maintained. Staff explained how they supported people with personal care if required and told us they knocked on people's bedroom doors before entering. We saw people were discretely prompted about their personal care needs. For example, when asking people if they needed to use the toilet, staff asked them quietly and discreetly. When people were supported to transfer using equipment such as a walking frame, staff ensured they provided the person with clear instructions. We heard a member of staff guiding a person to transfer from the arm chair into the wheelchair and they checked that the person was okay. This showed us staff treated people respectfully and with consideration.

We observed at the lunch time meal people were not offered a choice of drink. A person asked for a drink and was given lemonade by the member of staff. The member of staff did not offer the person a choice. We discussed this with the registered manager who confirmed they would take action to address this.

Relatives told us they were kept informed and involved in their family members care. One relative said, "We have been kept informed of any changes in the condition of [Name]." Another relative told us, "We are fully involved and know what's happening and they keep us up to date with everything."

People told us that they were supported to maintain relationships which were important to them. They said staff welcomed their visitors. Relatives we spoke with also confirmed this. People told us there were no restrictions placed on visiting times.

## Is the service responsive?

### Our findings

People told us that they received the support they needed and staff asked them how they would like to be cared for. One person said they were actively involved in decisions about their care. They said they were happy with the care they had received. Relatives confirmed staff discussed their family members care with them, and contacted them if there were any concerns relating to their care. One relative said, "We have been very pleased with the care [Name] has received. [Name] has been kept comfortable by the staff and they have checked to see we have been okay."

People's care needs were assessed prior to living at Bramble Brook House. The care plans included information about people's life history, preferences, as well as their health needs. From the care plans we reviewed we could see the care and support provided was responsive to people's needs. For example one person told us staff supported them to follow their preferred routines. This person said "I like to have a bath once a week with the support of a female carer." Another person told us they enjoyed gardening and stated, "I enjoy gardening; the staff have assembled a greenhouse which I will be using." People's changing needs were assessed and care plans updated. Relatives told us they had been involved in planning and reviewing the care their family member received. We saw staff talking to people asking them if they were okay and whether they needed anything. We saw one person wanted their lunch in the lounge, which the registered manager arranged. We observed the registered manager went back to the person to see if they needed anything. One member of staff said, "We work really hard as a team providing person centred care, making sure people get the care and support they need."

The registered manager and staff, told us people's changing needs were communicated to staff during the staff 'handover meeting', which took place at the start of each shift. This was so the new staff shift would know if people's needs had changed since they were last on duty. For example, one person was coming towards the end of their life and the registered manager arranged for staff to be with the person at all times.

Care staff supported people to pursue hobbies and interests. People told us they decided how and where they wished to spend their time. We saw people sitting in different communal areas. One person said, "I can please myself as to what I do, I enjoy reading. We do have entertainment options if you wish to participate. There was a vintage tea afternoon, which was very nice and I enjoyed it." Another person told us they had helped staff set up the home's library. People told us daily newspapers were delivered to the service which they read. We were told by some people and relatives about the vintage tea afternoon and a Caribbean themed event which staff organised. During the inspection we saw a care worker playing a board game with a person, some people watched television, some people were sleeping and other people had visitors. We also saw people took part in a karaoke session with staff. We were shown pictures of past events and told an 'Asian' Theme evening was due to take place. The registered manager showed us a sensory room which was created to provide people with a relaxing space, which could be used by people using the service and their representatives. A newsletter was produced by the provider for the people who lived at the home, and their representatives, informing people of any forthcoming events. The registered manager told us a 'resident's forum meeting' took place which gave people and their representatives an opportunity to make suggestions for activities at the service. One person told us they enjoyed an external entertainment act, which the

managed arranged.

We saw photographs of the staff working at the service and the registered manager were displayed in the reception area of the home. This ensured people using the service and visitors could identify who the management and staff were.

People we spoke knew who to talk to if they had any concerns and were aware of the complaints procedure which was displayed at the service. They told us that they felt they could approach any member of the management team and were confident that they would be listened to. One person said, "If I had any concerns I would go down to the office and have a word." Another person told us, "I have no concerns, I am quite happy." Relatives told us that they were confident the registered manager would respond to any concerns they may have.

The registered manager told us no complaints had been received during the last 12 months. The complaints procedure did not contain details of the Local Government Ombudsman. This is the authority a complainant could escalate their complaint to if they were dissatisfied with the outcome of their complaint by the provider. Staff told us they were aware of the complaints procedure and if anyone raised any concerns they would report it to the manager or office staff.

## Is the service well-led?

### Our findings

People and relatives were positive about the registered manager and told us the service was well managed. One person said, "It's a well-run home, [Name] is approachable." A relative stated "[Name] does her best; she has made some changes since being at the service. For example there is a sensory room."

The registered manager had been in post since 2015. They encouraged people who used the service and staff to share their views about the service and had an 'open door' policy, which meant they were available to listen to people and staff's views. The registered manager had support from a senior manager, assistant manager as well as the staff team at Bramble Brook House.

Staff we spoke with told us that the service was well run and managed by the registered manager. They told us the management team were approachable and spoke positively about the registered manager who they found supportive. One member of staff told us, "Since [Name] has been here things are a lot better." Another member of staff said "[Name] is very supportive." Staff told us they all worked well together.

Staff were provided with support through individual supervisions and staff meetings. Staff meeting minutes showed a range of topics were discussed. This included people's care and wellbeing, and work practices such as a new rota system. Staff told us they were able to give their views about the service provided and ways to explore how the service could be improved or developed.

The registered manager told us they had links with the community in the local area such as a school who visited the service to perform Christmas carols.

We looked at the quality monitoring systems the provider had in place. These included audits of medicines, care records and staff files. Where improvements were identified actions had been put in place. However the provider's medication audit was not robust as they had not identified the issues regarding the prescribed creams stored in the medicines fridge. The registered manager told us that they had systems to receive feedback about the service provided. For example, surveys were sent out to people quarterly. Responses were sent to a central team so that feedback could be analysed impartially. Each quarter, a different topic was covered, for instance, complaints. We were told that where feedback identified any areas which required improvement the registered manager was required to take action to address the shortfall. The provider also obtained feedback from people from resident and relative meetings. The registered manager told us about a 'residents communication box,' which they had recently introduced so that people could use to make suggestions or raise concerns. For example we were told by the registered manager one person wanted to speak with her about an issue in private. The registered manager confirmed this took place.

The local authorities' health and safety officer undertook medication audits and health and safety checks. The registered manager confirmed the recommendations made had been addressed, which included carrying out weekly controlled drugs (CD) audits. At the inspection visit we saw weekly CD audits were taking place. The quality monitoring team also from the local authority carried out a quality review during May 2016, which identified some areas requiring improvement. For example the laundry room was not kept

locked, at this inspection visit we saw a key code pad had been fitted to the door, allowing authorised access only. The registered manager told us they had addressed all areas which required action.