

Anthony Eric Barnes

# The Brambles

## Inspection report

The Brambles 104 Station Road  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The Brambles is registered to provide accommodation and non-nursing care for up to four people. At the time of this inspection there were four people living in the home who had a learning disability. Each person had their own bedroom in the bungalow. There was a communal kitchen, dining room and lounge for people and their visitors to use.

This unannounced inspection took place on 4 February 2016.

The registered provider also manages the service which means there is no requirement to have a separate registered manager.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was not acting in accordance with the requirements of the MCA including the DoLS. The provider could demonstrate how they supported people to make decisions about their care but not how the requirements of the MCA were being followed. Where people were unable to do so, there were no records showing that decisions were being taken in their best interests. This also meant that people were potentially being deprived of their liberty without the protection of the law.

Staff knew what actions to take if they thought that anyone had been harmed in any way.

Staff confirmed and we saw that there were enough staff available to meet people's needs. The recruitment process was followed to ensure that people were only employed after satisfactory checks had been carried out. Staff received the training they required to meet people's needs and confirmed that they felt supported in their roles.

Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. People were supported by staff when they were admitted to hospital. People received their medication as prescribed. Medication was stored securely.

People were provided with a choice of food and drink that they enjoyed. Staff supported people to maintain their interests and their links with the local community to promote social inclusion.

Care plans and risk assessments gave staff the information they required to meet people's care and support needs.

There was a complaints procedure in place and people's relatives felt confident to raise any concerns either

with the staff or the registered provider.

The registered provider obtained the views from the relatives of people living in the home and staff about the quality of the service and took action when improvements were identified.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Good ●

The service was safe

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Risks to people had been assessed and reduced where possible.

People received their medication as prescribed. Medication was stored securely.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. This meant that people's rights were potentially not being promoted or protected.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind and caring.

People's rights to privacy and dignity were valued.

### Is the service responsive?

Good ●

The service was responsive.

Staff supported people to maintain their interests and their links

with the local community to promote social inclusion.

People's care and support needs were planned and evaluated to ensure they met their current needs.

There was a system in place to receive and manage people's compliments, suggestions or complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

Staff felt confident to discuss any concerns they had with the registered provider and were confident to question colleagues' practice if they needed to.

The service had an open culture and welcomed ideas for improvement.

Audits and actions plans ensured that the quality of the service provided was being constantly reviewed and acted upon.

# 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 4 February 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local authority commissioners and healthcare professionals that had contact with the service to obtain their views about the service.

During our inspection we spoke with two relatives of people living at The Brambles, one support worker and the registered provider. We looked at the care records for two people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). Because the people living at The Brambles could not verbally communicate with us we observed how the staff supported people in the communal areas. Observations are a way of helping us understand the experience of people living in the home.

# Is the service safe?

## Our findings

The relative of one person told us, "I know [name of relative] is safe because the staff give him security in the way that they care for him."

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential abuse. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Information about how to raise a safeguarding concern was visible on a noticeboard in the home for people and their visitors to refer to.

Assessments had been undertaken by a staff member trained to do so. Any risks to the person and to the staff supporting them were assessed. The risk assessments included information about the action to be taken to minimise the chance of harm occurring. For example, a risk assessment was in place to reduce the risk of harm to a person when staff supported them to transfer from their bed to a wheelchair. Staff told us that the equipment used to help move people had been renewed to make moving and handling transfers easier.

We saw that there were a sufficient number of staff working on shift. Staff had time to sit and talk to people and engage them in activities. The relatives of people living at The Brambles told us that there was enough staff on shift to meet their relatives care and support needs in a timely manner. The registered provider told us and staff confirmed that when extra staff were needed this had been arranged. For example, one person had recently been admitted to hospital. The registered provider ensured that staffing levels remained the same in the home but that they also provided staff support to the person in hospital.

No new staff had been recruited since the previous inspection. However the registered provider explained the robust recruitment procedure that would be followed if they needed to recruit new staff. Staff confirmed that the recruitment procedure had been adhered to when they were appointed. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in home.

Staff told us and records confirmed that they had completed administration of medication training. The registered provider stated that they were introducing an annual competency assessment to ensure staff were following the correct procedures when administering medication. The registered provider had also arranged for the supplying pharmacy to undertake an audit of the homes medication administration, policy and procedures to ensure that they were complying with best practice guidance. The records of medication administered were accurate and showed that people were receiving their medication as prescribed.

The registered provider stated that practical fire drills would be too distressing for the people living at The Brambles. Scenarios had been talked through with all of the staff to see what action would be taken. We noted that fire drills had been carried out regularly and that there were contingency plans in place for any foreseeable emergencies that may occur.

## Is the service effective?

### Our findings

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).

The registered provider recognised that they needed to understand in greater detail how the MCA should be applied to people living at The Brambles. Capacity assessments, best interest decisions and DoLS applications needed to be completed to make sure that people were not unlawfully deprived of their liberty.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Observations showed staff treated people with empathy and respect and tried to involve them in making decisions. For example, although one person could not verbally ask to go to their bedroom the staff member knew from their behaviour that they wanted to spend time on their bed

Staff told us that the training programme equipped them for their roles. New staff completed a thorough induction. The training record showed that most staff were either up to date with their mandatory training, or this training was scheduled to take place. There was evidence that staff had the opportunity to undertake additional relevant training from time to time.

Staff told us that they felt supported. They said that although they didn't always receive formal supervisions they regularly worked with the registered provider and discussed any issues with them. Team meetings had not been held regularly. Staff felt these would be beneficial for sharing information and ideas amongst the team.

We saw that lunch time was a pleasant and relaxed experience. Staff offered support when it was needed; this was done in a respectful manner and without rushing people. Staff demonstrated to us a knowledge of people's special dietary needs and any food and drink preferences. Although people could not verbally choose what they would like to eat when planning the menu, information about what they had previously enjoyed was taken into consideration by staff. If people did not want to eat the main menu choice, other options were then offered. The relative of one person told us they often joined their family member for meals and stated that, "It's like going home to mum's cooking."



The records showed that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. Each person also had a hospital passport in place which included important information to take with them if they were admitted to hospital. The registered provider told us that he had also worked with the local hospital to provide a one page summary on the hospital passport so that staff had quick access to the information they needed in an emergency. We saw that one person's care plan had been updated by staff and now provided detailed information in response to trying to prevent them from becoming ill again. This meant that people had the support they needed to maintain their health.

## Is the service caring?

### Our findings

People's relatives that we talked with were complimentary about the staff. One relative said, "They (the staff) are lovely. The look on (name of relative) face is a look of happiness, that makes me feel happy too." Another person told us, "The staff are absolutely wonderful."

One member of staff said, "I would never do anything because it's easier for me, it has to be for the persons benefit not mine." They also told us, "It's just like an extended family."

One healthcare professional who has worked with people living at The Brambles for several years told us, "I have always without exception found the manager to be putting the needs of the people at the centre of all decision making. On visits to The Brambles the manager and the support staff are warm and welcoming. It is clear that the care given is of very high quality. For this reason we ask that our student nurses visits The Brambles as an example of good practice in East Cambs. This request is always accommodated."

The registered provider showed us the home's quality assurance report. The report highlighted what the home does well. It stated, "Having a person centred culture that encourages and promotes the importance of respect, dignity, privacy and choice." We saw this taking place during the inspection. For example, staff referred to people by the preferred names, knocked on bedroom and toilet doors before entering and ensured personal care was carried out in private.

One member of staff told us that they always explained what they are going to do next when assisting people with personal care. They also explained that they had tried things for themselves such as how cold the cleansing foam was. This was so that they could explain this to people they were supporting who used this. Staff also told us that people could choose what time they went to bed and got up in the morning (unless they had to be somewhere at a certain time).

Staff were highly motivated and told us they really enjoyed working at The Brambles. They could tell us about people's life histories, their preferences and what made them happy. Although the people living at The Brambles were non-verbal the staff were observed to understand what people wanted by their facial expressions and body language. This demonstrated to us that they had taken the time to get to know people they assisted well.

We observed kind and caring interactions between staff and people who lived at The Brambles. We noted that the atmosphere in the home was warm and welcoming. Staff demonstrated to us an understanding of how to meet people's needs. We saw that staff spoke about and behaved with empathy towards the people they were assisting.

Support plans had been written in a way that promoted people's privacy, dignity and independence. For example, one person's personal care plan stated, "Be sensitive, discreet and recognise (name of person) dignity and privacy. Be patient if (name of person) becomes agitated or upset, step back, give them time and

keep calm." This guidance prompted staff on how people wished to be supported.

We saw that staff encouraged people to maintain relationships with their relatives. The registered provider gave us an example of when one person had been admitted to hospital' not only did they provide staff to be with the person, they also collected the person's mother each day and took them to the hospital to be with their relative. One relative told us, "When I visit it's so relaxed, it's just like I'm in my own home. I can go and put the kettle on and can visit whenever I want to."

The registered provider stated that although no one was using advocacy services at the time of the inspection, information was available about advocacy services if they needed it. One person did have a befriender who they said they enjoyed spending time with. A befriender is a volunteer who meets up with the person to assist them with activities they enjoy.

## Is the service responsive?

### Our findings

Staff were able to tell us how they supported people to make choices. As people could not verbally tell the staff their choices they found other ways of doing this. For example, staff told us that one person would only lift their legs to put their trousers on when it was the pair they wanted to wear that day. This showed us that people could make choices about things that affected them.

A healthcare professional who had visited the home told us, "At times the manager has made arrangements to discuss issues, (for example quality of life versus potential side effects of anticonvulsant medication) with the person's family to ensure that all views are taken into consideration."

Support plans were in place for each person which included information about what areas of their lives people needed assistance with. The sample of support plans we looked at were detailed and included the information that staff required so that they knew how to meet people's individual needs. For example, one person's care plan included information about what help they needed with getting dressed. It prompted staff that when they showed the person their socks they would move their feet up to help. The support plan's included information about people's personal history, likes and dislikes and interests. People's relatives told us that they had been involved in their care plans and agreed with what had been written. One member of staff reviewed each care plan and people's daily notes on a monthly basis. Some areas of the support plans needed updating to ensure that the information was current. However, staff were able to tell us what the current information was and how this had been communicated to all the staff.

Staff told us that their people's family and friends could visit at any time. Staff also explained that they regularly provided the transport so that people could go and visit their relatives. We saw that people's relatives were regularly invited to eat meals with people. This meant that people were encouraged to maintain relationships with people that mattered to them.

Staff helped people to plan and co-ordinate activities according to their interests. Staff told us that two people enjoyed attending local day centres and another person enjoyed going into the town for drinks and meals. People had got to know other local people and were welcomed in local cafes and greeted by their names when they were out for a walk. Other activities included swimming, shopping, coffee morning at a local chapel to promote social inclusion. We saw that staff communicated with people well and did not miss opportunities for engagement.

People's relatives told us they were aware of how to make a complaint and were confident they could express any concerns. A complaints procedure was displayed in the home. Staff were aware of the procedures to follow if anyone raised any concerns with them. No complaints had been received since the previous inspection.

## Is the service well-led?

### Our findings

There was a positive culture within the service, the registered provider provided strong leadership and led by example. The registered provider had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and eagerness and this showed in the way they cared for people. Individualised care was central to the home's philosophy and staff demonstrated their understanding of this by talking to us about how they met people's care and support needs.

The registered provider had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC when needed.

The registered provider told us that they regularly monitored the staff training records to ensure that staff had the knowledge and skills they required. They also stated that if staff requested any extra training then it would be provided. The registered provider also said that they regularly worked with all of the staff team so that they could monitor the quality of their work and feedback any positive issues or any areas where development was needed. However, these checks were not formally recorded.

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy.

There was an effective quality monitoring process in place. The registered provider had assessed the quality of the service being provided using the same assessment areas as CQC. The assessment and action plans were detailed and highlighted the areas where improvements were needed and what The Brambles had done well. The registered provider worked closely with people's relatives and regularly asked them for feedback on the service. People's care plans and their experiences each month were looked at and summarised by a support worker. This report was then reviewed by the registered provider to see if the person needed any extra support. For example, the report was reviewed to ensure that people were accessing the activities that they enjoyed.

People were supported to maintain their links with the local community to promote social inclusion. We saw that people used the facilities in the local community regularly such as shops, pubs and banks.

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 did not take formal enforcement action at this stage. 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 11 HSCA RA Regulations 2014 Need for consent</p> <p>People were not protected against the risks associated with a lack of consent, application of the Mental Capacity Act 2005 and associated code of practice.</p>