

Dimensions Somerset Sev Limited

Dimensions Somerset The Brambles

Inspection report

The Brambles Six Acres Close
Roman Road
Taunton
Somerset
TA1 2BD

Tel: 01823334039

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dimensions Somerset The Brambles is a residential care home providing personal care for up to seven people who have a learning disability, physical disability or autism. There were seven people living at the home when we visited.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People were supported by enough staff to ensure their safety. When staffing levels were reduced, people were safe but their care and/or activities could be affected. Relatives did express some concern about the impact lower staffing levels had and the use of temporary staff. Staff recruitment was ongoing.

People were safe at the home. They were comfortable and relaxed with the staff who supported them. Relatives thought the home was a safe place for their family members to live. Staff knew how to recognise and report concerns about possible abuse.

People were supported to have meals of their choice. We observed very good mealtime interaction and support provided by staff.

Risk assessments were used to ensure people received safe care and support according to their individual needs. Risks to people's physical health had been considered and planned for.

People received their medicines safely and at the right time. People were protected from catching and spreading infections.

People lived in a home which was well-organised, with clear lines of responsibility and accountability. There was honesty and accountability when things went wrong.

There was a clear structure within the staff team ensuring staff understood their own roles and responsibilities. Relatives and staff had high confidence in the management team.

Audits, surveys and observations were used to try to improve the care and facilities for people; where shortfalls were identified action was taken to make sure improvements were made. There was a clear, up to date improvement plan for the service. There was good support from senior staff within the organisation to help improve the service and develop new initiatives.

Staff training, support and teamwork were good. We saw staff were positive and engaged with people, treating them with kindness, dignity and respect.

Staff worked in partnership with other professionals, such as speech and language therapists and GPs to make sure people's individual needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were seen as individuals and were well supported so they could lead fulfilling lives. Staff treated each person with dignity, respect and respected their abilities, choices and human rights.

Right Support: The Brambles is a small care home, based in the community. People had their own rooms but also shared communal areas so people could spend time together. Most people had lived at the service for many years and saw the service as their home. People were supported to make choices, be involved in 'home life' and to take risks.

Right Care: People received personalised care, although staffing shortages could impact on the choices people had and in quality and consistency of care. There was a reliance on temporary staff, although staff recruitment was ongoing.

Right culture: The registered manager led by example. There was a positive culture at the service. Staff were committed to the provider's values, aims and objectives. People, staff and relatives were involved in the running of the home. Ideas for improvement were welcomed and incorporated in the home's development plan. There was an honesty and openness about things which needed to improve.

Rating at last inspection

The last rating for this service was good (published 2 August 2018).

Why we inspected

This inspection was in response to a serious safeguarding incident, to examine the learning from the incident and to check people were currently safe. As a result, we undertook a focused inspection to review the key questions of 'Safe', 'Effective' and 'Well-Led' only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has not changed and remains good.

We found no evidence during this inspection that people were at risk of harm from these concerns. However, it was evident that it was a very difficult time for people and staff as the investigation into the serious safeguarding incident was still ongoing, so learning from the incident was not yet complete.

We looked at infection prevention and control measures under the 'Safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions Somerset The Brambles on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Dimensions Somerset The Brambles

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two adult social care inspectors, one pharmacy inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. Two adult social care inspectors visited on both days of the inspection and were joined by the pharmacy inspector on the first day. The Expert by Experience made phone calls to relatives of people who lived at the home to ask their views. They spoke with four relatives.

Service and service type

The Brambles is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

The first day of this inspection was unannounced. We arranged to visit for a second day as the registered manager was not working in the home on the first day we visited.

What we did before the inspection

We met remotely with the provider's nominated individual (the person legally responsible for the safety and quality of the service) and with staff from the local authority safeguarding team. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the other information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We met six people who lived at the home and had limited conversations and interaction with four people. We spent time observing how staff supported, interacted and communicated with people. We spoke with five members of care staff (including agency staff), the registered manager and with the provider's performance coach who was supporting developments in the home.

We reviewed some records. This included five medication records, five people's care plans and risk assessments, staff rotas and some health and safety checks.

After the inspection

We asked the registered manager to send us further information. This included the most recent quality assurance audit, the current improvement plan for the service, staff training and supervision information, staff meeting minutes, health and safety reports and an analysis of accidents and incidents which had occurred in the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Overall, we found people were safe at the home. The provider had systems to make sure staff knew how to recognise and report concerns about possible abuse. The registered manager reported concerns to the appropriate agencies. They ensured investigations were carried out and co-operated fully with investigations being conducted by other agencies, such as the police or local authority safeguarding team.
- People's relatives thought the home was a safe place for their family members to live. It had been a worrying time recently, but they told us they had been updated and reassured following the recent serious incident which had occurred. Comments included: "[Staff try] their utmost to keep people as safe as they can", "I understand that my relative is safe" and "I was contacted about the [recent] incident. The nominated individual [name] has been excellent in communicating this to families. My relative is safe, happy living their life."
- Staff had received safeguarding training. All staff spoken with said the safety of people was very important to them. Staff were aware of their responsibilities in relation to people's safety and were confident that action would be taken if they reported concerns to keep people safe. One member of staff said, "I have no concerns about safety."
- People were comfortable and relaxed with the staff who supported them. We saw people engaging and interacting with staff and were happy to be supported by them on both days we visited.

Learning lessons when things go wrong

- The registered manager and the provider monitored incidents and accidents at the home and took action to prevent recurrence. There was an audit which looked at patterns and trends to ensure improvements were made where possible.
- There had been a focus on learning from the recent safeguarding incident, although the full learning could only be completed once the ongoing investigation had ended and outcome shared. Security of the premises had been improved; clear records were kept of who was entering or leaving the home. The provider had also started work with staff to ensure people's daily records were significantly improved. This had been an area of concern highlighted by the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risk assessments were used to ensure people received safe care and support according to their individual needs.
- Risks to people's physical health had been considered and planned for. For example, where people were at risk of choking or had an allergy to certain foods staff knew this and what was safe for people to eat or drink. One relative told us, "The staff are switched on regarding [name's] diet. [Name] needs a [special] diet which the doctor advised and they [staff] are very careful with this."

- Environmental risks to people were minimised because an appropriate risk assessment had been carried out, to help to keep people safe around the building.
- People were supported using equipment which was regularly checked and serviced. There were regular internal checks on equipment such as hoists and fire detecting equipment. Outside contractors carried out servicing and maintenance on a regular basis. This helped to ensure equipment was safe for people and staff to use.

Staffing and recruitment

- Overall, we found there was consistent staffing. There was a mix of permanent, bank and regular agency staff who supported people. Staff were allocated their specific duties each day at the handover meeting when their shift began. A new daily planner had recently been introduced so staff knew who they were to provide care for and other tasks they needed to complete. Staff told us they liked the planner and it was generally working well; they had suggested a few minor improvements which were being acted upon.
- People were cared for by staff who had undergone a thorough recruitment process. Recruitment had not changed since the last inspection. This was handled centrally by the provider's human resources team. They ensured staff did not commence work at the home until references and checks had been carried out to ensure new staff were suitable to support vulnerable people.
- New permanent staff had a thorough induction to enable them to understand people's needs and the routines of the home. One staff member told us, "Yes my induction covered everything I needed, including online training and two weeks shadowing experienced staff."
- There were enough staff to keep people safe. There were three full time vacancies in the staff team who worked during the day and two vacancies for night staff. Recruitment was ongoing but was difficult in the current employment climate. Therefore, when staffing levels fell to minimum levels, people were safe but their overall care or activities could be affected. One staff member said, "Staffing is difficult at the moment, often running on minimum numbers. Today I was meant to be taking two people Christmas shopping but due to staff sickness this is cancelled so we will complete Christmas crafts at home instead."
- Relatives said they were worried about staffing, but felt the registered manager did their best to ensure there were enough staff and there was consistency. One relative said, "The staff are pretty good but they are having problems with recruitment." Other comments included: "I think there are enough staff, but they are [sometimes] running on bare minimum staff" and "The staff numbers could be better. My relative is safe though."
- Staff recruitment was ongoing, although the registered manager said it was difficult to attract new staff in the current climate. The registered manager was working with commissioners to have some people's staffing levels increased due to their changing care needs.

Using medicines safely

- People's medicines were looked after and managed safely. Records showed they were given in the way prescribed for them.
- If medicines were prescribed 'when required' there were protocols in place to guide staff when it would be appropriate to give a dose. Staff were aware of the 'STOMP' initiative (to stop over medication of people with a learning disability, autism or both).
- Medicines were stored securely. Most people's medicines were kept in their rooms in locked cupboards, with access only by authorised staff.
- Some people's medicines were administered with food or yogurt. If this was for covert administration (without people's knowledge or consent) then we saw mental capacity assessments and 'best interest' decisions had been taken. We were told that this was checked with the pharmacy to make sure these medicines could be given in this way, but this was not always documented in people's records.
- Staff received training in safe medicines management and had been checked to make sure they gave

medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were involved in planning their care as much as they were able to be. Relatives were consulted and told us their views were listened to. One relative said, "They respect the information we give them."
- Most people had lived at the home for many years. Each person had a care plan. These were detailed and contained lots of information about people's physical and emotional needs and also their likes, dislikes and what was important to them. This helped staff to provide care which was personalised to each individual.
- We saw people received care and support in line with their needs and wishes. Agency staff spoken with told us they had not always read people's care plans and risk assessments. Staff had shown them how to care for people and these staff did not work on their own. One agency staff member who had worked at the home for several months said, "Not got around to reading everyone's care plans and risk assessments. Not brought out to show me. Not had a chance to read as always so busy." This was discussed with the registered manager who took immediate action to improve this.

Staff support: induction, training, skills and experience

- People had a range of needs including communication, mobility, healthcare and personal care needs. There were risks associated with people's care so it was important for staff to have a good understanding of each person's needs and abilities.
- Staff worked hard to provide good, consistent care to people but told us lower staffing levels could affect people's care and choices at times. Due to staff vacancies, there was a reliance on temporary staff, either the provider's own relief staff or staff provided by care agencies.
- Relatives did express some concern about the impact lower staffing levels had and the use of temporary staff. One relative said, "[A vehicle] rarely gets used because of staff availability. They are struggling to get staff." Another relative told us, "The staff will say to us "there are only three of us on". There are enough staff most of the time, but staff numbers could be better."
- People were supported by staff who had received a thorough induction when they started working at the home (other than some agency staff not always reading people's care plans, which they were expected to do by the registered manager).
- Staff received training to help them to provide good quality care, in line with up to date guidance and legislation. Staff also had regular supervision meetings and one annual appraisal each year to support them in their role and professional development. Staff told us they felt well trained and well supported.
- There were regular team meetings and handovers when staff started their shift so they could share information and be kept up to date with any changes in people's health or in their care needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People had their nutritional needs assessed and met. Where people required a specific diet, this was catered for.
- People were supported to choose what they had to eat and drink. We saw people used different ways to make choices; staff were patient and supportive. One relative said, "The use of pictures helps [name] to choose what they want to eat and drink." Another relative told us, "There is a good variety of food."
- People received the help and support they required to eat well. For example, one member of staff sat with a person who needed support. They were kind and patient and sat with the person through the whole meal. Another member of staff used verbal encouragement with one person, often reminding them what was on their plate. and this resulted in them eating their meal.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were well supported with their health care. They had a wide range of healthcare needs. One relative said, "[Name] has physical problems. They have just started to go to the gym again once a week. They are doing minimal upper body exercise before doing their legs as well. We are waiting for the report from the specialist." Another relative told us, "[Name] had a GP review [and the changes they suggested] seem to be working."
- People saw a range of healthcare professionals according to their individual needs, such as GPs, speech and language therapists, epilepsy specialists and occupational therapists.
- The staff worked closely with each professional to make sure people received the care and treatment they needed.

Adapting service, design, decoration to meet people's needs

- People lived in an environment which was being improved. There were plans in place to redecorate communal areas as these were looking tired, with lots of signs of wear and tear and wallpaper missing in places. Redecoration work started on the second day we visited.
- Relatives thought the environment needed improvement. Comments included: "The building [name] lives in is secure, but the state of the garden has gone downhill. The building is run down and not great now" and "The garden was lovely but is now badly neglected. Some of it has been cleared but it doesn't have regular maintenance."
- People moved around the home independently. There were adaptations to promote people's independence, such as wide corridors, clear signage and assisted bathing facilities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People were asked for their consent before staff assisted them. For example, we saw staff asking people if they needed any help and asking for their consent before providing care.
- People were encouraged and supported to make their own decisions wherever possible. We saw staff gave people time to make choices, using the communication method which best suited them.
- People were able to say "no" or make unwise decisions, in line with their human rights. One relative said, "[Name] needs to have regular tests but does refuse to have them. The GP therefore offers guidance, is very sensible and switched on [about how to manage this person's condition]."
- Staff knew how to help people to make decisions if they did not have the capacity to make a decision for themselves. When a person lacked capacity to make a decision, a best interest decision was made on their behalf. For example, one person's care plan contained information regarding an assessment and best interest decision regarding them having regular testing for COVID 19.
- The registered manager had made applications for people to be deprived of their liberty where they needed this level of protection to keep them safe.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home which was well run, well-organised, with clear lines of responsibility and accountability. The registered manager was dedicated and passionate about providing the best care and support they could for people and in supporting the staff team. They were supported by a deputy manager and by other senior staff from the organisation.
- Relatives we spoke with had a high level of confidence in the management of the home and in the provider. They all spoke particularly highly of the registered manager. Comments included: "I think [name] is a good manager. She really cares about the people and wants the best for them", "I think they are a good manager. They take things personally when things go wrong" and "Things have improved since [name] took over. She works very hard on our behalf."
- There was a clear structure within the staff team ensuring staff understood their own roles and responsibilities. Staff had confidence in the management of the home. One staff member said, "Yes, we can always go to [the deputy manager] or [the registered manager]; they are the most supportive managers I have known. They will go above and beyond." Another staff member told us, "[The registered manager] is fantastic, always making sure we are ok."
- The registered manager was clear about their role and regulatory requirements. They communicated with us and with other agencies when necessary. They also notified relevant bodies of significant incidents which happened in the home.
- People lived in a home where the provider used audits, complaints, compliments and observations to try to continually improve the care and facilities for people. Regular audits were carried out and where shortfalls were identified action was taken to make sure improvements were made.
- There was a clear, up to date improvement plan for the service. This showed which improvements had been completed, those in progress and those still to be done. There were timescales set for improvements and who was responsible for ensuring they were completed. For example, communal areas of the home needed to be redecorated as they looked 'very tired'. This work had already been planned and started on the second day we visited.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were well cared for and were comfortable at the home. Most people had lived at the home for many years.
- Relatives said they were happy with the care their family member received. Each felt involved as much as

they wished to be and their views were listened to. Comments included: "[Name] has lived here since they were aged 17, they are now 50. [Name] is fine and is happy here", "[Name] has been here since the early 1990's. I wouldn't want my relative to move" and "[Name] has lived here since 1993. On the whole, I am happy."

- Staff told us morale and teamwork were good. It had been a very difficult time recently (following the serious incident), but the support they had received had been good and the team had 'pulled together'. We saw staff were positive, energetic and engaged with people, treating them with kindness, dignity and respect. One staff member said, "Everyone is still upbeat and positive. We all have the same attitude; the main reason here is to support the guys to lead a good life." Another staff member told us, "I love it at The Brambles. The team are really supportive; we all support each other."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider acted in a transparent way. When audits highlighted shortfalls in the quality of the service or when things went wrong, the provider shared their findings and the action they were taking to make improvements.
- The registered manager and the provider's nominated individual had told people about the recent serious incident and offered both an apology and reassurance to people and their relatives.
- Staff described the registered manager and deputy manager as very open and approachable. Staff said they would be comfortable to raise concerns or share their views. One staff member said, "The office door is always open; never felt so much of a team as I feel [here]."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People living at the home had communication difficulties. Some people were able to say if they were happy or not. We saw staff asked people about how they were feeling on both days we visited. Other people used non verbal communication or their physical responses to things so these were monitored closely by staff.
- The registered manager was in regular contact with relatives so they felt involved and were able to share their views. If they suggested changes or improvements to their family member's care, they were acted on. One relative said, "I asked the registered manager that no male agency staff were to work with my relative. They agreed to this readily and understood our point of view." Another relative told us, "The manager keeps in touch quite regularly with us to give updates; communication is ten times better than previous managers."
- Regular staff meetings and one to one supervision meetings with staff were held to share information and ensure staff had opportunities to discuss their work and share their ideas. One staff member said, "We constantly get praise and feedback here."
- The staff worked in partnership with other professionals, such as speech and language therapists and GPs to make sure people's individual needs were met.