

Bramlings Limited

Brambling Lodge

Inspection report

48 Eythorne Road
Shepherdswell
Dover
Kent
CT15 7PG

Tel: 01304830775

Website: www.abodecarehomes.co.uk

Date of inspection visit:
08 July 2019

Date of publication:
22 July 2019

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

About the service

Brambling Lodge is a residential care home providing personal care to 25 older people who were living with dementia at the time of the inspection. Brambling Lodge can support up to 27 people in one adapted building.

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

People appeared to be happy and feel safe living at the service. Relatives told us they thought their loved ones were supported to remain as safe as possible. Potential risks to people's health, welfare and safety had been assessed and there was guidance in place to reduce risks.

Accidents and incidents had been recorded and analysed to identify patterns and trends to reduce the risk of them happening again. The registered manager and staff understood their responsibility to keep people safe from abuse and discrimination.

There were enough staff who had been recruited safely to meet people's needs. Staff received training, supervision and appraisal to develop their skills to support people in a person-centred way.

Medicines were managed safely. Staff monitored people's health and referred people to relevant healthcare professionals when required. Staff followed health professional guidance to keep people as healthy as possible.

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.

Each person had a care plan that contained detailed information about people's choices and preferences. The care plans had been reviewed regularly, where possible, people had been involved.

People met with the registered manager before they moved into the service to check that staff would be able to meet their needs. People were supported to eat a balanced diet, people had a choice of meals, people's preferences and dietary needs were catered for.

People were treated with dignity and respect. People were supported to be as independent as possible and express their views about the service. People's end of life wishes were recorded. Staff worked with the GP and district nurses to support people at the end of their life.

There was an open and transparent culture within the service, people and staff were asked for their views and opinions about the service and these were acted on. There had been no formal complaints in the last year, relatives told us they knew how to complain. People received information in a way they could

understand.

The provider and registered manager completed checks and audits on the quality of the service and acted when shortfalls were found. The provider supported the registered manager and staff to improve their skills to continue to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Brambling Lodge

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the area manager, registered manager, deputy

manager, care workers, housekeeping manager and a housekeeper. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including checks and audits were reviewed.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider failed to consistently assess the risks to the health and safety of people receiving care and treatment. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Potential risks to people's health and welfare had been consistently assessed and there was detailed guidance in place for staff to mitigate the risk.
- Some people were living with epilepsy. There was guidance about how the seizures presented, how to keep the person safe during a seizure and when to call for medical assistance.
- When people were living with diabetes, staff had been trained to administer insulin and monitor people's blood sugar levels. There was guidance for staff about people's normal blood sugar levels, the signs and symptoms of high and low blood sugar and what action to take. Records showed that people's blood sugars had remained stable and received their insulin as prescribed.
- Some people were at risk of developing urine infections. There was guidance for staff about how to reduce the risk, the signs and symptoms to look for and action to take if an infection was suspected. The guidance included information about sepsis and septic shock and the action that should be taken immediately.
- When people were at risk of choking, there was guidance about how people's fluids should be thickened and what action to take if the person choked. During the inspection we observed staff preparing people's drinks following the guidance.
- Regular checks were completed on the environment and equipment used to make sure people remained safe.
- When shortfalls had been identified, action was taken to remedy the shortfalls. For example, following a fire audit, action had been taken to make the improvements required.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- Accidents were reviewed by the registered manager and an investigation form was completed. The registered manager looked at how the accident happened, if there was a pattern and the least restrictive way to reduce the risk of it happening again.
- We reviewed two records, the registered manager had discussed the use of bedrails with one person and referred another to the GP and falls clinic.

- Records showed that the accidents involving these people had reduced.

Using medicines safely

- People received their medicines when they needed them, medicines were managed safely.
- When medicine instructions were hand written, the instruction had been signed by two staff, to confirm it was correct.
- Medicines records had been completed accurately. Some people were prescribed medicines on an 'as and when' basis such as pain relief and medicines for anxiety. There was guidance in place for staff about when to give the medicine, how often and what to do if the medicine was not effective.
- Staff received training to administer medicines and their competencies were checked yearly.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We observed staff supporting people when needed, responding quickly to their needs. People we spoke with told us that staff supported them when they needed them.
- Staff told us there was enough staff to meet people's needs. The registered manager used a dependency tool to calculate how many staff were needed.
- Staff covered holidays and sickness to ensure people were supported by staff who knew them.
- Staff were recruited safely following the provider's policy.
- Checks had been completed to check staff were of good character to work with vulnerable people.

Systems and processes to safeguard people from abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware of how to recognise and report any concerns they may have. They were confident that the management team would act.
- The registered manager had discussed with the local safeguarding authority any concerns they may have. We reviewed records of safeguarding concerns that had been raised and the registered manager had taken appropriate action.

Preventing and controlling infection

- The service was clean and odour free. There was enough domestic staff to maintain the cleanliness of the service.
- Staff received infection control training and used personal protective equipment, such as gloves and aprons, when required.

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 Good. 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 met with the registered manager before moving into the service to make sure staff could meet their needs. Once the person moves into the service the assessment is reviewed to check that there have been no changes to people's needs since the initial assessment.
- The pre-admission assessment covered all aspects of people's lives including cultural, physical and social needs. There was information about people's protected characteristics under the Equalities Act 2010.
- People's needs were assessed using recognised tools to assess skin integrity and nutritional needs.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. Training was a mixture of online and face to face training.
- A wide range of topics were covered including moving and handling, first aid and safeguarding. Staff received training on how to support people with health conditions such as epilepsy and diabetes.
- New staff completed a competency based induction, this included working with more experienced staff to learn people's choices and preferences. Observations were completed to assess when staff were competent to work independently.
- Staff received regular supervisions and appraisals, the registered manager worked with staff to devise a personal development plan. Staff had identified specific training they wanted to complete. The registered manager had facilitated this including the activities co-ordinator who had completed a course in activities for people with dementia.

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

- People were supported to eat a balanced diet. People's dietary needs and preferences were met.
- People had access to snacks and drinks throughout the day. We observed people being offered a box of treats in the afternoon, including grapes, sweets and crisps, that they were able to pick up and eat easily.
- People had a choice of meals, we observed people eating the meal of their choice. When people did not want the meal choices they were able to order another meal. One person told us that they had asked for sandwiches and the ones they were given were lovely.
- When people required a pureed meal, this was provided and looked appetising, with each element being served separately.

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

- Staff monitored people's health, including their weight and referred them to relevant professionals when their health needs changed.

- Staff followed the guidance given by health professionals including thickening fluids and turning people to keep their skin healthy.
- People had access to the GP, optician and dentist who visited the service.
- People were supported to live as healthy lives as possible. People were encouraged to take part in activities such as chair exercises and playing ball games to keep as supple as possible.

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

- The building had been adapted to meet people's needs. The bathrooms had hoists to enable people to get in the bath.
- People could access the first floor by using the lift. The service was in the process of being refurbished, including decoration and new flooring. The corridors were now brighter and the flooring enabled people to use their walking aids easily.
- People's doors had their name and a picture of something important to them such as dogs or trains, to help people find their room.
- There were pictorial signs to show people where the bathroom and toilets were, other communal rooms such as the lounge did not. We discussed this with the registered manager who agreed that these rooms needed to have signs in place.
- People's rooms were personalised to reflect people's choices and preferences.

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.

- Some people had DoLS authorisations in place, the conditions on the DoLS were being met.
- Staff supported people to make decisions about how they spent their time and what to eat or wear. People's care plans contained guidance about how to support people to make decisions including using closed questions or offering only two choices at a time.
- When people were able to make their own decisions, staff respected their decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. Staff knew people's choices and preferences and supported people with these.
- Staff anticipated when people needed assistance, we observed staff discreetly asking people if they wanted to use the bathroom.
- Visitors were able to visit when they wanted, they told us that they were always made welcome. We observed staff making visitors drinks without having to ask how they liked it, one relative told us, 'There is always a cup of tea waiting for me.'
- Church services were held regularly at the service, people's different beliefs were supported, for example a Methodist minister had been contacted for one person.

Supporting people to express their views and be involved in making decisions about their care

- Where people were able to, they were encouraged to express their views about their care and support. Staff discussed with people's relatives about their choices and preferences before they came to live at the service and reflected this in their care and support.
- One person told us how they had discussed with staff where they wanted to sit during the day. They told us that when they suggested they did not want to sleep in their bed, the staff had supported them to find somewhere comfortable for them to sleep.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, staff knew how to support people to maintain their independence. People were given cutlery specific to their needs to help them eat independently, people used walking aids to move around the service independently.
- Staff knocked on people's doors and waited to be invited in. Relatives told us that staff respected their loved one's dignity.
- People's care records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection the provider failed to maintain accurate, complete and contemporaneous record in respect of each person. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Each person had a care plan that had been developed with them or their family, this included information about their life before they moved into the service.
- Staff knew people well including their choices and preferences and choices, likes and dislikes, and these were recorded in their care plan. People told us, staff supported them in the way they preferred.
- Care plans included information about when people liked to get up and go to bed, if they preferred a male or female carer and how they preferred to be supported with their personal hygiene.
- People's care plans were reviewed regularly with people or their family, changes were made when people's needs changed.
- People had access to activities they enjoyed. We observed people completing puzzles and colouring, chatting and laughing with staff and others.
- People took part in reminiscence groups, discussing their life and what they enjoyed. One discussion was about what Spring meant to them, people told staff seeing lambs in the fields was what they enjoyed most about Spring. Staff arranged a trip for people to go and see the sheep and their lambs in the local fields.
- Outside entertainment was arranged including singers, chair exercises and 'Zoolab'. There were photos of people enjoying these activities.
- People were supported to maintain relationships with people who were important to them. People were supported to use technology to speak and message their family.
- Staff organised afternoon teas for people and their families. People were able to spend time with their family in the dining room enjoying an 'old fashioned' afternoon tea of sandwiches and cakes. Families had commented how much they and the person had enjoyed spending the time together.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a format they could understand.
- The complaints policy and newsletter were available in pictorial format.
- Visual aids had been put onto the electronic hand held devices that staff used, to help with non-verbal communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, this was available in the main reception and in people's rooms. The policy was available in written and pictorial form.
- There had been no formal complaints since the last inspection. Relatives told us they were confident to approach the registered manager with any concerns they may have.
- During the inspection, we observed a relative discuss an issue with the registered manager. A solution was agreed, and the registered and deputy manager discussed how they would achieve this.
- The registered manager told us they were going to start recording the issues resolved immediately to be able to analyse any patterns or trends.

End of life care and support

- People were asked about their end of life wishes and when people or their families were happy to discuss, this was recorded.
- The service supported people at the end of their life, staff worked with other professionals such as the GP and district nurses to keep people comfortable.
- Staff made sure there was end of life medicines available as soon as someone was known to be approaching the end of their life.

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

At our last inspection, the provider had failed to complete effective audits, records were not always accurate and complete. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider completed monthly audits and employed a consultant to completed quarterly mock inspections to check the quality of the service. When shortfalls were identified, a plan was put in place to rectify the issue and this was checked at the next audit.
- The registered manager completed monthly audits and analysis on all areas of the service including medicines, care plans and recruitment. They produced a report and action plan, if needed, and this was checked the next month.
- The registered, deputy and housekeeping manager completed spot check audits at weekends, early morning or at night, to observe staff working.
- Records for each person were up to date and accurate.
- Services are required to inform the Care Quality Commission of important events that happen within the service. The registered manager had submitted notifications in an appropriate and timely manner in line with guidance.

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

- Staff promoted a person-centred approach to people's care and support. They discussed with people where possible and their families about how they wanted to be supported and involved them as much as possible in developing their care.
- Relatives told us that the service revolved around people and their needs. They believed that the service was well led and that the management team were working to make sure people were involved as much as possible.
- Relatives told us that staff knew how to support people in the way they preferred and responded to their needs rather than what they thought the person should do.

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

- There was an open and transparent culture within the service. The registered manager had an 'open door' policy, we observed people and relatives coming into the office for a chat.
- The registered manager knew people well and we observed people laughing and chatting with the registered manager.
- The registered manager told us how they kept families informed when incidents were being investigated. Records we reviewed showed that families and other agencies had been informed as soon as there were any developments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and other professionals were asked for their opinions of the service. The results of the recent quality assurance survey had been positive. However, small issues mentioned had been resolved, such as more gravy being requested.
- People and relatives were invited to attend regular meetings, where topics such as the menus and activities were discussed.
- Staff meetings were held where good practice was discussed and any changes that were being implemented. Staff achievements were recognised with yearly awards and staff were able to make suggestions.
- A suggestion box was available for anyone to put suggestions or complaints in. This was reviewed by the registered manager and appropriate action taken.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended local forums and received updates from national organisations to keep up to date.
- The registered manager had recently completed a course about leadership within the social care sector, run by the local council. They told us how they were using what they had learned to plan improvements within the service.
- The deputy manager was being supported to complete their management qualification, to develop their skills.
- The service worked with other agencies such as the local clinical commissioning group to improve staff skills and provide the support that people need.