Care Quality Commission

B.L.I.S.S. Residential Care Ltd

The Brambles

Inspection report

Beverley Close
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Hampshire
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Tel: 01256479556

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13 September 2016

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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 unannounced inspection of The Brambles took place on 12 and 13 September 2016. The home provides accommodation and support for up to six people who may have learning disabilities or autism. The primary aim at The Brambles is to support people to lead a full and active life within their local communities and continue with life-long learning and personal development. The home is a detached house, with a substantial rear garden, within a residential area, which has been furnished to meet individual needs.

We last inspected The Brambles on 30 September and 1 October 2015 and found the provider to be in breach of regulations in relation to staffing and good governance. We issued warning notices for the breaches of regulations. The provider was required to meet the regulations relating to the warning notices by 31 January 2016. During this inspection we found the provider had taken action to ensure the requirements of the regulations had been met.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had deregistered on 11 August 2016. A recently appointed home manager was currently responsible for the day to day running of the home. They had submitted an application to CQC to become the registered manager.

People were protected from abuse because staff were trained and understood the actions required to keep people safe. Staff had completed the provider's required safeguarding training and had access to guidance to help them identify abuse and respond appropriately if it occurred. Staff were able to demonstrate their role and responsibility to protect people.

Risks specific to each person had been identified, assessed, and actions implemented to protect them. Risks to people had been assessed in relation to their mobility, social activities and eating and drinking. Staff were able to demonstrate their knowledge of individual risk assessments and how they supported people in accordance with their risk management plans.

The home manager completed a daily staffing needs analysis to ensure there were always sufficient numbers of staff with the right skills mix and experience to keep people safe. We reviewed staff rotas between January 2016 and September 2016 which confirmed that people had been supported by sufficient numbers of suitable staff to keep people safe, in accordance with the staffing needs analysis, including times when increased staffing ratios were required.

Staff had undergone pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. Where DBS checks had raised concerns over candidates suitability these issues had been explored in depth by the

home manager and subject to risk assessments, to confirm they were suitable for employment.

People received their medicines safely, administered by staff who had completed safe management of medicines training and had their competency assessed annually by the home/registered manager. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects. Staff supporting people in the community ensured they took the person's prescribed emergency medicine in case they experienced a seizure, which was effectively recorded.

The provider's required staff training was up to date, including safeguarding people from abuse, moving and positioning, the Mental Capacity Act 2005, fire safety, food hygiene and infection control. This ensured staff understood how to meet people's support and care needs. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively. The provider had recognised that staff required further training to meet people's specific needs, for example; training in relation to autism, intensive interaction and Makaton language. Makaton is a language programme using signs and symbols to help people to communicate. Records and staff confirmed this training had been completed. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively.

Staff had received regular individual supervisions from their supervisors, and monthly group supervisions, where aspects of training were also refreshed. Bi-monthly staff meetings had protected time in the home calendar to ensure attendance. Records demonstrated that the previous registered manager, deputy manager and team leaders had completed courses relevant to their role and responsibilities, for example; all of the management team had completed a management course in relation to effective supervision.

Staff supported people to make as many decisions as possible. People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and deprivation of liberty legislation and guidance.

The home manager and staff demonstrated that a process of mental capacity assessment and best interest decisions protected people's human rights. The provider ensured that all best interest decisions by visiting health professionals were effectively recorded within people's care records, as well as their medical notes.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. We observed the provision of meals during breakfast, lunch and dinner time. People were supported to consume sufficient nutritious food and drink to meet their needs, in accordance with their care records.

Records showed that people had regular access to healthcare professionals such as GP's, psychiatrists, opticians, dentists and occupational therapists. Each person had an individual health action plan which detailed the completion of important monthly health checks. People were supported to maintain their health and welfare.

People and, where appropriate, their relatives were supported to be actively involved in making decisions about the care they received. Staff had developed positive caring relationships with people and spoke with passion about people's needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Health professionals made positive comments about the positive impact on people's well-being due to how well they had implemented their guidance, for example; reducing people's anxiety.

People's privacy and dignity were maintained by staff who had received training and understood how to

support people with intimate care tasks. Staff were able to clearly describe and demonstrate how they upheld people's privacy and dignity. They also demonstrated how they encouraged people to be aware of their own dignity and privacy, for example; supporting them to replace clothing and holding personal conversations in private.

The management team completed the local authority training on person centred care planning in February 2016. The management team told us they were committed to ensuring people were involved as much as they were able to be in the planning of their own care. The provider reviewed people's needs and risk assessments regularly to ensure that their changing needs were met. People's needs tended to change frequently and plans were reviewed whenever a change was required.

The home manager and provider sought feedback in various ways, including provider surveys, visitor's questionnaires, house meetings, and staff meetings, which they used to drive continuous improvement in the service. Since our last inspection there had been no complaints raised about The Brambles. People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs.

Staff told us the home manager, deputy manager and team leaders were a source of encouragement to them and made them feel their opinions were valued. Staff were able to tell us about the values of the provider and we observed staff followed these in practice.

Staff told us the management team had improved the culture within the home to make it more open, where people and staff felt safe and confident to express their view. We observed the management team providing one to one support for people regularly during the inspection, which enabled them to build positive relationships with people and staff, which records confirmed.

The home manager had established systems and processes that enabled them to identify and assess risks to the health, safety and welfare of people who use the service and to ensure compliance with legal requirements. The provider had maintained accurate, complete records in relation to people, including a record of the care and treatment provided and decisions taken.

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. Staff had completed safeguarding training and understood the action they needed to take in response to suspicions and allegations of abuse.

Staff understood the risks to people and followed guidance in accordance with their support plans to keep them safe when delivering their care.

There were sufficient numbers of staff with the appropriate skills and knowledge to meet people`s needs at all times.

The provider had appropriate arrangements in place to manage people's medicines safely. The medicines management system provided assurance that required medicines were taken with people when they accessed the community.

Is the service effective?

Good

The service was effective.

People received support and care from staff who were well-trained and used their knowledge and skills to meet people`s needs effectively.

People were supported to make informed decisions and choices by staff who understood legislation and guidance relating to consent, mental capacity and DoLS.

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Staff encouraged and supported people to have sufficient to eat and drink to maintain a balanced diet that met their individual needs.

People's health needs were carefully monitored by staff who made prompt referrals to healthcare professionals when required to maintain their health.

Is the service caring?

Good

The service was caring

People were treated with kindness and compassion in their every day-to-day care by staff who responded to their needs quickly.

People were actively involved in making decisions and planning their own care and support. Staff listened to and respected people's views, which they acted upon.

People were treated with dignity and respect at all times.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was tailored to their needs. The service was responsive and organised by the home manager to be responsive to people's changing health needs.

People and their relatives were listened to and were involved in the running of the service and development of their care plans.

No complaints had been received by the home. However, processes were in place to enable people to make complaints. Learning from concerns raised by people and their families had been used to drive improvements in the home.

Is the service well-led?

Good

The service was well-led.

Staff spoke with pride and passion about their service and understood the provider's values, which they demonstrated in the delivery of people's care.

Staff felt they were able to raise concerns and issues with the home manager who was always approachable and willing to listen.

The home manager provided clear and direct leadership visible at all levels which inspired staff to provide a quality service.

The home manager effectively operated quality assurance and clinical governance systems to drive continuous improvement in the service.

Care Quality Commission

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 checked 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. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced inspection of The Brambles was carried out on 12 and 13 September 2016 by one adult social care inspector.

Before the inspection we reviewed all of the notifications received about the home. Providers have to tell us about important and significant events relating to the service they provide using a notification. We had not requested the registered manager to complete a Provider Information Return (PIR) about the home. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during the inspection. We also looked at the provider's website to identify their published values and details of the care and services they provided.

During our inspection we spoke with five people living at the home, some of whom had limited verbal communication and spent time in the company of the other person. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of each person living at The Brambles.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the staff including the home manager, the deputy manager, two team leaders, one senior care worker, the activities coordinator, eight staff and a member of agency staff.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at nine staff recruitment, supervision and training files. We looked

at the individual supervision records, appraisals and training certificates within these files. We examined the provider's schedules which demonstrated how people's care reviews and staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies, procedures and other records relating to the management of the service, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We reviewed staff rotas between January and September 2016. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with three health and social care professionals who were involved in the support of people living at the home. We also spoke with commissioners of the service.

Good

Is the service safe?

Our findings

During our last inspection in September 2015 the provider did not make sure there were sufficient numbers of suitable staff to keep people safe and meet their needs. The provider did not always provide the required staffing ratio to meet people's assessed needs. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken the required action to ensure that people were safely supported by sufficient numbers of suitable staff. The home manager told us that the ratio of staff support required for each individual in different circumstances had been reassessed, together with the care commissioners, for example; when some people accessed the community their required support increased from one member of staff to two members of staff. The home manager and deputy manager completed a daily staffing needs analysis to ensure there were always sufficient numbers of staff with the right skills mix and experience to keep people safe. staff rotas confirmed that people had been supported by sufficient numbers of suitable staff to keep people safe, in accordance with the staffing needs analysis, including times when increased staffing ratios were required.

Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. If additional staff were required due to unforeseen circumstances, such as staff illness, they were provided from one agency, to ensure good consistency and continuity of care. The provider requested the same agency staff wherever possible. We reviewed the individual profiles of all agency staff who had worked at The Brambles. Regular staff told us they had to mentor and assess the capabilities of agency staff to ensure their suitability to fulfil the role expected of them, which we saw had been recorded. One agency staff told us they had worked at the Brambles on previous occasions. They told us that prior to working at The Brambles the home manager had introduced them to all of the people living there and had explained their needs and required support. The agency staff we spoke with demonstrated comprehensive knowledge of each person's needs and support requirements. This demonstrated that people had been supported by sufficient numbers of suitable staff to keep people safe.

At our last inspection the previous registered manager had identified there had been occasions when there had been insufficient staff to ensure people were cared for safely but had not completed a risk assessment and strategy plans to ensure people's safety at the times of reduced staffing. At this inspection we reviewed the provider's risk management strategy if insufficient staff were available to support people safely. This included obtaining support from staff at other homes within the provider's care group and further agency staffing. Rotas we reviewed demonstrated that staffing was always provided in accordance with the needs analysis which meant people were safe and emergency risk management had not been required.

At our last inspection the provider had not ensured they only employed 'fit and proper' staff who were able to provide care and support appropriate to their role. The provider had not protected people by ensuring that the information required in relation to each person employed was available. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had taken the required action by ensuring that the information required in relation to each person employed was available. Staff had undergone pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Where DBS checks had raised concerns over candidates suitability these issues had been explored in depth by the registered manager and subject to risk assessments, to ensure they were suitable to be employed by the provider. Prospective staff underwent a practical assessment and role related interview before being appointed. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

At our last inspection we observed staff supporting people to access the community. They took people's prescribed emergency medicine with them in case they experienced a seizure. The provider did not have a procedure in place to record the booking in and out of the medicine. This meant the provider could not be assured that these medicines were always taken when the person accessed the community to keep them safe.

We recommended the provider refers to National Institute for Health and Care Excellence guidance for Managing Medicines in Care Homes, in relation to recording medicines taken with people when they are temporarily away from the home. At this inspection we observed that the provider had implemented our recommendation. Staff supporting people in the community ensured they took the person's prescribed emergency medicine in case they experienced a seizure. We observed staff complete a new 'social leave' form. This recorded every time a person went out and needed to take their medicines with them. This had improved the medicines management system, which now provided assurance that required medicines were taken with people when they accessed the community.

People received their medicines safely. Medicines were administered by staff who had completed safe management of medicines training and had their competency assessed annually by the home/registered manager. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. The home's medicines lead completed a weekly stock check of all medicines and the home manager completed a monthly medicines audit. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

People had medicines risk assessments to manage the risks associated with the use of their medicines. People's medicine administration records (MAR's) had been correctly signed by staff to record when their medicine had been administered and the dose.

People were protected from abuse because staff were trained and understood the actions required to keep people safe. Staff had completed the provider's required safeguarding training and had access to guidance to help them identify abuse and respond appropriately if it occurred. Staff were able to demonstrate their role and responsibility to protect people. Staff were aware of the provider's policies to protect people, and were able to demonstrate the procedure to raise concerns internally and externally when required. Posters in the home reminded staff of their responsibility to protect people from abuse.

Since our last inspection the home manager had appropriately notified the CQC in relation to two safeguarding incidents. The provider safeguarded people against the risk of abuse and took the correct actions if they suspected people were at risk of harm.

Risks specific to each person had been identified, assessed, and actions implemented to protect them. Risks to people had been assessed in relation to their mobility, social activities and eating and drinking. People's support plans noted what support people needed to keep them safe, for example; in relation to accessing the community, visiting the local shops and restaurants, and completing activities like attending a local swimming pool, bowling, visiting the cinema and attending college. These risk assessments also detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others. Staff were able to demonstrate their knowledge of individual risk assessments and how they supported people in accordance with their risk management plans, for example; one person had an epilepsy protocol to protect them from the risk of seizures and required monitoring every 15 minutes during the night. Risks affecting people's health and welfare were understood and managed safely by staff.

If people displayed behaviours which may challenge, these were monitored and, were referred to health professionals for guidance, which was followed by staff. Staff were aware of and alert to the different triggers of people's behaviour. During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe. Risks to people associated with their behaviours were managed safely.

People's records contained emergency evacuation plans and 'hospital passports'. These documents contained essential information to ensure health professionals had the required information to be able to support people safely, for example; people's means of communication, their medicines and any known allergies. Staff had access to all relevant information, which health professionals could consider and act upon in an emergency to keep people safe.

Good

Is the service effective?

Our findings

At our last inspection the provider had identified that staff required further training in relation to autism, intensive interaction and Makaton language. Makaton is an interactive language which uses signs and symbols to help people communicate. Staff had not been enabled to support people's needs effectively because they had not completed the identified training. The provider had recognised that staff required training and support but did not ensure it always covered further training required to meet people's specific needs. At this inspection we reviewed records which demonstrated staff had completed training in relation to autism, intensive interaction and Makaton language.

At this inspection staff we spoke with told us about the benefits of the autism training they had received, particularly how it related to people living in the home who had a diagnosis of autism. One staff member told us how the Makaton training had improved their capability to engage and communicate with a particular person at The Brambles, which had enabled them to develop their caring relationship with the person. Staff were able to explain how intensive interaction training had enabled them to understand the different approaches to meet individual's diverse needs, which we observed demonstrated in practice. We spoke with a health professional who told us how they had been impressed with the level of engagement of the Brambles staff in relation to autism training they had delivered, and in particular, their interest in how the training related to the behaviour of people living in the home and how to support them effectively. Staff told us the autism training was exceptional because the trainer had extensive practical personal experience as the primary carer for a family member living with autism.

At this inspection we found the provider had created a training programme which covered specific topics which enabled staff to support people more effectively, for example; further training in relation to learning disability, depression awareness, self-harm awareness, schizophrenia awareness and personality disorders. The previous registered manager had arranged for staff to engage in the training sessions which covered topics relevant to people living at The Brambles, for example; advanced training in relation to epilepsy. A community learning disability nurse told us they had recently delivered training to staff in relation to epilepsy, which was tailored to the specific needs of people living at The Brambles. For example, staff were trained in using a specific piece of equipment which required specialist training. This ensured the needs of one person who required frequent support during the night were met.

At this inspection the provider's required staff training was up to date, including safeguarding people from abuse, moving and positioning, the Mental Capacity Act 2005, fire safety, food hygiene and infection control. This ensured staff understood how to meet people's support and care needs. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively.

People's relatives and visiting health and social care professionals told us staff knew about people's needs and how they wished to be supported. We were supported by staff to speak with people in accordance with their communication support plans. Two people indicated by gestures and smiling that they were well looked after.

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. During this time they shadowed experienced staff to learn people's specific care needs and how to support them. Staff told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively. The service manager, another homes registered manager and the training manager had reviewed the induction programme to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. One member of staff who had experienced working in similar services told us, "The induction for me here was really good. I had ten days where I initially got to read all of the care plans and get to know the people." This ensured they had the appropriate knowledge and skills to support people effectively.

At our last inspection we found that the provider's schedule of supervisions indicated that no members of staff had received supervision during the previous three months. Staff told us they felt supported by the previous registered manager and the deputy manager, but did not feel supported by the provider. This meant the provider could not be assured that people had received care from staff who had been supported through an effective system of supervision to carry out their roles and responsibilities.

At this inspection records demonstrated that staff had received regular individual supervisions from their supervisors, which had been supplemented by and monthly group supervisions, where aspects of training were also refreshed. Bi-monthly staff meetings had protected time in the home calendar to ensure attendance. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Training and best practice were discussed at staff meetings and topics covered included ; how to record positive behaviour support, effective monitoring and recording, and how to provide one to one support for particular individuals. These meetings provided an opportunity for staff to raise concerns and receive advice and guidance from the management team.

Records demonstrated that the previous registered manager, deputy manager and team leaders had completed courses relevant to their role and responsibilities, for example; all of the management team had completed a management course in relation to providing effective supervision, which we observed in practice during the inspection.

At this inspection staff told us the new home manager, the deputy manager and team leaders were very approachable and supportive. They told us the provider was now highly visible within the home, visiting three or four times per week to seek feedback from people and staff. Staff consistently told us they now felt valued and appreciated by the provider. The new home manager told us they were effectively supported by the provider and registered managers from other services within the care group.

Relatives and care managers told us that the home manager and staff involved them in all decisions relating to people's care and support, which records confirmed. We observed staff constantly seeking people's consent about their daily care and allowing them time to consider their decisions, in accordance with their support plans. We observed staff supporting people with limited verbal communication making choices by using Makaton, pictures and their knowledge of the individual's adapted sign language.

People had a communication assessment which documented how people communicated their choices. This also documented how to involve people in decisions, and the people to consult about decisions made in their best interests. Staff supported people to make as many decisions as possible. People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and deprivation of liberty legislation and guidance.

The Mental Capacity Act 2005 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. Staff supported people to make informed decisions, and followed people's wishes if they declined offered support.

The home manager and staff demonstrated that a process of mental capacity assessment and best interest decisions promoted people's safety and welfare when necessary. These processes and best interest decisions had been recorded effectively. The provider ensured that all best interest decisions by visiting health professionals were effectively recorded within people's care records, as well as their medical notes, for example; decisions in relation to changes of prescribed medicines; completion of medical procedures such as blood tests, blood pressure checks, anaesthesia for surgical or dental procedures and x-rays. We reviewed community nursing consent and care plans which recorded such decisions in a format people would understand.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for the five people in the home, in accordance with legislation. At the time of our inspection four had been authorised and one was awaiting authorisation. Paperwork associated with these applications demonstrated that the lawful process of mental capacity assessment and best interest decisions was completed before applications were submitted. The home manager and deputy manager had taken the necessary action to ensure people's human rights were recognised and protected.

Visiting health professionals told us they had been impressed by the commitment of staff supporting individuals effectively, using the least restrictive methods of support, in accordance with their support plans.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. We observed the provision of meals during breakfast, lunch and dinner time. People were supported to consume sufficient nutritious food and drink to meet their needs, in accordance with their care records.

Staff provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks. People were encouraged and supported to prepare their own meals, snacks and drinks in accordance with their eating and drinking plans. If staff identified concerns for people's well-being they were referred to the dietician and speech and language therapist.

Records showed that people had regular access to healthcare professionals such as GP's, psychiatrists, opticians, dentists and occupational therapists. Each person had an individual health action plan which detailed the completion of important monthly health checks. People were supported to maintain their health and welfare.

Good

Is the service caring?

Our findings

People and relatives told us the staff were caring. Staff told us the home had caring values and that they took pride in treating people with kindness, consideration and compassion. When asked about the strengths of the home one senior staff member said, "What makes working here so rewarding is the people, especially when you can see they are happy and enjoying life doing things they like. When you have been here a while you have such a close relationship with them that you always look forward to coming in just to see them." Another member of staff told us, "There are times when working here can be challenging but one smile from (person using the service) makes everything worthwhile. Having worked here I couldn't imagine getting the same satisfaction anywhere else." Another member of staff told us, "I am the keyworker for (person using the service) who's got such a wicked sense of humour. When I am at home or doing something I often find myself thinking I bet the guys (people using the service) would like to do this." We observed these values in action while staff supported people in their day-to-day life.

People and, where appropriate, their relatives were supported to be actively involved in making decisions about the care they received. There was a supportive and inclusive atmosphere between people and staff at The Brambles. Health and social care professionals told us that staff were committed to supporting people in the home. Two health professionals made comments about the positive impact on people's well-being due to how well they had implemented their guidance, for example; reducing people's anxiety.

Staff had developed positive caring relationships with people and spoke with passion about people's needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them. A team leader told us that some people preferred individual members of staff but it was important for all staff to build their own rapport with people. This enabled staff to build trust and confidence with people so they could implement their individual support plans effectively. We observed people smiling broadly and make recognised gestures to demonstrate their happiness when new staff came in at shift handovers, for example one person gave a member of staff a big hug.

We observed one person supported to walk into town to have lunch in their favourite pub. Staff spoke with the person before going out in accordance with their communication plan and discussed what they wished to do.

We observed the person was very happy and relaxed in the pub, constantly laughing and joking. Staff were calm and confident whilst supporting the person in the community and knew how to respond if they became anxious or worried. The person told us they were happy and enjoyed going out with the staff who were their "friends".

We observed staff consistently respond to people with kindness and consideration, for example; when people displayed behaviours which may challenge others. When people became anxious or agitated staff calmly intervened and reassured them using various intervention strategies in accordance with people's behaviour support plans. We observed several incidents where staff had preserved people's dignity and

privacy, while supporting them to positively manage their behaviour.

Staff engaged people in conversations about things which interested them that did not just focus on the person's support needs, for example; one person enjoyed the sensory experience of being in the garden. We observed that people were relaxed and happy in the company of staff and chose to spend time with them. Staff spoke with people in a thoughtful and considerate way to enquire how they were. Healthcare professionals told us that on their visits to the home staff had always been attentive while supporting people, and engaged in conversations which demonstrated staff knew them well and cared about the quality of their life.

The deputy manager told us that staff developed positive relationships with people by taking time to engage with them. One staff member told us how they had initially struggled to bond with one person and were proud that their personal relationship had developed over time to such an extent this person now sought their support whenever they were anxious or upset. During one observation we saw one person and a staff member interacting in the garden. Initially the person provided limited responses to the staff member who did not give up. The staff member joined in with the person's chosen activity of playing with gravel and pebbles. Their patience and perseverance was then rewarded with bursts of positive interaction, including playing with a ball and in the sandpit. Throughout this interaction we observed the person and staff sharing and exchanging frequent smiles and laughter. The staff member told us that the person particularly enjoyed the noise of dropping pebbles which had a soothing and therapeutic impact on their anxieties. Throughout the inspection we saw staff engage in caring sensory activities which people enjoyed.
Staff were able to clearly describe and demonstrate how they upheld people's privacy and dignity. They also demonstrated how they encouraged people to be aware of their own dignity and privacy, for example; supporting them to replace clothing and holding personal conversations in private. We observed interventions by staff which consistently ensured that people's dignity and human rights were protected. One person chose to remove their clothes when they were anxious and staff reassured and supported them, whilst maintaining their dignity and mental well-being.

People's diverse needs were understood by staff and met in a caring way, for example; one person was supported in relation to their sexuality. We observed how the person was supported to have private time in their room whilst staff ensured their safety, promoting their privacy and dignity in accordance with their support plan. People had their wishes respected in relation to receiving support with their personal care form staff of their preferred gender, for example one male person would become anxious if they were not supported with their personal care by women. We reviewed shift rotas which confirmed there was always the right mix of staff working at any time to respect the personal needs of people.

People told us they were able to make choices about their day to day lives and staff respected these choices. Where required, people had the opportunity to be supported in their decisions by an advocate. Advocacy is one person supporting another person to make their needs and wishes known. An advocate supports people to ensure they can make their own choices in life and have the chance to be as independent as they want to be.

People were supported to keep in contact with their family and friends and maintain relationships with them. The home worked closely with families and representatives and kept them fully involved in the person's care as required. Relatives and visitors were welcomed to the service and there were no restrictions on times or lengths of visits.

Good

Is the service responsive?

Our findings

People told us that staff listened to them. One person told us the staff supporting, "Listen to me". Relatives told us that staff provided person centred care and support which was tailored to meet their family member's needs. One relative told us, "The manager and staff are very responsive to (their loved one's) needs." Health and social care professionals told us that the registered manager and staff listened to their advice and guidance which they implemented in practice. One health care professional told us staff were responsive to individual's needs and "always have people's best interests at heart."

The management team completed the local authority training on person-centred care planning in February 2016. The management team told us they were committed to ensuring people were involved as much as they were able to be in the planning of their own care. This ensured people's care plans accurately reflected their wishes in relation to the way staff were to support their assessed needs.

Staff were attentive to people's needs and we observed them respond promptly when required to support people effectively, in accordance with their support plans. Where people were not able to communicate verbally staff were able interpret their needs and wishes, in accordance with their communication plans. Relatives told us staff responded where required, before people became distressed. One relative told us, "The staff know their behaviours so well and provide support to reassure them before their behaviour escalates." Relatives and health and social care professionals were impressed with the way staff anticipated situations and provided the appropriate support at the right time.

People's needs were assessed before they moved in to the home by the home manager and re-assessed at regular intervals. People, their families, relevant health professionals and the commissioners of people's care were involved in the assessment process. Support plans and risk assessments were completed and agreed with individuals and their representatives, where appropriate. These were provided in a format to meet people's needs.

The provider reviewed people's needs and risk assessments regularly to ensure that their changing needs were met. People's needs tended to change frequently and plans were reviewed whenever a change was required. The management team and activity coordinator met regularly to review people's needs, where any concerns or changes were recorded and addressed to the home manager. Support plans contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. This ensured people experienced care that was consistent but flexible to meet their changing needs.

Relatives told us staff understood people's methods of communication. Each person had a communication plan. This provided staff with information about how people communicated and their level of understanding. One person's communication plan stated what signs they used to communicate different messages. We observed staff communicating effectively during our inspection in accordance with people's communication plans. People's communication methods were understood and implemented in practice by staff.

We observed staff follow the guidance provided by health professionals while delivering people's care and support. People, their relatives and health professionals told us staff consistently responded to people's needs and wishes in a prompt manner. A person was being supported to live with epilepsy. During our inspection we spoke with a visiting health professional. They praised staff for the responsive manner in which they had adopted their advice and guidance in relation to this person.

People were supported to follow their interests and take part in social activities and education opportunities. Each person had a support plan to set their own goals and learning objectives and recorded how they wanted to be supported, for example; one person attended college every day and was being supported to achieve the City and Guilds Award in Personal Progress. We noted how the person had made good progress against their learning goals including the development of ball skills to improve fine motor skills and concentration skills, reading skills, improving their Makaton signing skills, personal care skills and food preparation skills. The person was also improving their ability to communicate using a Picture Exchange Communication System (PECS is a form of augmentative and alternative communication in which a person is taught to communicate with by giving exchanging a card with a picture on it). The previous registered manager and deputy manager had engaged with teachers at the local college to ensure the person's learning goals at the Brambles were mutually supportive. During the inspection we observed staff supporting this person with their learning skills, including their handling skills using a beach ball, communicating using their sign language and preparing their breakfast. This demonstrated how the provider assured people received consistent, coordinated, person-centred care when they used or moved between different services.

Staff talked knowledgably about the people they supported and took account of their changing views and preferences. They told us there was a handover at the beginning of each shift where the incoming staff team was updated on any relevant information. We observed three handovers during our inspection and heard detailed information discussed about people's health and different moods, together with the potential risks and impact on planned daily activities.

All people had activity plans to ensure people had a range of varied and stimulating activities every day. Each person had an activity schedule which was tailored to their personal interests and pursuits. Staff had identified people's individual needs and interests and arranged activities to meet them. People were encouraged to take part in other activities of their choice outside the home such as swimming, horse riding, visiting local shops, pubs, clubs and restaurants. Detailed risk assessments were in place to ensure such activities were pursued as safely as possible. Staff told us that since the last inspection the provision of activities had improved, for example, "The Brambles Olympics" and The Summer Barbeque. We noted the activities coordinator was preparing plans for external trips to the beach, a safari park and train station.

Several choices of external activities were offered to the person. Staff gave the person time to communicate their wishes and did not rush them. Staff respected people's right to decide whether to participate in activities. Staff constantly explained to people what was happening and what they needed to do with regard to daily activities. Relatives told us the staff approach to people was focussed on developing caring and trusting relationships with them and their families.

Relatives told us people were encouraged to be as independent as possible. We observed people were able to make choices about their day to day lives and staff respected those choices. People had their own activity schedules which they completed with their keyworker and activity coordinator, which showed what they were doing, when and with whom. This ensured that people were informed about who would be supporting them during the day to reduce their anxieties.

All staff had been taught a recognised system for supporting people to manage behaviour which may challenge others which had been linked to people's positive behaviour support plans. We observed positive behaviour management and sensitive interventions throughout our inspection, in accordance with people's personalised positive behaviour support plans which ensured people were treated with respect and dignity and their human rights were protected.

The home manager and provider sought feedback in various ways, including provider surveys, visitor's questionnaires, house meetings, and staff meetings, which they used to drive continuous improvement in the service. Since our last inspection there had been no complaints raised about The Brambles. People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Staff knew the provider's complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. The home manager spoke with relatives whenever they visited the home to find out if they had any concerns or whether there were any improvements required. The registered manager and staff were responsive to people's complaints and necessary learning from concerns was implemented to prevent the risk of a recurrence and to improve the service.

Good

Is the service well-led?

Our findings

At our last inspection in September 2015 the provider's systems to monitor the quality and safety of the service provided to people were not effective. The failure of the provider to have systems and processes that enable them to identify and assess risks to the health, safety and welfare of people who use the service and to ensure compliance with requirements was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had taken the required action to establish and operate effective processes to ensure compliance with the legal requirements.

At this inspection the provider had taken the required action to establish systems and processes that enabled them to identify and assess risks to the health, safety and welfare of people who use the service and to ensure compliance with legal requirements. We reviewed the provider's audits of medicines management, staffing needs analysis, recruitment files, accidents and incidents and care records. These audits had enabled the provider to identify and assess risks to the health, safety and welfare of people, for example; medicine audits, staffing needs analysis, recruitment files, accidents and incidents and care records were completed daily by the management team, which were then overseen on a weekly basis by the provider. The previous registered manager provided monthly reports to the CQC detailing the audits completed and actions taken in response.

The previous registered manager and deputy manager completed a daily analysis of all incidents and accidents to ensure they had been reported and recorded accurately and to ensure urgent action required had been completed. The management team completed weekly analysis of all incidents and accidents to identify any common themes to identify action required to drive continuous improvement. Where required the provider had made appropriate notifications to relevant authorities, such as the CQC. The provider had ensured that all necessary preventative measures identified from incident analysis had been completed. For example; action had been taken to protect a person from potential injury whilst experiencing severe seizures. The provider had systems and processes that enabled them to identify and assess risks to the health, safety and welfare of people who use the service and to ensure compliance with legal requirements.

At our last inspection prescribed changes to medicines were not recorded in people's medicine administration records (MAR) and this error represented a risk to people The failure of the provider to maintain, accurate, complete records in relation to people, including a record of the care and treatment provided and decisions taken in relation to their care and treatment was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had taken the required action to maintain accurate and complete records in relation to their care and treatment. The previous manager met with relevant health professionals to identify why the medicine prescribing error occurred and was not identified by the provider's procedures. We spoke with health professionals with knowledge of the prescribing error who were satisfied with the new arrangements implemented by the provider. The previous registered manager had arranged for a different pharmacist and had put arrangements in place to reduce the possibility of future occurrences of medicine

prescribing errors. The previous registered manager had implemented new auditing procedures which ensured all changes in prescribed medicines were authorised and checked by the management team. Medicine records were subject to daily and weekly audits by members of the management team, which ensured medicine errors were identified promptly and necessary action taken to ensure people were safe. The provider had maintained accurate, complete records in relation to people, including a record of the care and treatment provided and decisions taken.

At our last inspection there was no evidence to demonstrate that the concerns raised by staff during their exit interviews had been investigated or considered with a view to drive improvement. The provider not seeking and acting on feedback from staff to continually assess and improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had taken the required action to seek and act on feedback from staff to continually assess and improve the service. Staff told us the home manager, deputy manager and team leaders were a source of encouragement to them and made them feel their opinions were valued. One staff member said "The culture has definitely improved and now we feel more valued and respected." Another member of staff told us, "It is better now because you feel listened to, whereas before you didn't feel comfortable raising things." Staff told us the provider was now more visible, visiting the service more often and regularly engaged with them to seek feedback .The suggestions book enabled staff to get involved in running and developing the service. One staff member told us, "The home is a lot better now because we are encouraged to come up with ideas, especially about improving people's lives." Two members of staff who had raised sensitive issues with the home manager informed us that they had been well supported by the home manager who dealt with the issues promptly, in a discreet and tactful manner, which had improved their happiness at work.

We observed the management team providing one to one support for people regularly during the inspection. The deputy manager told us the management team worked rostered shifts alongside staff which enabled them to build positive relationships with people and staff, which records confirmed. The deputy manager told us this gave them the opportunity to observe the support provided and seek direct feedback from people and staff. Staff told us the management team had improved the culture within the home to make it more open, where people and staff felt safe and confident to express their views.

Staff told us that the management team were flexible and their level of their support was increased during challenging periods, for example; the home manager supported one person to an appointment with a health professional on the first day of our inspection. Observations confirmed the home manager and management team provided clear and direct leadership to the staff.

Management were open to new ideas from people and their relatives and were willing to listen to suggestions to improve the service and quality of care provided. Where concerns had been raised in care reviews the home manager and management team held meetings to discuss how the service could improve. All staff were encouraged to contribute in these meetings, minutes of which had been recorded. Action plans were then created to address improvements, which had been implemented, for example; strategies for staff engagement with a person to reduce their agitation and distress. This demonstrated the management team believed in openness and a willingness to listen to suggestions to improve the service and quality of care provided.

The home manager and management team promoted a positive, inclusive environment within the home which was centred on people's needs, independence and choices. The provider's statement of purpose was to meet the needs and aspirations of people in positive and encouraging atmospheres, within which the

individual feels valued, safe and understood. Relatives, care managers and visiting health professionals of people living at the Brambles told us staff had created trusting and supportive relationships with people, which made them feel safe and well cared for. Staff were able to tell us about the values of the provider and we observed staff followed these in practice.

Records accurately reflected people's needs and were up to date. Other records relating to the management of the home such as audit records and health and safety maintenance records were accurate and up-to-date. People's and staff records were stored securely, protecting their confidential information from unauthorised access but remained accessible to authorised staff. Processes were in place to protect staff and people's confidential information.