

Peninsula Care Homes Limited

Bramble Down

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bramble Down is a residential care home providing nursing care. 27 people lived in the service at the time of the inspection. The service can support up to 40 people.

The service is on two floors, with access to the upper floor via stairs and lift. Bedrooms have en-suite facilities. There is a garden and courtyard outside.

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

People's records identified their risk but there were not always clear plans in place to identify how these risks would be managed, reduced or mitigated. The service smelt fresh throughout. Some areas of the environment were clean. However, systems in place did not prevent or control the spread of infection. Medicines were not always managed safely.

People told us they felt safe and appeared comfortable when staff were with them. People told us staff were usually available when they needed them. Most people told us staff were kind and caring. People told us "We have a joke and a laugh" and "They're very kind". However, we observed several interactions between people and staff that did not show respect for the person.

Staff told us they had the skills and knowledge to meet people's needs effectively. All staff told us the training was good and they felt well supported. People told us they enjoyed the food at the service and described the food as, "Very nice" and "Amazing."

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 had introduced electronic care plans. Some of the care plans were very informative, others lacked person-centred information and appeared generic. The management team told us they were in the process of further developing the electronic care plans to be more person centred. Staff knew people well and were able to tell us about their preferences. People told us they were happy with the social activities, events and outings at the service.

There were some audit systems in place, however these had not always been effective in identifying where improvements were needed. The management team spoke openly and honestly throughout the inspection process. They told us they would start work immediately to make the required improvements that were needed within 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

The last rating for this service was good (published 8 June 2017).

Enforcement

We have identified breaches in regulation relating to safe care and treatment, and governance at this inspection. We also made a recommendation in relation to evidencing people's involvement in their care plans.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bramble Down

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

Two inspectors and one specialist advisor carried out this inspection.

Service and service type

Bramble Down 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 sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete 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 took this into account when we inspected the service and made the judgements in this report. We received feedback from one professional. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with 12 members of staff including the managing director, registered manager, quality assurance managers, nurses and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us additional information and evidence following the inspection.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's records identified their risk but there were not always clear plans in place to identify how these risks would be managed, reduced or mitigated. For example, at lunchtime, one person who was at risk of choking was supported by staff to eat. There was some confusion over how this person's food should be prepared.
- People who had known risks associated with health conditions did not always have their needs identified, assessed and acted on to keep them safe. For example, one person had a known history of epilepsy. Although they had not had any recent seizures, they were prescribed epilepsy medicines. There was no risk assessment in place, so staff knew how to manage this person's epilepsy.
- Another person had been identified as high risk of malnutrition. Staff were not recording each time this person had something to eat or drink. This meant it would be difficult to monitor whether this person was eating and drinking enough.
- Where issues were raised with the registered manager they started work on the risk assessments during the inspection.
- The equipment was well maintained. For example, the hoists, fire extinguishers and electrical equipment had been serviced. New fire doors were being fitted during our inspection.

Preventing and controlling infection

- The service smelt fresh throughout. Some areas of the environment were clean. However, systems in place did not always prevent or control the spread of infection. For example, the laundry was dusty with cobwebs and the floor was dirty. We observed stained bowls and equipment in bathrooms. Bins did not have lids and waste was visible as some had not been emptied. The service replaced the bins with lidded bins following our inspection. Some moving and handling equipment had not been wiped down after use and was dusty. We observed staff use the same hoist sling for three people.
- The outer coating of a chair was worn away around the top wings. This posed a risk of cross infection as it could not be cleaned effectively.
- Staff used protective clothing such as aprons and gloves to reduce the risk of spread of infection.
- Where there was a recent outbreak of infection, the service took advice from Public Health England to control the spread of infection.

Using medicines safely

- Medicines were not always managed safely. For example, we found one and half tablets were missing. Creams that had been prescribed for a named person were found in two other people's bathrooms. Creams

had not been dated on opening so staff would know when they were past their best and not suitable for use. Medicine administration record (MAR) charts had not been completed every day to identify that people had their prescribed creams applied.

- We saw several handwritten medications written on the MAR chart which were signed by two persons with the number of tablets received. However, we also saw a couple of medicines had been written in without the quantity, date and two signatures. This meant the record had not been checked for accuracy before use.
- Risk assessments in relation to medicines had not always been carried out. For example, one person was self-administering their creams.

We found no evidence that people had been harmed however, risks associated with people's care were known, but not always documented. Medicines were not managed safely. People were not protected from the risk of spread of infection. This placed people at risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored at a safe temperature and in accordance with best practice guidance to ensure they remained effective.
- Where people were prescribed medicines on 'as required' basis, there was guidance for staff to know when and why to use them.

Staffing and recruitment

- During the inspection, there were nine care staff and two nurses on duty. People told us staff were usually available when they needed them. Comments included "they're usually pretty quick" and "As soon as you press it, they're there." Two people said they sometimes had to wait longer when staff were busy. The service had an electronic system that monitored how long it took for staff to answer call bells and was introducing a more effective call bell system. The registered manager told us staff deployment had also been changed so each staff member was allocated to named people. They felt this would help staff response times.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and appeared comfortable when staff were with them.
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.
- The registered manager worked with other relevant authorities to make sure people were protected from abuse and avoidable harm.

Learning lessons when things go wrong

- The provider had systems in place to record incidents and accidents. There was a system to analyse this information to recognise and respond to themes.
- The registered manager had completed an audit and found staff weren't able to hear call bells when in bedrooms with the door shut. The need for a silent call bell system was identified. Staff had a pager so it alerted them if someone needed assistance. The registered manager told us when this was introduced at another service within the group it had significantly reduced people's frustration and improved their quality of sleep.

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 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

- Care assessments were carried out before people began to use the service. Initial assessments were used to develop a care plan.
- Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.

Staff support: induction, training, skills and experience

- Most people told us staff knew how to meet their needs.
- Staff told us they had the skills and knowledge to meet people's needs effectively. All staff told us the training was good. Staff told us there was, "Regular training, always something going on" and "Lots of training planned."
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the management team were always there to give help and support if needed.

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

- People told us they were supported to access external healthcare support as necessary. For example, people had seen GPs, dentists, specialists, and chiropodists.
- During the inspection, staff were in contact with the local hospital to arrange an x-ray for one person.
- The service had arranged for a nurse to visit the service each week to meet any new people and work in partnership with the service's nurses. This had improved links with the service's main GP surgery.
- The service had introduced the 'Red bag scheme'. This is used to help improve communication between care homes and hospitals. When one person was recently admitted to hospital, staff felt they had returned to the service quicker as a result of using the red bag.

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

- People told us they enjoyed the food at the service. At lunchtime, people had a choice of meals and the food looked and smelt appetising. People described the food as, "Very nice" and "Amazing."
- One person told us how they always enjoyed a glass of wine with their meal. Another person told us staff had prepared them a lovely cooked breakfast, as well as picking fruit from the garden and bringing them a bowlful to enjoy.
- People had been asked for their feedback about food through a survey and meeting to inform menu planning. Staff discovered that a few people living at the service had never eaten avocado. A tasting session

was arranged and some people discovered they enjoyed the taste. Avocado is now incorporated into some of the salads served.

- The registered manager told us a lunchtime quiz had been introduced and this had encouraged people to eat more. As a result, some people had put on weight.
- Where people required food to be prepared to meet their medical or cultural needs, this was mostly catered for.

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

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The Mental Capacity Act provides a legal framework for making 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 make 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 with appropriate legal authority. In care homes and hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. (DoLS).

- Staff were aware of the MCA and knew to always ask for people's consent. The management team had recently attended some MCA update training. They were in the process of reviewing and updating care plans.
- Mental capacity assessments had been completed where appropriate. Following this assessment staff had also completed best interests' decisions.
- DoLS applications had been made appropriately.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

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

- The environment was homely. People's bedrooms were personalised, and people had items that were important to them.
- There was a lounge, activities room and a dining room on the ground floor. Since the previous inspection, the lounge had been refurbished and the dining room had been extended to give people more space. Stairs and lifts provided access to the upper floor. People's bedrooms had en-suite bathroom facilities and they were able to access several bathrooms with a bath lift.
- Wi-fi had been fitted throughout the building to enable better communication and allow for the introduction of additional technology.

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 now deteriorated to requires improvement. This meant people were not always treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was considered and upheld by staff. Staff knocked on doors and waited for a response before entering. However, at lunchtime two staff members stood over people whilst cutting up their food and assisting a person to eat and drink. This could seem intimidating for people.
- After a staff member left a person's bedroom with a food tray, we observed the person struggling to pull a tabard off. The tabard was stained with soup. They appeared a little distressed so the inspector assisted them to remove it.
- Staff described people as "singles" or "doubles" to indicate whether they needed one or two staff members to assist them. This did not show respect for the person.
- The provider's quality assurance manager told us they had been carrying out staff training in communication and the use of language within the service.
- Where two people shared a bedroom, this had been their choice. There was a curtain to protect their privacy and dignity.
- People's independence was respected and promoted. For example, one person told us how staff had been assisting them to improve their mobility following an accident.

Ensuring people are well treated and supported

- Most people told us staff were kind and caring. People told us "We have a joke and a laugh" and "They're very kind". One person told us some staff were not as good as others.
- There were some nice interactions between people and staff. For example, staff stopped in the corridor to chat with people. When the music was playing in the afternoon, staff held people's hands and were enjoying dancing and singing together.
- Staff knew people and carried out acts of kindness. For example, staff had recently purchased a cookery book and came across a soup recipe submitted by a person who lived at the service. They shared this with the person and the soup was made for supper. Another person commented on how a staff member had helped them set up their electronic device with reminders. They said the staff member always stopped at their door to say hello and have a chat. A relative loved to play the organ. Staff had moved the organ into the lounge and people enjoyed listening to recitals.
- Staff were very caring when transferring people from wheelchair to chairs. They explained what they were going to do, held the person's hand for reassurance and offered to get them a drink.

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- People told us they were involved in planning their care and support. However, when looking at care

plans, there was no evidence people and their relatives were involved in planning and reviews.

We recommend the service identifies a way to evidence people's involvement in their care plans.

- People were encouraged to make decisions about their day to day routines and express their personal preferences.
- People were supported to maintain relationships with those close to them. For example, the service is a supporter of 'Johns Campaign' which is a campaign for extended visiting rights. People had lots of visitors. The registered manager told us many visitors joined in for meals and celebrations. Families had been invited for Christmas Day lunch and entertainment.

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 good. At this inspection this key question has remained 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

- People received care and support that was flexible and responsive to their needs.
- Staff were able to describe people's needs and preferences. The service had introduced electronic care plans. Some of the care plans were very informative and contained detailed information for staff to follow. However, some lacked person-centred information and appeared generic. The management team told us they were in the process of further developing the electronic care plans to be more person centred.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were happy with the social activities at the service. The service employed two activities co-ordinators. Each person had an activities programme in their bedroom so they knew what was happening each day. During our inspection, there was musical entertainment in the lounge which people enjoyed. Other arranged activities included arts and crafts, cooking, book club, film afternoons, games, pamper sessions and outings in the local area.
- People had recently completed a picture for an art Christmas competition. One person told us excitedly this was on display in the entrance hall.
- Staff had arranged for school children from the village to visit the service to sing Christmas carols. People told us how much they enjoyed this. Some people were pen pals with a local primary school and enjoyed writing letters, and this was an ongoing relationship. Local societies visited the service to play music and hold coffee mornings.
- People were supported to go to church or could choose to take part in holy communion at the service.
- Staff regularly supported people who were being cared for in their bedrooms, so they didn't become isolated. One person told us they had been doing arts and crafts with staff and were making advent calendars for each person who lived at the service.

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.

- The registered manager was aware of the Accessible Information Standard (AIS).
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for individuals. For example, people had white boards in their bedroom. During our inspection, we

observed one person couldn't hear what we were saying. On checking, their hearing aids were found to be switched off. The registered manager said they would follow this up with staff.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. People told us they knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the provider would take action to address any concerns.
- Where the service had received complaints, these were recorded, investigated and responded to.

End of life care and support

- Staff supported people to stay at the service at the end of their life and ensured their needs and preferences were met.
- Staff supported people to achieve things they wanted to do. For example, one person wanted to stroke a horse and the service arranged for a horse to visit the home.
- Where people had expressed advanced decisions, end of life care wishes and funeral arrangements, these were recorded in the care plan. The management team told us they were working on advanced care planning with the local hospice.
- Staff worked with professionals and stored appropriate medicines to ensure people remained pain free.
- The service had produced a bereavement booklet to help support families with 'what next' after they have lost their relative. The service had received positive feedback as families found the booklet helpful.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. The provider had a comprehensive action plan. They had identified issues prior to our inspection and were working on making improvements. The provider had arranged additional training in relation to care planning and risk assessments prior to the inspection. However, some issues found at our inspection had not been identified or actioned. For example, relating to medicines, risk assessments, staff conduct, and the environment.
- Records, including those, relating to people's care and support were not always accurate or complete.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate good governance. This placed people at risk of harm. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team spoke openly and honestly throughout the inspection process. At the end of the inspection, they told us they would start work immediately to make the required improvements that were needed within the service. Following the inspection, the registered manager confirmed they had held meetings with staff and taken action to improve records and the environment.
- The registered manager was supported by the managing director, two quality assurance managers, senior care staff and care staff. The two quality assurance managers had been recruited this year, for the group of homes, to look at governance and support the registered managers in ensuring best practice is always maintained. We spoke with the one of the quality assurance managers who told us they were focussing their work on making the service more person-centred. The service was working towards accreditation with the 'Eden Alternative Philosophy' which is about people living fulfilled lives.
- The latest CQC rating was on display in the service.

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

- People and visitors were asked for their views about the service via surveys. People had completed quality assurance feedback survey in Autumn 2019. 100% of respondents rating the standard of care and attention they receive as outstanding or good. 62% of people rated their overall satisfaction as outstanding or good. Areas for improvement included activities, food, staff continuity, and the environment. Following this the

service had arranged for further feedback so they could take action. For example, where people said they would like more continuity of care staff, the service had allocated named staff to people.

- Following a recent 'residents' meeting, one person who lived at the service had chosen to lead some areas at the next meeting.
- Staff meetings were held to enable staff to contribute their thoughts and experiences. Meetings were also used to discuss updates.

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 had sent us notifications. These include information, so we knew what was happening in the service.

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

- Most people and their relatives told us the service was well managed. Comments included "I can't fault them" When speaking about the registered manager, people said "I can't speak highly enough of them".
- Staff told us they felt listened to and enjoyed working at the service. When speaking about the registered manager, one staff member said, "I think she's good, she's approachable, I feel I can turn to her and if I've got a problem she'll sort it, I feel I'm listened to".
- Feedback from a care home review website was positive. The home was rated 9.6 out of 10 by 15 people and their relatives.

Continuous learning and improving care; Working in partnership with others

- The provider was passionate about providing high quality care and attended a range of training, leadership courses and conferences.
- The registered manager told us they met with senior management and other managers within the group to share updates and practice. They also attended the local manager's network meetings with other care professionals to improve information sharing and knowledge.
- The service was in contact with the local authority quality assurance and improvement team. They were discussing what additional staff training they could access.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks associated with service user's care were known, but not always documented. Medicines were not managed safely. The provider had not taken steps to prevent the risk of spread of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The providers overall governance framework was not always effective in identifying where improvements were required. Records, including those, relating to people's care and support were not always accurate or complete.