

Willows Residential Care Ltd

# The Brambles Care Home

## Inspection report

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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

### About the service

The Brambles is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

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

Improvements had been made to the quality and safety of the service since the last inspection and the provider had implemented changes to the service to improve the standard of care people received.

People were safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment. Accidents and incidents were recorded and action taken to minimise risk for the future.

Staff had the skills and knowledge to meet people's needs. People's nutritional needs were met. People accessed health care support when needed. The environment where people lived was welcoming and clean.

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.

People were supported by staff who were kind and caring and knew them well. Staff had built good relationships with people. People's privacy, dignity and independence were respected by staff. People's equality and diversity needs were respected.

People's support needs were assessed regularly and planned to ensure they received the support they needed. People's support was individualised. People were supported to take part in social activities. The provider had a complaints process which people were aware of to share any concerns.

The provider carried out regular audits to improve the quality of the service. The registered manager was known to people and made themselves available. The provider understood their duty of candour and was open and honest about the improvements they had needed to make since their last inspection

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 01 May 2019) there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Since this rating was awarded the provider has altered its legal entity. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection under the provider's new entity.

#### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# The Brambles Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

#### During the inspection

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

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

We reviewed a range of records. This included four 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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Using medicines safely; Assessing risk, safety monitoring and management

At the last inspection, we found peoples medicines were not always managed safely and risk assessments did not always give clear information and lacked guidance for staff to follow. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that some incidents which should have been reported to the safeguarding authorities had not been and this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection, the provider had made sufficient improvements and was no longer in breach of these regulations.

- People told us they felt safe at the Brambles. One person said, "They [staff] are always there for me. I have a buzzer and they come as quick as they can."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- Accidents and incidents were recorded and investigated to prevent them from happening again in the future.
  
- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines. Medicines administration records showed people received their medicines as prescribed. A relative we spoke with said, "I have no concerns with medicines."
- All medicines were stored securely. Appropriate checks and storage of controlled medicines were in place.
  
- Supporting information to aid staff in administering medicines that had been prescribed on a 'when required' basis (PRN) was in place. This meant people were able to receive their medicines safely and when they needed them.
- Where people received their medicines covertly (in a disguised format), the appropriate authorisations were in place.
  
- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people. Staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe.
- Risk assessments were updated regularly and reflected people's current needs.

Staffing and recruitment

- There were recruitment processes in place and we saw evidence of recruitment checks taking place before staff were appointed to ensure suitable staff were employed.
- There were enough staff to support people. A person said, "There are always staff around." A member of staff told us, "Yes there is enough staff to meet everyone's needs."

#### Preventing and controlling infection

- The home was clean and smelt fresh. Staff used personal protective equipment and this was readily available to them and we observed this in practice.
- Staff supported people, following good standards to ensure they could protect against the spread of infection.

#### Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and accidents. Records we looked at showed us they understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences. For example, all staff had received training in falls prevention.



# 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 requires improvement. At this inspection this key question has now improved to 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

- The provider carried out an initial assessment of people's support needs so they could be sure they could support people how they wanted. People using the service and their family members were involved in the initial assessment.
- People's current needs were regularly reviewed to ensure they continued to receive the correct level of support. One relative told us, "If there are changes to care, I am made aware."

Staff support: induction, training, skills and experience

- People were supported by care staff who had the skills and knowledge to do so effectively. We observed people being moved using safe moving and handling practices on the day of inspection.
- Care staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Care staff were given opportunities to review their individual work and development needs.
- Care staff were supported to complete QCF (Qualifications and Credit Framework) qualifications in health and social care.

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

- We saw people's nutritional needs were catered for and they ate a healthy balanced diet. One person told us, "The food is very nice and if I don't want what they offer, they get me whatever I ask." A relative said, "We have no worries with the food, they [staff] are very accommodating."
- Where people had specific dietary requirements, staff knew these and could support people accordingly.
- People had access to hot and cold drinks throughout the day to ensure they were well hydrated.
- Processes were in place to regularly monitor people's weight where needed.
- Advice was sought from health professionals when needed and we saw evidence of this in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care

- Records confirmed staff worked well with other agencies and followed their advice as required. For example, one person had been referred to the Speech and Language Team (SALT) and their care plan had been updated to reflect the guidance given by SALT.

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

- The home was clean and tidy and the lounges had plenty of natural light.
- There was a spacious and pleasant conservatory for people to access if they so wished which gave free access onto the nicely laid out garden.
- People's rooms were comfortable and individually decorated. One person said, "My room is comfortable, I can do with it as I see fit."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare in the community and live healthy lives. This was evidenced in people's healthcare plans and corroborated by people we spoke with. One person said, "They do their best to get a doctor out when I need it."
- The registered manager had introduced a new oral health care assessment in order to give guidance to staff on how oral health can impact on a person's health. The registered manager was looking at further training in this area to upskill staff knowledge.

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

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

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

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

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

- We found where people lacked capacity and were being deprived of their human rights that the appropriate authorisations were applied for and were being reviewed by the local authority. People were cared for in the least restrictive way.
- Mental capacity assessments and best interest's decisions were recorded on people's files to show where people lacked capacity, they were supported to make the right decision for them.
- Staff received training in the Mental Capacity Act and had a good knowledge of the Act.
- We observed people being asked for their consent before support was given. One person told us, "They [staff] always ask my permission."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were supported by kind and caring staff. One person told us, "The staff are very friendly and very nice." A relative said, "I think the staff are lovely, very welcoming, very nice. They really do seem to care."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity and understood how to meet people's diverse needs.
- Our observations showed that staff knew people well. People interacted easily with staff and were comfortable around them.
- We were told by one person how a member of staff had agreed to take them out on their day off. They said, "Lovely, friendly staff. One of the girls has offered to take me out on Saturday, she volunteered to do it."
- We observed activities in the lounge and there were some kind and thoughtful interactions between staff and people.
- People were nicely dressed and there was a hairdresser available at the home for those who wanted to get their hair done.
- There were thank you cards displayed in the main office. One card read, "We really appreciate all you and the staff do for [person] on a daily basis to ensure they feel happy and safe."

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

- People and their families were involved in care planning and their views and wishes respected.
- Regular meetings were held for people using the service and their relatives in order to gain their views. One relative said, "Often, we have relative sessions for us to see them [management] and share our thoughts."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and we observed this in practice. One person told us, "They always knock my door before coming in."
- People were encouraged to maintain their independence. A member of staff said, "Ask them [people] if they want to do things for themselves. Do they want to wash their own face? I will always try to encourage them to be independent where possible."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People had a person-centred care plan in place which detailed what was important to them and showed the support they needed.
- The provider ensured people's individual needs were met, for example, there were regular religious services provided at the home for those people who wished to maintain their faith.

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 provider told us in information they had shared with us prior to inspection, that documents were available in a variety of mediums such as large print and braille in order to meet people's specific communication needs.

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

- The service had an activities co-ordinator and supported people to take part in various activities in the home to prevent social isolation, for example, we observed people making Christmas decorations on the day of inspection. We saw a singer on the afternoon which people seemed to really enjoy.
- The provider looked at different ways of getting people together to help reduce social isolation, for example, they had recently organised a trip to Cosford airfield. Relatives told us they were invited to join in on the trips. A relative said, "I get invited on the trips, I like to get involved."
- Relatives were able to visit whenever they liked and we observed this in practice as several relatives visited throughout the day.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. One relative told us, "If anything was wrong, I would be the first to bring it up but I haven't had to complain."
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management. One staff member said, "Yep I am supported. If I have a problem, I can go to [registered manager] and she will sort it."

## End of life care and support

- We saw evidence where people had been given the opportunity to discuss their end of life wishes and these were recorded in their care plans.

# Is the service well-led?

## Our findings

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

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

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

At the last inspection there were insufficient and inadequate systems in place to monitor and improve the quality of the service and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The registered manager and provider had failed to notify us of all allegations of abuse and this was a breach of Regulation 18 (Registration) Notification of other incidents. Since the last inspection the provider made sufficient improvements and were no longer in breach of these Regulations.

- The provider told us in information they had shared with us prior to inspection and records confirmed, the registered manager completed regular audits. This was a way of improving the service by the monitoring of trends and using the information gathered to benefit how people were supported.
- Spot checks were carried out regularly on staff in order to ensure they were providing good quality care for people.
- Staff received regular supervisions. Staff confirmed this and we saw evidence of this in records we checked.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.

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

- People and relatives spoke highly of the service. One person said, "[Name of registered manager] is lovely, very caring." A relative told us, "No problems with staff at all. They are always here, always pleasant, always smiling."
- Staff spoke positively about the management team and consistently told us they were approachable and would listen to them. One staff member said, "I do feel supported by the managers. I know I can go and speak to them at any point."
- The registered manager operated an open-door policy so staff were able to speak to them whenever they wished.
- The registered manager was known by people and staff and spent time in the communal areas of the home speaking to people and getting to know them. One relative said, "I see [registered manager] going

around the residents, she knows them."

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 was aware of their requirements around the duty of candour and were open and honest with us about the changes they had needed to make to improve the quality of the care provided. When incidents had been reported they were investigated thoroughly, and outcomes recorded for learning.

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

- Surveys were carried out with people, staff and health professionals to gain their views of the service. We saw positive feedback had been given and a 'You said, we did' style report was displayed in reception of the home to show the actions taken in response.
- The provider produced a regular newsletter updating people of events that were happening in the home. One person told us, "They [staff] are as good as gold, we have people come in once a month with a newsletter of what's happening."
- There were regular staff meetings for staff to share their views of the service.

Continuous learning and improving care

- The registered manager had a development plan in place to further improve the quality of the service for people who lived there.
- Management and care staff received on-going training to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was evidenced in people's care records and corroborated by people that we spoke with.
- The registered manager had arranged for a falls prevention nurse to come in and provide additional training to staff to give them knowledge on preventative measures they can take to reduce falls and manage them safely.