Bucintoro Limited

Bramble Lodge

Inspection report

Bramble Lodge, 82 High Lane West
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Derbyshire
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
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 Lodge is a residential care home that was providing accommodation and personal care to older people and people living with dementia. They were registered to provide care for 65 people and there were 61 living at the home when we visited. The accommodation is across several floors with a selection of communal areas on two of the floors. There are also large, accessible gardens.

People's experience of using this service:
The service met the characteristics of requires improvement.

Medicines were not always managed effectively to reduce the risks associated with them. Infection control systems were not always embedded to protect people from harm. In addition, some incidents which should have been reported to safeguarding authorities and CQC had not been. Staff were not always effectively deployed to protect people from harm. There was a particular impact at mealtimes which resulted in people's dignity not being upheld and people not always receiving sufficient support to eat. People's privacy was also not always protected. The systems the provider had in place to monitor and manage this were not always effective.

There were risk assessments which gave staff the necessary guidance about the help people needed. Any concerns or accidents were reviewed to learn lessons from them. Staff worked well together and with external professionals to promote people's health and physical wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The environment enabled people to maximise their independence.

The provider had invested in resources to ensure people had the opportunity for stimulating and meaningful activities. When people required end of life care, there were measures in place to ensure support was compassionate and personalised. People felt able to raise concerns about their care and be confident they would be dealt with promptly.

The registered manager was approachable and there were systems in place which encouraged people to give their feedback. There were relationships with other organisations to meet people's needs.

More information is in the full report.
Rating at last inspection: The service was last inspected on 12 April 2016 and was rated good.

Why we inspected: This was a scheduled inspection based on the date the service was registered.

Enforcement: We found two breaches in regulatory standard and you can see what action we told the provider to take at the back of the full version of the report.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Bramble Lodge

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.

Inspection team: The inspection was completed by one inspector, inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Bramble Lodge is a care home. People in care homes receive accommodation and personal care. 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 carried out on 13 February 2019. It was unannounced.

What we did: We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this eight months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with eight people who lived at the home about the support they received. As some of the people found verbal communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with five people's relatives to gain their feedback on the quality of care received.

We spoke with the provider, the registered manager, the deputy manager, four senior care staff, three care staff and two home assistants. We also spoke with one visiting health professional. We received written feedback from the local authority contracts monitoring team prior to inspection. We reviewed care records for five people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, meetings minutes and quality audits.

Requires Improvement

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Using medicines safely; Preventing and controlling infection

- People did not always receive their medicines as prescribed. Relevant national guidelines about storing, administering and disposing of medicines were not always followed.
- When medicines were being administered, we observed they had already been prepared and put into pots for three different people. When we checked medicines administration records (MAR) we found that the member of staff responsible for administering them had already signed to evidence that these medicines had been taken before they had been given to the people. This is not in line with national guidance and puts people at risk of harm because it increases the likelihood of errors occurring; for example, the wrong person being administered somebody else's medicine.
- When administering the medicines, the trolley they were stored in was left open and at times unattended in a communal area. This also puts people at risk of harm as they may be able to access medicines that were not prescribed for them.
- We reviewed systems for monitoring stock of medicines. This was to ensure that the medicines were administered as prescribed and to ensure people had enough medicines in stock to meet their needs. We were unable to check if stock was correct because systems had not been followed. For example, the amount of stock had not been carried forward for some medicines to check they were accurate. For other people the amount of stock was incorrect and did not correlate with what was written on the MAR. This meant that the systems in place to check that people had their medicines as prescribed were not always effective.
- Some people were prescribed medicines to take 'as required'. One person had taken their medicine every day consecutively and there was no written guidance for staff to understand when they should take it. The member of staff we spoke with stated that guidance was not needed because the person took it every day. This was not how the medicine was prescribed and guidelines state that the prescriber should be contacted if the medicines were needed more frequently. This had not been done and this may have an impact on the person's wellbeing.
- Infection control procedures were not always followed to protect people from harm.
- When protective equipment had been used it was not always disposed of hygienically. We saw used plastic gloves left on the floor of a communal bathroom beside a full bin of clinical waste in a yellow bin bag. This meant that soiled and used materials were not effectively disposed of.
- Some equipment was not kept clean to reduce the risk of infections spreading. Cushions which were used for people to sit on to relieve pressure on their skin were not always clean. Some also had a strong smell of urine. One member of staff told us all pressure cushions were for individual use and were named. However, when we checked they were not ,and staff present were unable to tell us who they belonged to.
- Some areas of the home had a poor odour. This was confirmed by some relatives we spoke with who said that some areas of the home were more likely to have a malodour. When we spoke with the provider they

informed us that some carpets were due to be replaced.
•□There were toiletries for shared use stored in the communal bathrooms. This was not in line with infection control guidelines.

•□This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
•□Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. However, we found that one instance had occurred which had caused harm to one person that had not been referred to the safeguarding team in line with procedures.
•□We spoke with the registered manager and provider about this and we were given assurances about actions taken to protect the people involved.

Staffing levels
•□There were enough staff to ensure that people's needs were met safely. However, they were not always deployed in communal areas to support people. One relative told us, "Sometimes there's no staff in this room (public lounge) and before someone's got up and stumbled. I asked staff what to do if that happened and they showed me the button to press." Another relative said, "I think my relative is safe here. But staff are not always in the public rooms. Occasionally someone gets up and they look unsteady and move things."
•□On the day of our inspection visit there were some occasions when people were unsupported in communal areas. For example, six people were unsupported for fifteen minutes. When we reviewed records some of these people were assessed as being at high risk of falls.
•□There were other occasions when the deployment of staff caused confusion for people. For example, we saw one person was supported to a bathroom for personal care. When they returned to the communal area they were asked to go with staff for personal care on two further occasions in a fifteen minute timeframe. The person was not able to verbally communicate why they did not want to go but would not stand for staff.
•□In other areas of the home there were staff available to assist people at all times. Some staff had a role which was focussed on ensuring that people's nutritional needs were met. Staff told us this assisted them to attend to people more promptly.
•□The provider followed safe recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Assessing risk, safety monitoring and management
•□Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
•□People told us how staff supported them to manage risk. One person said, "I'm safer here because I had a lot of falls at home. I haven't fallen since I came here. I feel safe here." A relative told us, "My relative is safe here. It's a safe environment and my relative likes to walk and is able to and comes to no harm."
•□We saw people being supported in line with their risk assessments; for example, being moved with the assistance of equipment or using cushions to protect their skin. A visiting health professional told us that staff were good at managing skin integrity.
•□The environment was checked regularly to ensure that it was safe and well maintained. Equipment in the home was in good condition and had been serviced recently.
•□There were plans in place for emergency situations such as fire evacuation and these were personalised.

Learning lessons when things go wrong
•□Lessons were learnt from when things went wrong and actions taken to reduce the risk.
•□When people had falls these were recorded and analysed. There were actions taken for each person; from

referral to other professionals for specialist advice to maintenance checks on equipment.

Requires Improvement

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough with choice in a balanced diet

- People's mealtime experience was varied and in one dining room this meant they were not always provided with the correct meal, and it was not a relaxed experience.
- When one person was given their meal they pushed it aside and ate a meal given to the person next to them. This second person was then left without a meal and staff did not notice the swap that had occurred for over five minutes.
- In a second dining room there was only one member of staff at the beginning of the meal to assist twenty three people and therefore people waited to be served for over ten minutes. Two people required support to eat their meal and waited for ten minutes for this with it in front of them. When they were supported the meal was not replaced with warm, fresh food. And we saw one of these people did not eat the meal.
- When people asked what was for dinner or dessert staff were not able to tell them. We saw this caused confusion to people, some of whom were living with dementia and another who had a visual impairment.
- People were offered drinks but not always a choice about the drink they wanted. Although there were two meal options, people made their choice the evening before and the chosen dish was served to them without discussion on the next day.

Staff skills, knowledge and experience

- People were supported by staff who had ongoing training. However, we saw that this was not always embedded in their practice. When we spoke with one member of staff who had administered medicines they told us they had received training and support in doing this safely and could recognise the errors they had made.
- Other staff we spoke with told us they had detailed training including in understanding dementia; again, we didn't always see this in practice when supporting people especially at mealtime.
- However, we did also see some good care practices; for example, in moving people safely, and people told us they felt staff were skilled. One person we spoke with said, "Yes, I think they have the right training to support me."
- New staff had a detailed induction which included shadowing more experienced staff. One member of staff told us, "My induction training has been good and informative. It is interactive, not just sitting and watching. I have questions and worksheets to complete."
- The provider had invested in a member of staff who was dedicated to supporting learning and development and told us the varied ways they did this. These included train the trainer approach, experiential learning when staff were supported to take the place of someone receiving care and through knowledge discussions in meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•□People's needs and choices were met in line with national guidance and best practice.
•□People's protected characteristics were considered so that people were protected from discrimination. People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. Where people had health conditions that had been referred to in their initial assessment this was then reflected in more detailed care plans.
•□Standardised, objective risk assessment tools were used to assess risks to people's health and safety; such as skin integrity and nutrition. This helped staff to provide people with care in line with current best practice guidelines.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.
•□People were supported to monitor their health and received prompt treatment when they were unwell.
•□They told us they had regular visits from their doctor when required and they were confident that any concerns would be actioned promptly. One person said, "They're quick to call the doctor. I had chest trouble and had to spend the day in bed; they were very good at looking after me."
•□One health professional we spoke with said, "The staff are very good at monitoring people and will do a lot of observations before we come. This helps us to assess people quickly. They communicate well with us and will follow instructions. They are really good at recognising when intervention is needed which helps to keep hospital admission low."

Adapting service, design, decoration to meet people's needs
•□People were involved in decisions about the premises and environment. There were several communal areas and some had been designed for quiet space or reminiscence. Some relatives told us about areas of the home their family member enjoyed such as the library or visiting the fish tank.
•□There was signage throughout the home to assist people who were living with dementia to orientate themselves.
•□Bathrooms had adapted equipment to support people with using the facilities safely.
•□The home was well maintained and regular checks were carried out to ensure all areas were safe and enabled people to freely move around the home.

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 with appropriate legal authority.
•□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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•□Staff consistently obtained consent from people during the inspection. Before they supported people, they asked if it was ok.
•□When people were unable to make their own decisions, staff told us how they consulted with families and other professionals to ensure that their best interests were considered.
•□DoLS authorisations were in place when some people had restrictions in place that they couldn't consent to and we saw further applications were in progress. Staff understood the DoLS to ensure that they were

meeting the requirements of the MCA.

- There were capacity assessments in place to support the decision making.

Requires Improvement

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations had not been met.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

•□People were not always treated with dignity and respect. There was a task focussed approach to delivering care at times.
•□When one member of staff was supporting several people to have personal care before a meal they told us, "These people get up with night staff and so they need to use the toilet now before their meal."
•□During a meal people were not always treated with respect. Staff stood over them to support them with meals and at one point a member of staff had their back to the person they were supporting. Staff didn't always speak with people and moved from person to person; for example, giving one person a few spoons of a meal, then another person and then back to the original person.
•□Some people spent a lot of their day in corridors and by doors which led to other floors. We saw staff go past without engaging with them and one member of staff told us not to be concerned because they were unable to use the lock to access the stairs and left them where they were.
•□People's privacy was not always maintained. There were baskets of underwear of different sizes in a communal bathroom with people's names on it.

•□This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•□At other times during our inspection visit we did see kind and caring interaction between staff and people they were supporting. People spoke about staff in warm terms. One person told us, "The staff are kind and caring. I would recommend it here."
•□Some relatives we spoke with praised staff for providing calm support when people were distressed. One relative said, "My relative was in an anxious state and we couldn't calm them but a member of staff was very good and was able to calm them down. Staff managed it well and reassured them."
•□Staff told us they consulted with families to assist people to make choices about their care when they were unable to. There was also information available to people about local advocacy services if required. Advocates offer independent support to people to assist them to make decisions.
•□Families told us they could visit when they wanted to and were welcomed. They told us they were informed about their relative's welfare.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Activities were planned with people to ensure they were engaged and interested. One person told us, "There's always something planned and I sometimes join in with bingo or knitting." Another person said, "We go on outings; last summer we went to the zoo and on a boat for the day. There's a coach to pick you up and we went to the farm to see the animals."
- Consideration was given to people's different needs. Some people had some one to one support to paint nails or sing to music. There was also 'rummage boxes' which contained objects to stimulate memory, discussion or for sensory enjoyment. We saw a member of staff use this to promote a conversation with one person about celebrities and famous people.
- When we visited there were a mixture of group and individual activity. For example, in the afternoon there was a book club where people were read to in the library.
- There were dedicated staff to organise activities for people and there was also a separate well equipped room for some. The staff explained how they took photographs to remind residents and families of what had taken place.
- People had care plans which were personalised, detailed and regularly updated. One member of staff told us, "We read the care plans to find out about people and their likes and dislikes."
- There were regular handover meetings to ensure that staff were aware of people's changing needs.
- People's communication preferences had been assessed and there were plans to guide staff. This ranged from reminding staff that people required glasses or hearing aids to describing how someone living with dementia may communicate their wishes if they were no longer able to do so verbally.
- Information was shared in different formats throughout the home to ensure people could understand; for example, using photos and pictures. There were signs explaining the different colour uniforms that different staff wore. One person told us, "You always know who's in charge by the colours they wear." This showed us that the provider had complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to.
- One person told us about a complaint they had made and how they were satisfied with the response they received and the action taken to resolve it.
- When complaints were received they had been recorded and reviewed in line with the provider's procedure.

End of life care and support

• People had plans in place for the end of their life, including choosing when they would want to be resuscitated. An end of life tool had been developed which focused on the person's experience including their pain management. It clearly explained the support people should be provided at this point in their lives.

• There was no-one receiving end of life care at the time of our inspection. A visiting health professional told us that the staff were good at supporting people at the end of their life and worked in close partnership with them to ensure their wishes were met.

Requires Improvement

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff understood their roles and responsibilities and there were clear lines of delegation. Some staff held additional responsibility for certain roles such as medicines management and they were responsible for completing quality checks.
- Quality audits were regularly completed in line with the provider's procedures. However, we found errors in medicines management and infection control which had not been reported by staff with responsibility for those areas in the home. For example, in the infection control audit it was recorded that all toiletries were single independent use and none were stored in the bathrooms checked.
- There were also concerns around people's dignity and support around mealtimes which were not addressed by others in the staff team, including senior staff who were present.
- The registered manager did not always uphold their responsibility to notify us about important events. There were incidents which should have been reported to us under safeguarding notifications. This is in line with their duty of candour and means that we can check what action was taken to protect people.

- The provider had displayed their previous inspection rating in line with our requirements.
- People and relatives knew who the registered manager and provider were and felt they were approachable. One relative said, "I would go into the office if I needed something."
- Staff felt supported in their roles and were confident that they would be listened to if they raised any concerns.

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

- There were regular meetings with people who lived at the home and their relatives and opportunities to feedback through surveys. We reviewed records and saw that they took place regularly and discussed activities and plans for the home. People were asked if they had any feedback.
- Staff felt supported through regular supervisions and appraisals. Team meetings were productive and staff felt confident their views and opinions mattered and were listened to.
- There were strong relationships with local health and social care professionals, schools, churches and social groups.

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 10 HSCA RA Regulations 2014 Dignity and respect People who lived at the home did not always have their dignity respected.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who lived at the home did not always receive safe care and treatment.