

Brambles Care Home Ltd

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

The Brambles Care Home provides accommodation and personal care for up to 22 older people who may have care needs associated with living with dementia. There were 18 people living at the home at the time of our inspection. The service does not provide nursing care.

At the last inspection in July 2015 the service was rated Good. At this inspection we found the service remained Good.

The service was safe. The registered provider's recruitment procedures ensured that only suitable staff were employed. There were enough staff to help keep people safe, meet their needs and protect them from harm and abuse. Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. There were safe systems in place for the management of medicines.

The service was effective. Staff received training to ensure they had the necessary skills and knowledge to care for and support people living at the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough and maintain a balanced diet and to access health and social care services when required.

The service was caring. Staff knew people very well and were kind and sensitive to their needs and ensured their privacy and dignity was respected. People told us they were happy with the care and support they received.

The service was responsive. Where possible people and their families were involved in the planning and review of their care and support; care plans were person centred and were regularly reviewed. Staff promoted people's independence and encouraged people to do as much as possible for themselves. Staff shared information effectively which meant that any changes in people's needs were responded to appropriately. There was an effective complaints procedure in place.

The service was well-led. Staff and relatives were extremely complimentary about the registered manager who was committed to providing an excellent person centred service; ensuring people had a good quality of life. There were systems in place to regularly assess and monitor the quality of the service provided and people living and working in the service had the opportunity to say how they felt about the home and the service it provided. The registered manager was able to demonstrate how they measured and analysed the care and support provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Brambles Care Home

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. This was a scheduled comprehensive inspection.

The inspection took place on the 26 April 2017 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

During the inspection we spent time with people living at the home. Some people were living with dementia and were not always directly able to comment about their care so 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 spoke with five people, four relatives, one health and social care professional, five members of staff and the registered manager. We also reviewed a range of documents and records including four people's care records, people's medicine records, four staff recruitment and support files, training records, complaints and quality assurance information.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse and harm and risks to people's safety as at the previous inspection and the rating continues to be Good.

People told us they felt safe living at the home. One person said, "Oh yes I feel safe, I am well looked after." Relatives also told us they felt their relatives were safe; one said, "It's the best decision we made bringing [person] here, they are very safe."

Staff we spoke with had received safeguarding training and were able to describe different types of abuse. They knew what action to take if they had any concerns about people's safety and felt confident that if they needed to raise any concerns that the registered manager would take appropriate action to protect people and keep them safe. Staff were aware that they could contact outside authorities such as the Care Quality Commission (CQC) and the local safeguarding team. Ask Sal' posters were clearly displayed within the communal areas of the service. Ask Sal is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns.

Risk assessments had been completed to help keep people safe, for example for their pressure area care, bathing/showering, nutrition, mobility and for falls and were reviewed on a monthly basis. Staff were knowledgeable of people's identified risks and described how they would manage them.

Systems were in place to record and monitor incidents and accidents and these were monitored by the registered manager. This ensured that if any trends were identified prompt action would be taken to prevent reoccurrence. Records showed that staff were trained in first aid and fire awareness and how to respond to emergencies.

There were thorough recruitment procedures and checks in place to ensure staff were of good character and suitable for their role before they commenced employment. Staffing levels were sufficient to meet people's individual care and support needs safely. Staff and relatives told us that they felt there were always enough members of staff on each shift. During our inspection we observed staff supporting people in a timely way and there were sufficient staffing levels to meet people's individual care and support needs.

There were systems in place for the safe management of medicines. Medicines were stored safely in a locked cabinet and were administered by staff that were appropriately trained. The medicines administration records (MARs) that we looked at were completed correctly with no gaps or anomalies. People told us they received their medicines on time when they needed them.

People and relatives told us that the home was well maintained, kept clean and free from odours. One person told us, "Everything is always spotlessly clean." This was confirmed by our observations on the day of the inspection. Records showed that regular infection control audits had been completed and all staff had completed infection control training.

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs. The rating continues to be Good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The 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.

We checked whether staff were working within the principles of the MCA. Staff understood the importance of consent and explained to us how they gained people's consent to their care and helped people to make choices on a day to day basis. Records showed that people's mental capacity had been assessed and any decisions were made in their best interests in the least restrictive way in line with legislation. The registered manager and staff understood their responsibilities and the key principles of the MCA and DoLS. The registered manager kept a tracker of all DoLS authorisations so that these could be reviewed in a timely manner.

New staff received an induction when they started work at the service and were supported to obtain the knowledge and skills they needed to provide good care. Training records confirmed staff had completed the registered provider's mandatory training. Where required staff had received specialised training to enable them to support people; for example catheter care, pressure area care, diabetes, stroke, dementia and end of life care. Staff we spoke with told us they felt well trained. One member of staff said, "I feel I've had enough training, the training is good and is always updated. This is important as we need to ensure we have up to date training to make sure we are doing things correctly." This demonstrated that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff received regular supervision and annual appraisals. Supervisions and appraisals are important as they are a two-way feedback tool for the managers and staff to discuss work related issues, training and development needs. Staff told us they were very well supported by the registered manager who was always accessible if they needed any support or guidance. This demonstrated that staff had a structured opportunity to discuss their practice and development.

People were supported to eat and drink enough and maintain a balanced healthy diet. They were involved in choosing the food and drink that they were provided with and told us they enjoyed their meals. We spoke with the chef who had recently been appointed. They were knowledgeable about people's specific dietary

needs and told us, "I have lots of new ideas, bringing my knowledge and experience to further enhance the mealtime experience. [Name of registered manager] is open to my ideas for making the meal time experience better for people." We observed the lunch time meal and saw that staff encouraged and supported people to eat their lunch. Where people were being supported to eat their meal, staff did so sensitively. People enjoyed a pleasant relaxing mealtime experience.

People were supported to access healthcare services as required such as GPs, opticians and dentists to maintain their health and well-being. The outcome of health appointments were recorded within people's care plans so that staff knew what action to take. Care records showed that the service worked effectively with health and social care services to ensure people's care needs were met.

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

Staff provided a caring and supportive environment for people who lived at the service. All the people we spoke with told us that staff were very caring. One relative told us, "I looked at loads of care homes but this was the best; they 'actually care'". Another said, "Staff are very caring, I've never seen anyone with a bad temper everyone [staff] are delightful." They went on to say, "We wouldn't have chosen anywhere else, we looked at others but it really feels like a home from home here. You always get a smile and a hello when staff open the door to you." During our inspection we observed warm interactions between people and staff and it was clear that staff knew people very well. Staff were not rushed in their interactions with people and listened intently to what they were saying giving them time to respond. During our inspection a person became unwell in the dining area; we observed staff being extremely kind and caring with the person and dealing with the situation in a sensitive manner. Later on we spoke with the person's relative who told us, "They [staff] are excellent with [relative], they kept us informed and we were at the hospital before the ambulance arrived; they're fantastic."

Where appropriate people were involved in making decisions about their care and support. Care plans were person centred and contained information about people's likes, dislikes and preferences in regard to all areas of their care including cultural and religious beliefs; all the staff we spoke with were able to demonstrate a good knowledge of how people wished to be supported.

Staff demonstrated a good understanding of privacy and dignity and described how they protected and respected people's dignity such as knocking on people's doors before entering their rooms, ensuring curtains and doors were closed when supporting people with personal care and helping people to maintain their personal appearance so as to ensure their self-esteem and self-worth. One member of staff told us they used a privacy screen when people were receiving treatment however if people required intimate treatment they would be supported with this in their own bedroom to ensure their privacy and dignity was maintained.

People were supported to maintain their independence and staff recognised the limitations of each person and empowered them to be as independent as possible. Staff told us that it was important for people to do as much as they could for themselves such as wash or dress themselves. One member of staff described to us how they supported one person to mobilise short distances as much as they were able and explained how it was important for them not to simply use a wheelchair at all times as this would take away the person's independence.

The service had information on local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. No one was currently accessing advocacy services at the time of the inspection.

People were supported to maintain relationships with friends and families. There were several areas within

the service where people could receive their visitors which offered a private space. People's bedrooms were spacious which enabled them to greet people in their own rooms if they preferred. The registered manager informed us people were able to visit at any time. This was confirmed to us by relatives.

Where appropriate people's wishes for their end of life care were recorded in their care plans, this included whether they wished to remain at the home or go into hospital at the end of their life. Records showed that some staff had completed training on end of life care. We saw many comments from relatives thanking staff for the care their relatives received. Feedback included, "Thank you to everybody for the way you have looked after [relative] over the last two years. [Relative] was happy at The Brambles and often commented on how nice everybody was; a special thank you for the care they received in their last few days which we know were difficult for all concerned. It did however give us a lot of comfort to know that [relative] was well looked after."

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Prior to moving into the home a pre-assessment was undertaken to identify people's health, personal care and social support needs to ensure these could be met by the service. Information from the pre-assessment process was used to inform and develop people's care plans. Care plans were tailored to meet people's individual needs such as personal care preferences and any cultural or spiritual needs and wants. The care plans we looked at had been signed by people or by their representatives to show that they had been involved in the planning and review of their care. Care plans were evaluated monthly or sooner if people's needs changed. A relative told us they were always involved in the review of their relative's care and told us they were able to look at their relative's care plan at any time.

Regular residents and relatives meetings had been held where people had the opportunity to be involved in the day to day running of the service. Records confirmed that various topics were discussed such as activities, menus and news from management. We noted from the minutes of a meeting held in February 2017 that a person had asked whether it would be possible for people to have their eyes tested at the home. The registered manager confirmed to us that this had now been put in place. A relative told us, "They have regular meetings and the dates of these are displayed so everyone knows."

Staff were responsive to the individual needs of people for example a relative told us, "[Staff] are very much on the ball. My [name of person] needs are complex but they [staff] just don't leave them they try out new things to try and help, things I had never thought of; they are always thinking of other solutions." We saw from the person's care records that the service had contacted appropriate healthcare professionals to ensure the person had appropriate aids to help support their needs thereby enabling them to have a better quality of life.

The home is part of the Care Home Research Network (CHRN), an initiative set up by Kings College London to support research into dementia. As part of the research programme the service received support and training to enable staff to better understand the needs of people living with dementia whilst supporting the CHRN with their research. The registered manager described the positive impact of this training for both staff and people living with dementia. We saw an example where staff had gone 'the extra mile' and had brought in a 'buggy' from home for a person using doll therapy; prior to this the person had continually wandered around the home and regularly became upset and anxious, now with the support from staff and effective use of doll therapy they are much calmer and have reduced anxiety episodes. Doll therapy is where people living with dementia are given a doll to care for as for some people it is thought they invoke happy memories of parenting and nurturing and can bring them a real sense of well-being. A health and social care professional told us, "I have seen significant improvements since I have been visiting the home, in particular for people living with dementia. They [Staff] are very responsive to people's needs and are not afraid to ask for help and seek advice; I have no concerns or worries."

People were supported to follow their interests and take part in social activities. The service employed one activities coordinator and a weekly activities poster was displayed in the main lounge. During our inspection we observed a group of people thoroughly enjoying a game of dominoes and reading daily newspapers. People told us they enjoyed the activities and going out into the community. However we were not assured that appropriate activities were available for people living with dementia or for people who remained in their own rooms. We discussed this with the registered manager who advised us they had already identified this as an area of improvement and we saw records to show that they were taking action to improve this area.

People and relatives told us they did not have any complaints but were confident any complaints or concerns would be taken seriously and resolved promptly. One person said, "If you have any complaints you only have to tell them. If there was anything to complain about I would tell them but we all jog along very nicely." The service had a policy in place for dealing with complaints and this was clearly displayed at the service and was accessible in easy read format. The service had received one formal complaint since our last inspection with regard to an overhanging tree. Records showed that this had been dealt with appropriately in line with the registered provider's policy.

Is the service well-led?

Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The rating continues to be Good.

A registered manager was in post. A registered manager is a person who has registered with CQC 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 .

Relatives and staff found the registered manager to be open and honest and told us they thought the service was well-led and managed. One relative told us, "We regularly have dialogue with [name of registered manager]. She is always around and positively responds; she is a brilliant manager." Another said, "Oh yes I do think the service is well-led and managed. You can always speak with [name of registered manager] and if she's not here I can talk to any of the other staff." A health and social care professional told us that staff were very welcoming, open and honest and that they were always able to gain full access to care records when visiting the home.

The service promoted a positive person centred culture and consistently focussed on ensuring people's life experience at the service was of the utmost importance. Staff had excellent knowledge about the people they were caring for, were positive about their roles, clear on their responsibilities and enjoyed their work. They shared the registered provider's philosophy to provide good quality care. Staff told us they felt supported, valued, enjoyed working at the service and that team morale was very high. They told us that the registered manager was very visible within the service, approachable and was always available for support and guidance.

Regular staff meetings were held and topics such as updates on people living at the service, training, activities and the day to day running of the service were discussed. Staff told us that they were able to openly discuss any concerns and suggestions for improvements to the service. This showed us that staff had the opportunity to be involved in how the service was run.

There were effective systems in place to ensure staff had the information they needed to provide a good service. Clear and effective communication systems were in place, including handover at each shift. A communication book and diary was also used for staff to communicate important information. This meant that staff were able to quickly access any important information they needed to provide people with safe care and support.

The registered provider actively sought the views of people who used the service. This was done in a number of ways such as daily interactions with people and surveys. People's feedback was taken into account to improve the quality of the service.

There were systems in place to monitor the quality and safety of the service. The registered manager was

committed to delivering a high standard of care to people and ensured regular checks and audits were completed such as health and safety and the fire system. Where any actions were identified actions plans were developed to address any identified areas of improvement. A quality monitoring report by the Local Authority was completed in May 2016 and showed that a score of 87.3% had been achieved by the service. This demonstrated that there was an effective quality assurance programme in place which was effectively monitored.