

Sanctuary Care Property (1) Limited

Brambles Residential Care Home

Inspection report

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Date of inspection visit:

29 April 2016

10 May 2016

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27 June 2016

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

Brambles Residential Care Home is registered to provide care and accommodation to up to 64 older people. At the time of our inspection 57 people were living there.

The inspection took place on 29 April and 10 May 2016 and was unannounced.

At the time of our inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. People told us and we saw staff to be kind and considerate and treated people with respect and dignity. People's privacy was respected.

Staff were able to describe the actions they would take to keep people safe. People felt sufficient staff were on duty to meet their care and support needs. The registered manager was able to review staffing levels in line with people's needs and increase staffing if needed. Systems to ensure safe recruitment processes were in place.

Staff were supported by the management and received training to ensure they had the skills and knowledge necessary to care for people. Staff were able to attend meetings where they were able to voice their opinions. People's care needs were well known by the staff we spoke to including people's likes and dislikes.

Care plans and risk assessments were in place. Although these were not always up dated to reflect people's changing care needs staff were aware of how to care and support people.

People were asked for their permission prior to receiving care and support so people were able to give their consent. Where people were not able to give their consent decisions were made in their best interests. People who lived at the home and their relatives told us staff were kind and considerate.

People's healthcare needs were monitored and health professionals were consulted in order to maintain people's well-being. People told us they liked the food available and confirmed a choice was available to them.

People were satisfied with the care provided and were supported in a way they wanted. People had care plans in place describing their needs and risks associated with their care.

Staff told us they enjoyed their work and liked the management team. People and their relatives were confident any complaints made would be listened to and responded to.

Systems were in place to monitor the service provided for people as a means to improve the quality of care and support people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe living at the home. Staff understood their responsibilities to protect people from the risk of abuse. Risks to people's welfare were identified and plans were in place to minimise the risk. Sufficient staff were on duty and recruitment checks were in place. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were cared for staff who had received training. People were supported by staff who were aware they needed to gain consent prior to them providing care and support. People's dietary needs were taken into account. People had access to healthcare provision to ensure their well-being.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind and considerate. People were treated with respect and their right to privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning care and support. People's likes and dislikes were known by staff. People participated in interests they enjoyed. People's views were sought as a means of making improvements. People were confident their concerns would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Relatives were aware of the registered manager and spoke highly

of them. Systems were in place to monitor the quality of the service provided. Where improvements were required action was taken.

Brambles Residential 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 was planned to check 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 inspection took place on 29 April and 10 May 2016 and was unannounced. The inspection team consisted of one inspector and a specialist advisor who had knowledge around the prevention of falls.

As part of the inspection we looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with people who lived at the home and had discussions with twelve people about the care and support they received. We looked at how staff supported people throughout the time we were at the home.

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.

The provider completed before our inspection a Provider Information Return (PIR). This is a form which asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, the deputy manager, the regional manager and five members of staff including senior care staff and care staff. We spoke with six relatives of people who lived at the home.

We looked at the records relating to six people who lived at the home as well as medicine records. We also looked at staff records and quality audits.

Is the service safe?

Our findings

People we spoke with told us they liked living at the home. People confirmed they liked and trusted the staff who cared for them. One person told us, "I feel really safe here because they [staff] look after you." We saw from people's body language they were comfortable when with staff and we saw people engage in friendly banter throughout our inspection.

All the relatives we spoke with told us they believed their family member to be safe living at the home. One relative told us their family member was, "Very safe living at Brambles. I have no worries about the care provided." Another relative told us they had, "Peace of mind" knowing their family member was safe and well cared for. A further relative said when we spoke about whether their family member was safely cared for, "Absolutely safe living here." Another relative told us, "I have heard staff in the background when on the telephone. This gives me confidence [family member] is safe.

When we spoke with the registered manager and the deputy manager we found they were aware of the action they needed to take in the event of abusive practice taking place in the home or affecting a person who lived at the home. Staff members we spoke with were aware of their responsibility to report any actual or suspected abusive practice. Staff told us they would inform the manager or a senior member of staff if they had any concerns. One member of staff told us, "People are safe living here. I wouldn't work here if people weren't safe". The same member of staff added, "I would report anything. I have never needed to do this." Staff were aware of other external agencies they could speak with including the Care Quality Commission (CQC) if they needed to report abusive practice. Staff we spoke with confirmed they had received training in how to keep people safe from the risk of abuse.

Information about safeguarding and the provider's procedures were available for people who lived at the home, their family members and staff to view.

Risks to people's well-being were assessed to ensure people were cared for safely. Risk assessments were in place for areas such as moving and handling, skin care and eating and drinking. We saw people's weight was monitored and any risks were assessed. The registered manager was aware of a high number of falls which had occurred at the home some of which had resulted in serious injury to people. We saw steps had been taken to reduce the risk of people falling while also ensuring people were able to maintain their independence. Staff we spoke with were aware of who was at risk of falling and although risk assessments were not always updated following a fall knew how to care for people to keep them safe.

We saw staff transferred people using equipment such as a hoist. During the inspection we saw occasions when staff transferred people from an easy chair into a wheelchair. These transfers were carried out safely to ensure people were not injured. Staff told us people had their own allocated slings when using specialist equipment to support people in moving in line with infection control procedures. We saw special cushions were in use on chairs to prevent people developing sore skin. These were used in line with the manufacturer's instructions on the cushions.

People we spoke with told us staff responded to calls for assistance promptly. People showed us pendants they had with them in order to call for assistance when needed. People told us they felt safe due to having a pendant and knowing they were able to call for assistance if needed.

Relatives we spoke with believed sufficient staff were on duty to meet people's care and support needs. Relatives were familiar with the staff and we saw people addressed each other by their first name. The registered manager told us they could increase the staff levels if the assessed care needs of people increased to ensure people's needs were able to be met. Staff we spoke with told us they believed sufficient staff to be available. Staff told us they covered shifts when needed and therefore agency staff were not used. Staff told us they worked in different areas of the home to ensure they had knowledge about everybody's care and support needs and to make sure people were provided with consistent care and support.

The provider ensured safe recruitment procedures were in place. These included staff having a Disclosure and Barring Service (DBS) check carried out and obtaining references from previous employers. The DBS is a national service that keeps records of criminal convictions. The provider had used the information received to ensure suitable people were employed so people using the service were not placed at risk.

People told us they received their medicines from staff members. One person told us, "They [staff] make sure you have your tablets." During our inspection we saw senior care staff administer people's medicines. Throughout the inspection we saw senior staff checked people's records to ensure they were administering medicines to the right person. A senior member of staff was heard checking with people that they wanted their medicines and explained to people what their medicines were for. The trolleys containing medicines were locked when unattended. We looked at medicine records and saw these were completed following administration of medicines. Audits of medicines were in place and the registered manager was confident they would have identified an error we found during our inspection. Creams and ointments were not always signed for once there were applied however the daily records maintained by staff evidenced these were applied as prescribed. Reassurance about the application of these items was given to us by the registered manager as well as assurance that the lack of signing would be brought to the attention of the staff team.

Is the service effective?

Our findings

People we spoke with were cared for by staff who had received training and were supported by the management team. One relative told us, "The staff are very knowledgeable" and put this down to the training they had received.

Staff confirmed they received training relevant to the care and support of people who were living at the home. Staff told us they had recently received training in dementia care and the prevention of falls. Staff told us they had enjoyed the training and had given them information they were able to use as part of the daily work such as a greater awareness of factors which could result in people falling.

One member of staff told us about their induction training. They told us they spent a period of time shadowing experienced members of staff and worked as an extra member of staff on duty. They told us they were not able to provide care on their own until they had been assessed as competent.

Staff told us they were well supported by the management team and attended regular meetings with them during which they were able to discuss any training needs they had. We spoke with staff and found they had a good understanding of people's care needs and told us they had received the training to enable them to care for people.

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 interest and as least restrictive as possible.

We saw people's capacity in making decisions regarding aspects of their care had been carried out. Where best interests decisions were made on behalf of people who lived at the home these were reached involving suitable people such as family members and looked at the least restrictive option. For example best interest decisions were in place regarding the use of equipment to alert staff if people got out of bed as a means of the prevention of falls.

Throughout the inspection we saw staff seek the consent of people they were providing care and support to. For example staff checked with people whether they wanted to wear a protective apron while they ate their meal. We also saw staff seek permission to remove people's plates once they had eaten their meal.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

As part of this inspection we looked at the DoLS which were in place. One application was authorised by the local authority. The registered manager was aware of other applications which were with the local authority

awaiting their assessment.

People we spoke with told us they enjoyed the food provided. One person told us their lunch was, "Lovely." People confirmed they had a choice of meal and were able to select what they wanted at the time of serving. We saw staff spent time with people to make sure they were aware of the menu on offer and to ensure people received what they wanted. We saw some people had adapted crockery to assist them maintain their independence and self-worth while eating.

Relatives we spoke with told us they had seen the meals and thought them to be good. One relative told us, "I have found the food to be good. It's excellent. Plenty of it so no one can go hungry." Another relative told us their family member had special dietary needs. They told us the staff had managed their family member's needs and they had also met with the chef to discuss these needs. They told us they were reassured by knowing staff were aware of their family members needs and told us staff, "Keep a close eye on the diet". A further relative told us, "The food is very good and so varied. I see it every day and I can't fault it. Always plenty of it. They have lovely gateaux."

We heard staff speaking with people about their food. For example one member of staff said, "Enjoy your breakfast." We saw staff supported people as needed while they had their meals. For example a member of staff noticed one person had stopped eating. The staff member encouraged them to continue and spent time with the person offering encouragement and reassurance while they had their meal. Other people also needed assistance with eating and drinking. This was done discreetly and at the person's own pace. We also saw staff eating a meal with people and joining in with banter while people ate.

People we spoke with were confident the staff would help ensure their healthcare needs were met. One person told us, "The staff will get a doctor out if needed. If I am unwell the staff will say stay in bed". Another person told us, "The doctor seems to be here regularly."

All the relatives we spoke with were confident they would be informed about any changes in their family member's health. One relative told us, "The healthcare here is very good. The staff here are very good at picking up on the signs of ill health and they get a doctor out". The same relative confirmed their family member regularly saw a chiropodist and had also seen a dentist. Another relative confirmed their family member was registered with a new doctor after they moved into the home. The same relative told us they were kept up to date with healthcare issues which involved their family member.

We saw from records that healthcare needs were followed up and specialists were involved as needed to ensure people's well-being.

Is the service caring?

Our findings

People who lived at the home said they liked the staff who cared for them. During the inspection we saw staff communicated with people in a kind, caring and considerate way. We saw staff knelt down in order to speak with people eye to eye. People were seen to be relaxed in the company of the staff. We heard laughter and good hearted banter between people who lived at the home and staff throughout the inspection. We saw people smile at the staff and hold out their hands either as a means of friendliness or as a means of support and reassurance. One person gave a thumbs up sign when we asked them about the standard of care they had received.

Throughout our inspection we saw staff were attentive and responded to people's needs. For example when people needed assistance with personal care such as going to the bathroom this was provided with discretion and sensitivity.

All the relatives we spoke with were complimentary about the staff and the care their family member had received. One relative told us, "It's a lovely place. The staff are all so nice." The same relative told us individual staff could be recommended for an award. The relative felt it would be difficult to recommend just one staff member as they were all equally as good. Another relative told us, "We as a family are really impressed with the care provided." A further relative told us, "We feel [family member] is well looked after. We want the best and we think we have found it."

People were able to make choices about aspects of their care. For example people were asked where they wanted to sit for their meals and staff asked people whether they wanted to wear an apron while they had their meals. People we spoke with told us they were able to make decisions throughout the day such as when they got up and where they wanted to spend their time. People told us they were able to personalise their bedroom as they wished.

Throughout our inspection we saw examples of privacy and dignity being upheld. For example staff were aware of potential dignity issues when people were using a hoist. Staff spoke and guided people with respect while also ensuring their dignity was maintained. For example by supporting people to reposition their clothing.

Staff were able to explain what privacy and dignity meant. Staff were able to tell us how they ensured people's privacy and dignity was maintained while personal care was provided. For example by ensuring people remained covered.

People told us they liked to see their family members and told us they could have as many visitors as they wanted. Relatives told us they were able to visit whenever they wanted to and without restrictions. Relatives also told us that they felt welcomed at the home. One relative told us, "I know I can come here anytime. The care is very good." During our inspection we saw staff members speak in a friendly way to relatives and often greeted them by their first name. A relative told us, "They [staff] know who you are and they go out of their way to make you feel at home."

Is the service responsive?

Our findings

People told us they knew staff kept records about the care they received. One person told us "I have seen my care plan. It details what they [staff] do for you. I like to read it. I am quite happy with the arrangements."

People's relatives told us they or another member of the family were involved in the drawing up and reviewing of the care plans. One relative said, "I always get involved with the care plan. I see the care plan and they [staff] go through it with me on a regular basis." The same family member told us they were involved with staff members making a scrap book containing items from their family members past. The relative told us they believed their family member liked being shown these items. Another relative told us they were involved in a review of their family member's care plan shortly after they moved into the home to make sure it was correct. A further relative told us, "When visiting staff will ask you to look at any changes to the care plan" as a result the relative told us they felt involved and were updated in relation to their family members care and support.

Staff we spoke with knew people's care needs and were able to describe the level of care people required. For example staff knew when people had a chest infection and how that could affect the care provided. Staff told us they gained information about people's needs by speaking with them and their family members as well as from the care plans. Senior staff attended handovers at the end of every shift. These were also attended by the registered manager and deputy manager. We attended one handover and found it informative. Staff were able to handover to their colleagues how people were and any needs that needed to be met

We found people had their life histories on file. These provided staff with topics of conversation for them to talk about with people who lived at the home. We saw staff related well to people who lived with dementia and were able to discuss their likes and dislikes as well as family members and events which were important to them. We saw staff reassured people at time of anxiousness by talking with them.

The majority of people we spoke with told us they were kept occupied during the day. One person told us, "Always something going on. We have songs and play games". The same person also told us, "We went on a trip to a pub and had fish 'n' chips." One person told us, "I wouldn't mind more activities."

We saw people were engaged in events taking place within the home or undertaking activities which were of interest to them. For example some people spent time reading a book or a newspaper. Staff invited people to take part in different activities they had organised for example people were seen decorating biscuits with icing while other people took part in a quiz. People told us they enjoyed taking part in craft and art sessions. Other people were seen taking an interest in watching CCTV (close circuit television) pictures of a bird nest in the back garden of the home and the feeding of baby birds.

We spoke with relatives and they believed their family member was occupied during the daytime. One relative told us, "Activities going on all the time" and "They [the management] have singers in" we were told their family member particularly liked these events. The same relative confirmed they had seen other

activities such as games and quizzes take place.

People we spoke with told us they could tell staff members if they were unhappy. Most people told us they would speak with a senior care staff member but people were also aware of the registered manager and the deputy manager. People told us staff would listen to them if they were worried or concerned about any aspects of their care.

Relatives we spoke with were confident they could raise concerns with the registered manager. One relative told us, "I just can't fault it here". Another relative told us, "I have no issues with the level of care provided" and added, "I could speak with the manager if I had any concerns and I'm confident any concerns would be addressed."

The provider had a complaints procedure in place which was displayed for people to see. We saw when complaints had been received these were investigated and responded to. We saw apologies were offered where needed. The registered manager and the regional manager were able to tell us about the action they had taken as a result of complaints received to ensure improvements where needed were achieved. The registered manager also maintained a record of concerns raised by people such as missing items of clothing. The records showed the action taken to remedy these situations.

Is the service well-led?

Our findings

People we spoke with were aware of the registered manager. One person told us the registered manager, "Does her upmost for people and gets things done for us." The same person told us the registered manager was good at making sure any repairs needed were done.

People we spoke with confirmed they were consulted about the care and support they received. We were told about a meeting where people could discuss their opinions and what they liked and disliked about living at the home. People told us they had previously discussed food and confirmed changes had taken place. We saw minutes of the meetings were on display showing the action to be taken as well as the dates for forthcoming meetings.

Relatives were complimentary about the registered manager. Relatives told us they found the registered manager and the deputy manager to be approachable and open with them. One relative described the registered manager as, "Very informative and clear". The same person told us they "Were impressed" when they first visited the home to have a look around prior to their relative moving in. Another relative told us, "If I have any questions I know I can speak to the staff in the office". A further relative told us, "If you have any problems [manager's name] is there for you" and "I know I would be listened to."

The results of a satisfaction survey carried out by the provider were on display in the reception area of the home. The results for Brambles were positive in the areas highlighted following a high return rate.

Staff told us they liked working at the home and felt supported in their work. Staff also told us they felt able to contribute to the running of the home and felt able to raise matters as part of the regular staff meetings. Minutes following staff meetings were available

The registered manager monitored accidents and incidents and had action plans in place as a means to reduce the number of falls within the home. The registered manager monitored the number of falls and had systems and strategies in place as a means of reducing the risk of people falling. The registered manager had shared information with the management team and their manager to ensure these people were aware of the strategies which was in place.

The registered manager had systems in place to audit care plans and medicines. We saw a percentage of care plans were checked and where improvements were needed these were noted and action was seen to have taken place. The regional manager as part of their visits to the home checked the audits undertaken by the registered manager to ensure the actions needed had taken place.

The regional manager confirmed that the registered manager attended regular meetings with managers from other homes registered with the same provider. These meetings provided managers with opportunities to discuss ways of making improvements and sharing ideas and achievements.