

# Peninsula Care Homes Limited

# Bramble Down

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Bramble Down is a care home providing personal care for up to 31 older people. At the time of the inspection there were 30 people living at the home.

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

Bramble Down House had a visible person-centred culture which ensured that staff in all roles were highly motivated and offered care and support that was compassionate and kind.

There was a good ethos within the service of treating people with dignity and respect. People were at the forefront of the service delivery and the provider was committed to and passionate about providing a good quality service. We received positive feedback from the majority of people and relatives. Any issues were already known by the service and were being addressed. The feedback reflected staff were kind, caring and committed. People complimented the continuity of care provided by regular staff, especially during the pandemic, which contributed to the building of meaningful relationships. Staff, supported by the activity team, recognised what was important to people and ensured an individually tailored approach that met people's personal needs, wishes and preferences were delivered.

Care and support plans were reviewed and changed as people's needs changed. The service worked closely with healthcare professionals. People were supported to maintain good health and to meet their nutritional needs.

Staff told us they were supported by the management team with empathy and understanding.

The registered manager, provider and management team provided supportive leadership and had developed a dedicated staff team who were committed to the vision and values of the service.

The provider had effective quality assurance systems, led by a quality assurance manager, in place which were used to drive improvement.

People living at Bramble Down told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place. Risks to people's safety and well-being were managed through a risk management process.

There were sufficient staff deployed to meet people's needs, including over-recruitment during the pandemic.

Medicines were managed safely, and people received their medicines as prescribed.

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.

#### Rating at last inspection

The last rating for this service was requires improvement (published 4 December 2019). 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 Regulation 12 Safe care and treatment and Regulation 17 Good governance.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question at the previous inspection. At that inspection we were assured that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As a result, we undertook a focused inspection to review the key questions of Safe, Caring and Well Led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection and Infection Control and Prevention inspection, by selecting the 'all reports' link for Bramble Down on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Bramble Down

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Bramble Down is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave short notice of this inspection due to the COVID-19 pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with five people who used the service and received feedback from three relatives about their

experience of the care provided. We spoke with six members of staff including the registered manager, quality assurance manager, senior care workers, care workers and the chef.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received feedback from a further three staff.

# 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.

### Assessing risk, safety monitoring and management

- At the last inspection there were not always clear plans to identify how risks would be managed. This had been addressed at this inspection and the service was no longer in breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.
- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as their mobility, nutrition and medicines. Staff were familiar with and followed people's risk management plans. For example, everyone had risk assessments for choking risk and one person had a detailed epilepsy management risk assessment. Staff now had care plan aide memoires to promote meaningful record keeping.
- The provider had a system to record accidents and incidents that was sent monthly to head office. We viewed the accidents log and saw appropriate action had been taken.
- People's safety was maintained through the maintenance and monitoring of systems and equipment.
- Where people were prescribed medicines on an 'as required' basis there was guidance for staff to know when and why to use them.

### Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to and supported in a timely manner and staff were not rushed. Over recruitment during the pandemic had enabled staff to have time to spend with people and work in two cohort teams to keep people safe.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

### Using medicines safely

- At the last inspection medicines were not always managed safely. This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. There was an electronic administration system which sent alerts to prevent any missed medication and used a clear stock taking process which had stream lined present stock. There had been no medicine administration errors since its introduction. Topical creams were now well managed, administration recorded and opening dates in place.
- People received their medicines as prescribed and the service had safe medicine storage systems in place. There were plans to move medicines to locked storage in each person's room for a more person centred approach.

- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

#### Preventing and controlling infection

- At the last inspection systems had not always identified areas of risk relating to infection control and prevention. This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. There was now a robust cleaning schedule in line with COVID-19 guidance. The laundry and bathrooms were clean and tidy and bins now had lids. Moving and handling equipment was clean and people had named slings for their use only.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives all told us they felt safe living at Bramble Down. One relative told us, "As far as I am aware due to the complexities of [person's name]'s condition the care there that she as received (and ongoing) has been very good. The times I have contacted Bramble Down to enquire, I find the staff very friendly, patient and efficient."
- People were supported by staff that knew how to raise safeguarding concerns. There was a safeguarding staff notice board, sharing any trust wide issues. The registered manager said, "We encourage staff to raise any concerns. For example, we made a safeguarding alert recently where we found a hospital discharge was poor."
- The provider had safeguarding policies in place and the team reported concerns accordingly. For example, one incident concerning a staff member's attitude had been well managed and any learning had been addressed.

#### Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. The registered manager said they had learned from the previous inspection, for example all staff had completed communication training. Learning was shared across the organisation and there were manager meetings regularly.
- Discussions with staff showed there had been learning following any issues identified during audits. For example, staff knew that when one person who regularly shouted out then they needed to enter their room to provide reassurance.



# 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; Respecting and promoting people's privacy, dignity and independence

- At the last inspection there had been an issue with two staff standing over people to assist them with meals. This had been addressed. We observed lunchtime and found that people experienced a positive, inclusive meal experience with caring staff. Staff had all been trained in communication since the last inspection to ensure people's dignity and privacy was respected. Staff ensured they knocked and waited for a response before entering peoples' rooms.
- People were supported to be independent and we heard staff gently encouraging people. Staff were patient with people living with dementia and responding kindly to repetitive questions or offering reassurance.
- People's confidential information was stored securely in locked rooms or held securely on computers that could only be accessed by people who needed to see it.
- All relatives' comments about the home were positive especially about the registered manager and the good communication they were getting from the service. Where there had been one complaint, this had been taken seriously and explored. Good communication has been especially important for some families where they could not visit either because of distance or because they were shielding during the pandemic. Relatives said, "We have always been happy with his care and communication with us from the home. The staff have always been very friendly and helpful towards us, and have always treated dad with respect. We didn't see dad for 12 months due to lockdown, but knew he was safe and being well cared for. We had emails throughout, with photos showing us what he was getting up to and how he was being stimulated."
- People we spoke to during the inspection looked happy and well cared for with lots of interaction with staff. People's comments included, "The staff are all lovely here" and "We are having a lovely time."
- Staff and the activity co-ordinators ensured people were having a good day and particularly noticed how people were reacting to their environment. For example, there were many photos of people having one to one fun with staff doing activities that they liked. The activity co-ordinator spoke of how wonderful it was to hear one person with limited communication speak when they read together and listened to music. Staff had sourced 'living CDs' for one person with minimal sight. These were played to describe art works to enable an immersive art experience.
- There was a private Facebook portal for relatives and a large television which could be wheeled over to people so they could have online contact with their families. There were many thank you cards from relatives praising the staff.
- A new Welcome Host role had been created to support visiting, as it was recognised that this was an emotional time for families and people. The large grounds were well used.

- Positive and caring relationships had been made between people, staff and relatives. One person enjoyed pampering and clothes and staff had brought in outfits and make up they might like to try. One staff member said, "I feel the resident's are treated with respect and compassion, staff can't do enough for them. It is a real home from home." Birthdays were celebrated, individual treats were bought for people such as their favourite food and drink and staff talked about using their skills and interests to enrich people's wellbeing.

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

- Staff ensured people and their relatives were involved in making decisions about their care and people told us staff listened to them. People and all the relatives confirmed they had been involved in the care planning process. Relatives meetings had just recommenced in person, socially distanced.
- There were regular care plan reviews where people and their family could be involved, virtually if needed.

# 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 this 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 the quality assurance and governance systems had not fully identified the issues found such as risk assessments, staff conduct, medicines administration and the environment. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. The provider and registered manager had immediately addressed these issues and we saw there was a robust system in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys.
- Staff felt very well supported, especially during the pandemic. Along with treats and communication, all staff had received a COVID-19 bonus. One staff member said, "Last year was a difficult one for all, but we were offered support and guidance through out. Staff training has begun again and all are encouraged to attend within their different areas of work and applicable to them. It has been a pleasure to learn to use the up to date computer system to work with, no more heavy care plan folders, enabling quicker and more concise personal centred care plans and risk assessments."
- People told us they thought the service was well run. A relative said, "The care she has received in these difficult times has been excellent. The staff I always find to be first class and they always contact me promptly of any problems that my mother experiences. Despite ever changing and sometimes complex visiting rules, the management keep us updated and informed as to how they affected our visits and what was expected of us when we arrived."
- Peninsula Care Homes is a family run company that operates five homes in the South West with a head office in Exeter. There was a clear leadership structure which aided in the smooth running of the service, supported by the provider, business manager, operations manager, HR, payroll and procurement and a maintenance team. Each manager reported to head office who had good oversight systems in place. The computer systems also enabled access at any time. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided. The provider management team were very involved in their homes with the quality assurance manager visiting homes most days.

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

- Staff were complimentary of the support they received from the registered manager and provider and felt the service was open and honest. Staff had been able to access wellbeing and counselling services and had

felt valued for their hard work during the pandemic.

- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- Surveys were regularly conducted. The results from the latest survey were positive. People's and their relative's views were also sought through meetings and an open door policy. For example, the registered manager had moved the office near to the front door and the provider had instigated the Welcome Host role to further support families and friends. The role had also reduced call bell waiting times and increased engagement. It was very important for them to be accessible and supportive for families. There was a celebration when the first nominated and named care givers visited the home.
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings. One staff member said, "I love, love my job. For a lot of us its our family, the team and the residents are brilliant and we know we can always contact the manager or provider."
- Information was also shared with staff at handovers and briefings. Handovers were available on paper and electronically. The registered manager checked that staff were happy as a team with their information sharing and had read the handovers following a concern by one ex staff member. Any concerns about people's care could now be included in handovers to alert staff by using an 'include in handover button'.

Continuous learning and improving care

- The registered manager referred to good practice sources to obtain further training, for example, the Social Care Institute for Excellence (SCIE) or The Skills Network and Skills for Care.
- Staff had further training opportunities to aid their personal development or to provide support to people with specific conditions.

Working in partnership with others

- Records showed the provider and manager worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.