

Century Care Limited

The Brambles Rest Home

Inspection report

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Preston
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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

The Brambles Rest Home is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 32 people in one adapted building.

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

Medicines were not always managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment.) Records did not consistently reflect the help people need and audits did not always identify when improvements were required. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance.)

Recruitment procedures were followed to ensure staff were suitable to work with people who may be vulnerable. People were supported by staff who responded to their needs quickly, however we received feedback that there were times when an extra staff member would have been helpful. We have made a recommendation about the deployment of staff.

People said they were happy at the home and they liked the staff. People were cared for in a clean and homely environment by staff who were caring, competent and keen to improve the service provided. Risk assessments were carried out and staff could explain the reason for the assessments and how they followed them to help keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's rights were upheld, and people received health professional advice when this was needed. The manager and staff worked with other agencies to improve the service provided.

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

Rating at last inspection and update.

The last rating for this service was inadequate (published 14 December 2019) and there were multiple breaches of regulation. At this inspection we found improvements had not been consistently made and the provider was still in breach of regulations.

This service has been in Special Measures since December 2019. The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in the areas of safe care and treatment, person – centred care, need for consent, safeguarding service users from abuse and improper treatment, meeting nutritional and hydration needs, fit and proper persons employed, staffing and good governance.

We undertook this focused inspection on 14 September 2020 to check they had followed their action plan and to confirm whether they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. At this inspection we found improvements had not been consistently made and the provider was still in breach of some regulations.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Brambles Rest Home on our website at www.cqc.org.uk

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 remains inadequate. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe management of medicines, record keeping and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

The overall rating for this service is 'Inadequate'. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. In addition, we will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means

we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

The Brambles Rest Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and a medicines inspector.

Service and service type

The Brambles Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. However, a manager was working at the service and had begun the process of registering with us. This means that they, when registered, 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 announced our inspection on the day of the inspection. This was because we needed to ensure we worked closely with the provider to ensure the risk of infection was minimised and national guidance in infection prevention and control were followed.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Lancashire Safeguarding Authority. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the manager, seven staff who delivered direct care and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including environmental information were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at environmental records, policies, training records and care records. We spoke with relatives and staff by phone.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant 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.

Using medicines safely

At the last inspection we found the provider had did not always manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The provider had not ensured medicines were consistently managed safely. Arrangements were not in place to ensure medicines that required refrigeration were stored safely.
- People who required medicines on an "as required basis" did not always have written information to guide them on why, when and how this medication should be given.
- Verbal information related to an individual's treatment plan, was not always confirmed with health professionals in a responsive and timely way.
- Records related to medicines were not always managed safely. Staff did not consistently complete records related to the application of pain patches or thickened drinks.
- Records related to controlled drugs were not accurate on the day of the inspection.
- Medicine audits had failed to drive improvements in relation to the shortfalls found on inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe medicines management. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and management team responded quickly to our concerns.

At the last inspection we found suitable numbers of qualified, competent, skilled and competent staff had not been deployed. This was a breach of regulation 18 (Staffing) 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 18.

- The provider ensured staff could access training to enable them to fulfil their role. Staff told us they had received training in areas such as safeguarding, fire safety, first aid and moving and handling. Staff said they had benefitted from the training and felt competent to support people.
- Staff told us they had enough time to support people safely and they could access additional staff if this was required. One staff member said they felt an extra staff member was required at times.

We recommend the provider seeks and implements best practice guidance on the deployment of staff.

- One person shared that if they needed assistance in the day or night, staff helped them. They told us if they used their call bell, staff came to them quickly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection.

At the last inspection we found infection control processes and practices did not protect people from the risk and spread of infection. 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 in relation to infection control processes.

- The provider ensured staff had training and access to up to date information on infection control processes and procedures.
- The provider had made sure appropriate resources were available to minimise the risk and spread of infection. For example, paper towel dispensers and liquid soap were available in communal bathrooms and people's private rooms.
- Staff monitored and assessed people's day to day health. Regular checks were carried out so if people developed symptoms of illness, medical advice could be sought quickly.
- Staff wore personal protective equipment and regular cleaning took place to make sure the risk and spread of infection was minimised.
- At the time of the inspection there were no people or staff with a confirmed case of Covid-19 at the home.
- Staff were able to describe the help the people required, and we saw people were supported safely during the inspection.
- The provider displayed fire signage in the home to help people evacuate in the event of an emergency. Staff could explain the action they would take to protect people in the event of fire, and staff had undertaken fire training to ensure their knowledge was up to date.
- The provider ensured equipment was serviced to ensure it was safe to use.

Staffing and recruitment

At the last inspection we found safe recruitment procedures were not in place for the recruitment of staff. The management team did not always carry out essential checks on staff in relation to their character, legal right to work and criminal record. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- The provider followed procedures to help ensure prospective employees were suitable to work with

people who may be vulnerable. References and criminal record checks were carried out prior to prospective employees starting to work at the home. Any gaps in employment were explored and reasons for leaving previous employment were documented. Individuals legal right to work was established and interview records were kept to help assess prospective employees' suitability to work at the service.

At the last inspection we found people were not consistently protected from the risk of abuse. Systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 13 (Safeguarding service users from abuse and improper 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 13.

Systems and processes to safeguard people from the risk of abuse

- The manager referred to best practice guidance when considering if a safeguarding needed to be made and documented their decision. Staff we spoke with told us they had received training in safeguarding, and they would act to keep people safe. They were able to give examples of abuse and said they would raise any concerns with the provider, manager or the local safeguarding authority to ensure people were protected.
- People told us they felt safe and they trusted staff. The details of the local safeguarding authority, their role and contact details were available throughout the service for people and staff to access if this was needed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider failed to ensure people were adequately assessed and actions required recorded accurately and clearly. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were unable to review the assessment processes for people who had moved into the home. This was because no-one had moved in since the last inspection. We will check this at our next inspection.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received person-centred care, however their needs were not always documented within care records.
- Staff did not consistently update people's records when people's needs changed. Care records did not always reflect the help people needed or were not completed. We viewed one person's care record which did not describe the range of support a person may need to mobilise. In addition, the documentation provided to a hospital in the event of an admission did not record the person's needs accurately and a DNACPR document required reviewing. There was no documented risk assessment for the use of a wheelchair.
- In a further person's care record we found conflicting information about their fluid intake. Daily records of their fluid intake had not been totalled to check the amount of fluid consumed.
- Although staff could explain how risks in relation to equipment to support two people's safe mobility was managed, this was not documented.

We found no evidence that people had been harmed however, care records did not consistently reflect people's needs and risk controls were not always documented. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew and respected people's individual preferences. One person liked their curtains closed at all times. We saw this was the case on inspection. A further person chose to be helped with personal care by a staff member they had had a very good relationship with. This was accommodated.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff received appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) 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 18.

- The provider ensured staff were appropriately inducted to the service. Staff told us they were happy with the induction process and this was documented and discussed with them. We saw one induction document was not dated by the staff member or the manager. We passed this information to the manager for their consideration.
- Staff received appropriate training to enable them to fulfil their role. Staff told us they had regular supervisions with the manager, and they were able to discuss any concerns, training needs or seek clarity on anything they wished. Staff explained appraisals were taking place in the next week and we saw a planned schedule of appraisals was in place.
- We observed interactions between people and staff and saw people were supported by staff who spent time chatting with them and responding to their requests. The manager told us staff were given individual help if English was not their first language and this impacted on people's experiences and staff performance.

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

At the last inspection systems were either not in place or robust enough to ensure people's nutritional and hydration needs were met. This was a breach of regulation 14 (Meeting nutritional and hydration needs) 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 14.

- People were provided with choice and control over their nutrition and hydration. Staff offered people a choice of meals daily and we observed people being offered drinks and snacks between meals.
- Tables were set with tablecloths, condiments and napkins. Staff supported people to maintain their independence. Staff clarified the support people needed before helping them.
- People told us the food provision had improved and they were able to request alternative meals if they didn't like the menu provided.
- Staff received appropriate training in relation to people's individual needs. Staff could explain the help people needed in relation to their needs.
- The manager assessed people for the risk of malnutrition and the outcome was recorded within care records.
- The cook and staff supported people to eat specially prepared foods and drinks. For example, meals were fortified to support people's wellbeing. A relative told us, "Staff help [family member] eat a balanced meal."

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

At our last inspection the provider and staff were not consistently working within the principles of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (Need for consent) 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 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and staff were working within the principles of the MCA. The manager carried out assessments of people's mental capacity and records of these were kept.
- Staff had completed training on the MCA and DoLS. They understood their responsibilities in relation to these and how it affected the people they supported.
- Staff asked for people's consent before they supported them, for example with mobility and when offering support with meals. When people declined support, this was respected.
- During the inspection visit we did not see evidence that when people's restrictions were increased, the supervisory authority was informed. Prior to the inspection concluding, we saw documentation the manager had acted to seek an update from the supervisory body.

We recommend the provider seeks and implements best practice guidance in the timely sharing of information when changes are required.

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

- The provider had displayed appropriate signage in some areas of the home to support people to move around the environment. Coloured signage was on bathroom doors and people were able to independently move around the home using the variety of signage provided.
- People were supported with adaptations as required. For example, call bells could be clipped onto people's clothing if this was what they wanted.
- Individual private rooms were personalised, and staff respected people's choices. For example, one person liked to display their art in their room. We saw this was the case on inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The manager had built positive relationships with external health and social care professionals. People were referred to specialist professionals for support and guidance. If people had specific nutritional needs these were known by staff and accommodated.
- Relatives voiced no concerns with the care currently provided at the home. One relative shared their family member's health had improved as the service had worked with other agencies, so they received appropriate care. They said, "I can't praise the Brambles enough."
- Staff supported people to attend hospital appointments. The manager did not make sure people had accurate records, such as a documentation, prepared in case of an emergency transfer to hospital. This has been addressed in well-led.

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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider failed to effectively lead, and quality assure the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was not consistently well-led. Audits and quality checks provided by the manager during inspection did not identify and rectify the shortfalls found. For example, care records required improvement to ensure people's needs were consistently and accurately documented. The failure to identify when improvements were required placed people at risk of harm.

We found no evidence that people had been harmed however, systems had not consistently identified when improvements were required. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and management team responded quickly to our concerns.

- The nominated individual had completed training to improve their knowledge of regulatory requirements.
- The manager engaged with people and relatives. People and relatives told us they felt the service had improved and they could speak to the manager if they wanted to do so.
- The manager supported staff. Staff consistently told us they received leadership and direction. One staff member told us they were confident in the manager and they could see improvements being made.
- The manager included people, relatives and staff in the service decision making. Staff meetings and meetings for people who lived at the home took place. Relatives we spoke with said they were involved, and one relative commented they felt the home had improved since the last inspection. They said, "The comparison now is chalk and cheese."

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

- The provider had introduced policies and processes in response to the Covid-19 pandemic, these were available for staff to access and follow.
- The manager was in the process of registering with the Care Quality Commission to become the registered manager of the service.
- Staff told us they were clear about their responsibilities and the expectations of the manager to provide high quality care. They said they welcomed leadership and feedback on what had gone well and what could be improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The provider was working to improve the service. The manager said they felt well supported by the provider and they were able to seek further advice and guidance if this was needed.
- The manager sought people's verbal feedback and a survey was being planned to support people to share their views. Changes were made whenever possible.
- The manager and staff supported people to remain engaged with others who were important to them during the Covid-19 pandemic. This helped maintain and develop relationships.
- The manager told us when things went wrong or could have been done differently, investigations took place to check if there were any lessons learned. The manager explained the culture was to learn and improve and if apologies needed to be made, this would happen.

Working in partnership with others

- The manager was working with other professionals to ensure people received medical advice if this was needed. For example, district nurses attended the home if this was required.
- The manager sought advice and guidance from relevant professionals. Since the last inspection the provider had been working closely with the Local Authority to ensure care provided was in line with best practice.
- The manager received and passed information to the local authority on a regular basis regarding the Covid-19 pandemic.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. This was a breach of regulation 12 (1) (2) (g) of the Health and Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records did not consistently reflect people's needs and audits did not always find the shortfalls identified on inspection. This was a breach of regulation 17 (1) (2) (a) (b) (c) (e) of the Health and Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We served a warning notice for this breach of regulation.