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# The Brambles

## Inspection report

The Brambles 104 Station Road  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement**



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 is a residential care home for four people with learning disabilities. There were three people living in the home at the time of the inspection. The home is on one level and each person was provided with their own bedroom. There was a communal living room and kitchen and a large dining area that was at the centre of the home.

At our last inspection in February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this unannounced inspection on 27 February 2018 we found the service remained Good.

The registered provider also manages the service which means there is no requirement to have a separate registered manager.

The service was not always safe because potential risks to people had been recognised but information on how to minimise risks had not always been recorded. However the staff were aware of how to reduce risks to people. Staff understood their roles and responsibilities in relation to keeping people safe from harm and abuse. Medicines were managed safely. There were enough staff on duty to meet people's support needs.

The service was effective because people's needs were met by staff who were trained and supported to do their job well. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were helped to eat and drink enough. People's health and wellbeing was maintained and provided through a range of health and social care professionals who visited the home.

The service was caring because staff treated people with kindness, compassion, dignity and respect. People had choices in all aspects of their daily lives and the staff created a homely atmosphere.

The service was responsive because staff knew people's care and support needs and helped them to make the lifestyle choices they wanted. People and their relatives were involved in their personalised care plans. These gave staff the information they needed to provide the care and support each person needed. People were encouraged to take part in a range of activities that they enjoyed.

The service was well led because there was a registered provider in post who was approachable and provided good leadership. Quality assurance systems were in place to check that the service provided quality care and made improvements where necessary. People, their relatives and staff were encouraged to share their views about the service being provided.

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?

The service has deteriorated to RI

Risks to people had been assessed but not always recorded.  
However the staff were aware of how to reduce risks to people.

**Requires Improvement** ●

### Is the service effective?

The service remains Good.

**Good** ●

### Is the service caring?

The service remains Good.

**Good** ●

### Is the service responsive?

The service remains Good.

**Good** ●

### Is the service well-led?

The service remains Good.

**Good** ●

# The Brambles

## 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 was a comprehensive inspection, which took place on 27 February 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the registered provider/manager completed a Provider Information Return (PIR). This 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. We received the completed document prior to our visit and reviewed the contents to help focus on our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We requested information from the local authority commissioning team and safeguarding team.

We spent time in the communal area and observed interactions between people and staff and observed the support offered to people. This was to help us understand the experiences of people who lived in the home who were unable to communicate verbally with us.

During the inspection we spoke with two staff. We looked at three care plans relating to people living in the home. We also reviewed a range of relevant documents relating to how the service was run including training records, accidents and incidents and quality assurance surveys (staff and service user representatives).

## Is the service safe?

### Our findings

People's health care and mobility risks were assessed but the risks and how staff should address them was not always recorded. This meant people were not always kept as safe as they could be. For example one person had thickener in their drinks, but there was no risk assessment relating to choking or the amount of thickener to be used. However staff were aware of the levels of thickener needed and what to do if a person choked. Another person was at risk of the tube that provided their food into the stomach blocking. All information was available in their bedroom of what should happen if it occurred, and staff said new staff always shadowed more experienced staff and would never be left alone. However in the person's care file or risk assessment file there was no information that there was a risk. The registered provider said the risk assessments would be completed as soon as possible.

In the staff survey 2017 one staff member had commented, "[In relation to risk assessment safety] very good communication, any changes [about people] we are told as soon as possible. Any changes are passed on via the diary and other staff." Another staff member said, "There are regular chats with the manager [registered provider]. We constantly review and update in house risk assessments."

People were kept safe from harm because staff had completed the necessary training and were able to explain what they would do if they felt people were at risk. One staff member said, "We have safeguarding training every three years. [If someone had been harmed] I would record the details and report it to the manager. If it was him then it would be CQC or the local authority."

We saw that people were administered medicines in a transparent way. One person was shown the medication, which was then put on a spoon and administered. Information on the medication administration records was discussed with staff because tablets from the previous month had not been carried forward. There were other checks made so that we could ensure that the number of tablets administered reconciled with those available in the home.

There continued to be a sufficient number of staff to ensure people were able to go out if they wished. Staff also had the time to sit and talk with people or support them with other activities. Comments from The Brambles people's representatives (relatives) survey 2017 gave examples such as, "[The Brambles] is always staffed so that residents [people living in the home] can go out for a walk, a coffee or shop," and "Each individual is offered activities where appropriate".

We saw that the home looked very clean and was free from malodours. Staff had completed training in relation to infection control and were aware of the personal protection equipment such as gloves and aprons to be used when necessary. People were kept safe as far as possible from infection because staff understood the importance of the following procedures to prevent the spread of infection such as methods of hand washing.

Staff said that where any incidents occurred there was an investigation and changes were made as a result. For example changes and checks had been made to the securing of wheelchairs in the minibus after a minor

incident when the wheelchair rolled.

## Is the service effective?

### Our findings

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

People living in the home had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority. Staff understood the MCA and we saw that people were continually offered choices in all areas of their care and wellbeing through non-verbal cues and actions. Information in people's care plans showed how the MCA impacted them and how staff provided care that was in their best interest and as least restrictive as possible.

People's needs had been assessed and details of how to provide them with choices were described. We saw that support from staff was delivered in line with the expectations of the MCA as well as specific guidance in relation to specific health conditions.

Staff said they continued to be supported through on-going training so that they were able to provide effective support for people living in the home.

We saw that people were always given choices of food or drink. Where a person showed they did not want their drink, another was provided. Staff told us that if people were reluctant to drink they used jelly or other substitutes so that people's hydration was maintained. There was evidence that details of the food and fluids people ate and drank each day were recorded, which meant any changes were noted and the appropriate health professional contacted for advice or support where necessary.

We saw evidence that people continued to have access to the necessary health and social care professionals. Comments from The Brambles people's representatives (relatives) survey 2017 gave examples such as, "Mental and physical health is supported. If something doesn't seem right with a resident it is investigated." There were details of GP, district nurse and physiotherapists visits. We noted that people were supported by staff to attend any hospital and other appointments that were made.



## Is the service caring?

### Our findings

The registered provider said that staff put people first and their disabilities second and we saw that was the case during the inspection.

Comments from The Brambles people's representatives (relatives) survey 2017 gave examples such as, "I cannot fault the care and support," "I am always made to feel welcome no matter who is on duty," "The staff are friendly and relaxed," and "Residents [people living in the home] are treated as individuals".

Staff were passionate about the care they provided for people living in the home. One staff member said, "I have worked here for [number] of years. I love it here." We saw and heard how kind and caring staff were with people. We observed good staff interaction. For example staff ensured they were at the level suitable to communicate with the person. They listened and watched the signs that indicated the person wanted to move into the lounge and use their headphones.

People continued to be supported with personal care in the privacy of their rooms. We heard how staff explained to people what they were going to support them with and listened and watched to check the person was agreeing.

## Is the service responsive?

### Our findings

The registered provider stated in the information they sent prior to the inspection that they worked closely with the person, their relatives and any professionals involved. We saw that relatives visited very regularly and had commented in the survey, "The manager [registered provider] is approachable and always available."

We saw comprehensive and individualised care plans which detailed, for example, the methods of communication and the specific movements of each person so that their choices were promoted and respected. Staff told us that one person bends forward slightly to confirm that they want to go out. We saw this on the day we inspected. We saw information in relation to a new person who was to be admitted to the home. Staff told us how the person was being introduced to the home through short visits that would gradually be increased. Staff confirmed they were working with the person's day centre staff as well as care staff in the person's current home. Staff from The Brambles said that the registered provider was arranging for them to work with the day centre staff and home care team to ensure a smooth transition for the person from their own home to The Brambles.

People continue to be supported by staff to access the community and follow their interests. For example one relative commented in the survey, "[Name] likes to go for a coffee and mix, this is always included in the outings." Staff said that people attended day centres, went to the local cafes where people knew them by name as well as being supported to go swimming. We saw that people had individual time with staff on duty and were able to communicate what they needed. For example we saw that one person indicated to staff that they wanted to spend time with their headphones on.

Information from the registered provider showed that there had been no complaints. There was a complaints policy and staff knew how to raise any concerns for people.

Staff told us that any end of life care for people living in the home was discussed with relatives when necessary. Staff told us of a recent bereavement and all areas around the end of life care for the person were decisions made with the relatives of the person. There was some information in people's individual files about end of life care, together with details of the relatives who needed to be involved.

## Is the service well-led?

### Our findings

The registered provider also manages the service, which means there is no requirement to have a separate registered manager.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The registered provider promoted an open and transparent culture within the home. They sought feedback from people and their relatives as well as staff. Information gathered from people, relatives and staff would be used to help improve the service being provided, but there were no negative comments or suggestions made from the last survey. One relative commented in the survey, "The team work well together and that comes from management i.e. treat others as you would wish to be treated."

Staff were able to speak with the registered provider every day, but as a result of discussions between staff and the registered provider formalised staff supervision was to be introduced in 2018. Staff said they were aware but did not have specific dates for supervision yet.

Evidence showed, and staff confirmed, that they provided good quality care and support for people living in the home. The registered manager completed audits to ensure good practice and any areas that required improvement. Where people had specific medical or health issues, information was provided in their files and staff were aware of the concerns and risks for each individual.

Information from the provider showed that "effective communication between management and staff through one to one sharing, regular contact and staff to staff discussion maintains continuity and quality of the service." Staff agreed and said that the registered provider was very approachable and supportive. They told us that the registered provider worked on shifts so that they were able to ensure the monitoring of the staff and the high quality and delivery of care. Staff understood their roles and responsibilities and received support and training to do so.

Evidence showed that health and social care professionals were involved with people living in the home. People attended day centres and the staff at The Brambles had close links with staff in the day centre. This meant there was continuity of care and staff worked in partnership with other agencies.