

Zest Care Homes Limited

Bramley Grove

Inspection report

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Birmingham
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Tel: 01214744101

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Bramley Grove is a care home for up to 34 older people who may be living with dementia and require support with personal or nursing care. At the time of the inspection 33 people were living at the service.

People's experience of using this service:

People's experience of using the service was positive. People told us, "I am blessed to have this home and I hope it will be my last", "The staff here are very calm and patient and never seem as though they are in a rush", "I am impressed how they are building the networks so people have good social contacts" and, "I am so impressed with the care here."

People were mostly protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe, although not all environmental checks had been carried out. Risks to people's health and well-being were assessed and measures put in place to reduce these. Risks in the environment were not always checked in a timely manner. Staff received supervision, support and training, which provided them with the knowledge and skills to perform the roles they were employed to do.

Care was person-centred and focused on people being as independent as they could be. The care was planned and delivered based on people's needs and preferences. The management team embraced continuous learning and new ways of working. Staff felt valued and the culture was open and honest. Staff we spoke with provided positive feedback about the service and the provider. The staff were committed to ensuring improvements continued to ensure the best care for people who lived at Bramley Grove.

Rating at last inspection: At the last inspection the service was rated Good. (The last inspection report was published on 21 April 2016.) At this inspection the service was rated as requires improvement in well led and remains good in all areas and good overall.

Why we inspected: This was a planned comprehensive inspection scheduled to take place in line with the Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

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

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.
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-led.
Details are in our Well-Led findings below.

Bramley Grove

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The team consisted of one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of caring for someone who was living with dementia.

Service and service type:

Bramley Grove 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:

The inspection took place on 5 March 2019 and was unannounced.

What we did:

Before the inspection we reviewed information available to us about this service. The provider had completed a Provider Information Return (PIR). This is a document which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports and the details of safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or serious injury.

During our inspection we spoke with and spent time with five people who used the service, and six relatives. We observed how people and staff interacted throughout the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the operations manager, the deputy manager, a senior care worker, three care staff, two kitchen staff, and an activities co-ordinator. We looked at four people's care records, two staff employment records and reviewed information relating to the management of medicines. We also looked at policies and records in relation to staff training, maintenance of the premises, complaints and how the provider monitored the quality of the service people received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- The provider had not reviewed the service fire risk assessment document since 2017. The operations manager told us they reviewed the document annually however were not able to confirm they had done this in 2018. It is important to review the risk assessment to ensure the building remains safe and there are no new risks. They agreed to review the risk assessment.
- Some checks on areas such as the electrics and gas which are important to ensure the environment is safely maintained, had not been completed within the necessary timescales. The registered manager told us the work had been arranged and provided dates when the contractors were due to attend Bramley Grove.
- Checks on fire equipment had been carried out and drills had taken place so staff and people knew what to do in case of a fire or evacuation. People had personal emergency evacuation plans in place and these had been reviewed.
- Staff were aware of how to safely and effectively respond to emergencies.
- Staff understood the individualised support required to reduce the risk of avoidable harm to people.
- Risk assessments were in place for environmental risks and those associated with people receiving care and support.
- Where people had behaviours which may challenge, these had been identified and guidance was in place for staff as to how to support people effectively to minimise their anxiety. Staff knew the guidance and understood how to respond effectively when people were anxious or distressed. They knew when to ask for additional support, for example from a doctor.
- People had an evacuation plan in place for emergencies such as fire.
- Charts had not always been completed to show people had received the care they had been assessed as needing. However, people had not developed pressure areas which appeared to indicate staff were providing the care but not recording it. The registered manager had identified this as an area for improvement as part of an audit they had completed and were putting measures in place to improve the recording.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe living at Bramley Grove. Comments included, "People are around to keep me safe, in comparison to me living in my own home, where I had no support", "I am safe here" and, "She is in safe hands."
- Staff told us they had completed training in safeguarding adults. They could explain potential signs of abuse and their responsibility to report any concerns.
- Staff demonstrated a good understanding of what to do to make sure people were protected from harm or abuse. They were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety.
- The registered manager had reported concerns to the local authority safeguarding team. They had notified

us, as required by law, when there were safeguarding concerns.

Staffing and recruitment

- Relatives told us there were enough staff. One commented, "They (people who use the service) are never left alone in the lounge." Another said, "There are always staff to support people."
- Staff felt there were enough staff on duty to support people safely.
- Staff had time to spend quality time with people and this was unhurried. Call bells were answered promptly.
- The provider had systems in place to assess the suitability and character of staff before they commenced employment.

Using medicines safely

- Medicines were managed safely. They were stored securely at the correct temperatures.
- Staff completed documentation correctly when they had administered medicines. There was guidance in place for medicines which were used on an 'as and when' basis to inform staff when these could be administered.
- Audits were carried out to ensure medicines were stored, administered and disposed of correctly.
- Some people had their medicines given to them covertly (disguised in food or drinks). This had been agreed as being in their best interests. The provider had not carried out regular assessments to determine if people still needed their medicines covertly. The registered manager agreed they would implement these reviews.

Preventing and controlling infection

- Staff had completed infection control training and understood their responsibilities in this area. They used personal protective equipment such as gloves and aprons effectively.
- There were hand washing points throughout the building and alcohol based gels were available in wall mounted dispensers.
- Domestic staff were employed who had specific cleaning tasks allocated to them. These were completed and the home was clean and tidy.

Learning lessons when things go wrong

- Staff reported incidents and accidents and they were vigilant in reporting unexpected events in relation to peoples' care. These included falls, bruises or medicines errors.
- The registered manager had acted and addressed all concerns. However, they had not always recorded the actions they had taken. The registered manager told us they would always do this in future.
- Where a need had been identified, the registered manager had acted to improve staff practice through disciplinary action, in consultation with human resources.
- The registered manager put measures in place to avoid similar incidents happening again.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had assessments of their needs which included information about how they wanted to be supported. People, their families and staff had been involved in reviewing these.
- Care plans were detailed and included people's assessed needs in areas such as mobility, communication, eating and drinking and skin care. These were reviewed regularly, however the information was not always updated consistently in all areas. Staff were able to tell us about the care people were receiving and people agreed this was how they wanted to be supported.
- People had assessments in place where additional risks to their health and well-being had been identified, for example if they were at risk of not eating or drinking enough. These assessments had been reviewed regularly to ensure staff were taking the appropriate measures to reduce the risk.
- Staff reported any concerns about people's health and acted to address these, for example calling the doctor.
- Some people had charts in place to monitor the care provided by staff to manage risks to their health, for example support to move to a new position when they were at risk of skin damage and unable to do this themselves.

Staff support: induction, training, skills and experience

- People told us staff were trained. One person commented, "They seem to know what they are doing, I think they get sufficient training." A relative said, "I always hear staff say they are going for training. I am happy with the staff here who are trained to do their job."
- Staff were trained and supported to carry out their role effectively. They completed an induction to the service so they understood their role and responsibilities.
- Staff told us the training was good. They said they had plenty of training to enable them to do their job to the best of their abilities. One staff member told us they had asked for extra training and the registered manager had agreed to arrange this.
- Staff received regular supervisions to monitor their performance in their role. Staff told us they found supervisions helpful.

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

- People and their relatives told us the food was good. One person said, "It is nicely served and you have a choice." A relative told us, "The food is very good, it is fresh every day."
- Lunchtime was calm and unhurried. People ate at their own pace and staff supported people when required.
- People could have their meal in their bedroom or one of the quiet lounges if they preferred.
- The cook had information about people's nutritional needs, the way their food needed to be prepared and

any allergies. They had not received training in preparing food to specialised consistencies such as fork mashable. However, they explained to us what this meant and could identify high risk foods for people. The registered manager told us specialist food preparation training had been arranged for the cooks.

Staff working with other agencies to provide consistent, effective, timely care

- If people needed additional support from a health professional to meet their needs this was sought as soon as possible.
- Advice was sought from professionals when people's care needs were assessed and reviewed.

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

- Bramley Grove was purpose built. There were 34 rooms with en-suite toilets. There were shared bathrooms and showers on each floor.
- People's rooms had been decorated and arranged how they wanted.
- Corridors and door entries were wide to allow access for hoists, walking equipment and wheelchairs.
- The décor was bright and the corridors had items to encourage people to remember their past such as interesting objects from previous times.
- The gardens were well maintained and were used for events in warmer weather.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend appointments when required. Staff recorded and followed guidance from professionals following appointments.
- Staff could explain what to do if they thought someone was unwell.
- People had access to a range of health professionals including the optician, dentist and doctor.

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

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were completed when there were concerns relating to a person's capacity to make important decisions for themselves.
- Where people could not make their own decisions, a best interest decision process was used and appropriate documentation completed.
- Staff could explain how they supported people to make their own decisions and choices. This was seen to happen during our visit.
- Where DoLS applications had been authorised, the registered manager was working to meet any conditions on these.
- People had some areas of their care which could be restrictive such as receiving their medicines covertly. This had not always been included in the DoLS application. The registered manager told us they would update the existing application as they had not yet been approved.

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

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

- People and their relatives told us the staff were kind. Comments included, "The care workers are very kind and friendly", "They are very supportive and empathetic", "Staff here are very down to earth, they are a good dedicated team", and, "The care workers are not only helpful to the residents' they are very generous and kind to the relatives."
- Staff spoke about people with kindness and compassion.
- Staff used their knowledge of people to support them in the way they had said they wanted to be supported. For example, one person had grown up in another country so staff provided some activities for them based on activities they enjoyed from the Country they had grown up in.
- Staff were aware of people's needs including those which are protected equality characteristics such as age, disability, race and gender.

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

- People were asked for their opinion on the service and how they wanted to be supported.
- People were given choices and control in their day to day lives. Staff enabled people to spend time as they chose and participate in activities they wanted to.
- Staff supported people to make decisions about their care and knew what to do if people needed additional support from relatives to make their decisions.
- People's care needs had been reviewed with them and their relatives where appropriate.
- Relatives told us they were kept informed if there were any changes or concerns with a person's care.
- Technology was used to provide the best possible care for people. This included video links to enable people to keep in touch with significant others in their lives.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff respected their privacy. One person said, "The staff always knock my door, even when it is open."
- People and their relatives told us staff promoted people's independence in the home. Comments included, "I take [person] out for a walk. Staff also take him to the local shops", and, "The staff suggested I allow [person] to feed themselves so they did not become dependant on me. They always observe [person's] progress and she is managing well."
- Staff spoke with people in a dignified and respectful way.
- Staff explained how they maintained people's dignity when they supported them with personal care.
- Staff showed genuine care for people and offered people the opportunity to do things for themselves.
- The provider promoted equality, diversity and human rights. They had policies in place to offer staff guidance and staff knew how to put these into practice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us they had been involved in an assessment and on-going review of their care needs. Comments included, "If there are any changes the care plan is updated and they discuss it with me and my family" and, "We have individual booklets which have the personal history, likes, dislikes, interests and hobbies. Staff can look at these to get to know people better." One relative gave an example of staff singing to their relation when they got upset as this calmed the person down because they used to be a singer.
- People's individual needs were assessed before they came to live at Bramley Grove. The assessment reflected people's emotional, physical, mental and social needs. This included their individual preferences to enable people to have as much choice and control as possible.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The provider had taken steps to ensure that people received information in the way they could understand.
- Where people had communication needs, these had been identified and information was provided to people in a way they could understand it.
- Notices were displayed throughout the service which enabled people to have access to information such as community events, recent meetings and activities taking place. We saw these were in a format people could read and understand with ease.
- This included use of pictures and symbols as alternative formats of communication. Care plans documented what communication aids people required such as glasses and hearing aids.
- People were encouraged to take part in activities and we saw activities taking place which people enjoyed.

Improving care quality in response to complaints or concerns

- A complaints policy was in place which people and their relatives were aware of and said they would be happy to use.
- Any complaints had been dealt with in line with the complaints policy.

End of life care and support

- Some people had care plans about their end of life plans. There was information around the service to support and encourage people to make plans about the end of their life.
- The registered manager told us they had arranged training to further develop their knowledge in this area so they could support people more effectively to identify and record what they wanted to happen when they reached the end of their life.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Quality and governance checks were used to drive improvements. This included the registered manager identifying most of the areas for improvement we found, and already having plans in place to address these. however not all areas had been identified.
- It had not always been identified checks on the building had not been completed in a timely manner, this included the fire risk assessment. These are important to ensure people are living in a safe environment.
- Care plans had been updated and checked however, it had not been identified the information in these was not consistent and not fully reflective of the care they received. This included records of the care people had received not being reflective of the care they needed to meet their needs.
- Regular internal audits were completed by the provider. These included timescales for any actions identified.
- Staff had regular team meetings. They told us these were used to develop staff understanding of any new developments and to discuss any changes in people's needs. Minutes from these were available for staff so they could see what had been agreed.
- The registered manager had an open-door policy. People, relatives, visitors and staff were encouraged to raise any concerns.
- The provider and registered manager understood their regulatory responsibilities and submitted notifications as required to CQC.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives told us the registered manager and staff were visible and approachable. Comments included, "The manager is a nice polite lady", "The manager is hands on and has a great attitude", "If the manager is busy we can go to their office without making an appointment" and, "The manager and staff all laugh together and we are treated as if we are part of a family."
- Staff understood the provider's core values and objectives. They explained how these were used to develop the service. One staff member told us they were asked for their feedback and things were changed to improve the service.
- Staff were proactive in looking at ways to promote peoples; experiences at the service. For example, staff identified an object in one person's room was causing them anxiety. This person was much happier when the object was replaced with something else they preferred.
- The registered manager understood their duty of candour. They explained how they discussed any concerns with the person and relative to find an outcome which suited all involved.

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

- Regular meetings were held with people and their relatives. The minutes of these and details of actions taken were available.
- People were involved in deciding what they wanted to do and any cultural or religious celebrations they wished to participate in.
- The registered manager and provider engaged with staff and the public to support people from the service to be involved in events and daily life in the local area.

Continuous learning and improving care

- The registered manager supported staff to develop their skills and used team meetings to reinforce the person-centred vision and ensure the provider's values were at the heart of the service provided.
- Quality reports and survey feedback was shared with staff to encourage them to be involved in developing and implementing actions.

Working in partnership with others

- The registered manager and staff developed links with local community groups and facilities such as shops so people had access to services outside of Bramley Grove.