

Forestglade Limited

Bramble House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Bramble House is a care home without nursing that provides a service to up to 29 older people, some of whom may be living with dementia or a physical disability. At the time of our inspection, there were 27 people living at the service.

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

Improvements had been made in all areas since the last inspection. Systems were now in place to allow the registered manager and provider to continuously monitor the quality and safety of the service provided.

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 needs were assessed, and care plans were regularly reviewed to ensure information remained up to date and person-centred. Risks to people's health and safety were managed well. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

Feedback we received from people's relatives and from two healthcare professionals confirmed that the registered manager and provider were vigilant and responded quickly and appropriately when people's health needs changed.

The environment was clean, well-decorated and maintained to a good standard with personalised bedrooms. There were enough staff to support people and staff were always visible. People's relatives told us that staff at Bramble House were very caring and knew the people that lived there well.

People living at Bramble House, their relatives and staff all considered the service was well-led. The service operated in a way that demonstrated there was an open and transparent culture, led by the provider and the registered manager. Staff told us they received the leadership and direction they required and felt part of a team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 November 2019) and there were two breaches of regulation. The provider completed a monthly action plan after the last inspection to show what they would do and by when to improve the service. At this inspection, we found improvements had been made and sustained and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm 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. 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 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, by selecting the 'all reports' link for Bramble House on our website at 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 reinspection 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?

Good ●

The service was safe.

Please see our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Please see our well-led findings below.

Bramble House

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

The inspection team consisted of two inspectors.

Service and service type

Bramble House 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider had not been asked to complete a provider information return prior to our 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 from the provider about the action they had taken since our last inspection and any notifiable events which had involved people who used the service. We also sought feedback from a local authority commissioner.

During the inspection

We spoke with one person who used the service. We spoke with three members of care staff, the provider, the registered manager, the head of care and a housekeeper. We reviewed a range of records; this included four people's care records and multiple medicine administration records. We spoke with the relatives of three people living at Bramble House and received feedback from two healthcare professionals.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider had failed to ensure that good practice in relation to medicine recording was followed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed. Care staff kept a clear record of the support they had provided people regarding their prescribed medicines. Staff had systems they followed to ensure people were protected from the risk of medicine errors.
- Staff received training and completed competency assessments to be able to administer people's prescribed medicines safely. A person's relative told us, "They seem to be good at getting dad to take medicines. The managers are really good at keeping me informed in regard to dad's health and medicines and they always make sure he gets the proper medical treatment."
- People were given time to take their medicines in a calm and patient manner. Staff asked people who had 'as required' pain relief medicine if they wanted this medicine and acted upon their wishes.
- Staff had clear guidance to follow when using anti-psychotic medicines which had been prescribed for occasional use to help alleviate distress. Also, where decisions had been made to administer medicines covertly [without people's knowledge].
- People were supported with their diabetes. One person had a recovery plan which included monitoring their blood sugar medicines and administering medicines. There was a clear record of people's symptoms and the action staff should take.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse at Bramble House. People and their relatives told us they felt the home was safe. One person told us, "It's safe, I do go out independently and let the staff know. I can go outside and have a cigarette." A relative told us, "I feel the safety there is very good. There is a new system on the front door to keep the home safe and secure."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. Staff were aware of the need to report concerns to the registered manager or provider and knew which organisations to contact outside the home if required. A member of staff told us, "I attended Safeguarding training when first started. I learnt what to report and how to ensure residents were within a safe environment. I would report a concern to a senior who would then report to a manager. If a senior is not available I would go straight to a manager."

- The registered manager and provider reported and shared appropriate information with relevant agencies such as CQC and the local authority to safeguard people.

Assessing risk, safety monitoring and management

- Risks to people's health were assessed and action taken to reduce these and improve people's wellbeing. People's skin was assessed to identify risks associated with the development of pressure ulcers. Staff followed healthcare professionals' guidance to ensure people received effective treatment for their skin condition.
- Comprehensive risk and care assessments provided staff with clear guidance on how to manage risks such as distressed behaviours, mobility and malnutrition and meet people's needs. A member of staff told us, "We ensure people are safe by deflecting any behaviours. By getting to know people well, we can understand any triggers and help them to calm down when they are feeling anxious."
- We reviewed information in relation to falls at Bramble House. We found that where people were at an increased risk of falling, there were systems in place to minimise the risk of injury. For example, where people were at risk of falling from their bed, there was guidance for staff to ensure the bed was set at the lowest setting to minimise the risk of harm coming to the person. A relative told us, "My husband has had a few falls, but they manage and do everything they can to stop these happening."
- The registered manager at Bramble House had ensured that other healthcare professionals were involved in the ongoing assessment of people living there. For example, on the day of our inspection we saw that an Occupational Therapist was reviewing the mobility and seating needs of a person following a referral made by the registered manager. This was to ensure the person was provided with the most suitable equipment to minimise the risk of pressure ulcers.
- Where required, some people had a crash mat beside their bed to minimise risk of injury should they fall. We reviewed the care records of a person who was at risk of falls. There was clear information for staff to follow if the person was to fall. It stated emergency treatment should be sought, calling 999 if necessary and that the person should be monitored for 24 hours after the fall had occurred. This was to ensure that staff would identify any injuries that might not be immediately visible following a fall. Records we reviewed confirmed that observations had been completed and documented where a person had fallen and that routine observations had been undertaken throughout the night by staff where a risk to a person falling had been identified.
- Staff we spoke with knew what to do in an emergency situation. A staff member told us, "I would call an emergency bell if I found someone had fallen. We would call 99 straight away if it was an emergency. I know not to move someone until the emergency services have arrived. I would ensure any information was given to a paramedic in relation to a person's needs and any medicine they take."

Preventing and controlling infection

- The home was clean and well presented during our inspection and staff protected people from the risk of infection. Staff had received training on infection control and could describe how to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection. One staff member told us "In the event of an outbreak we wear masks and foot protection. We know not to take soiled laundry between rooms. We constantly wash our hands to prevent risk of infection."
- Housekeeping staff had the equipment they needed to clean the home and protect people from the risk of infection. They told us they had the time to keep the home clean and manage people's laundry. A person's relative told us, "The home is always clean when I visit. There are never any issues with cleanliness." Staff ensured cleaning equipment was kept secure so people were not placed at risk.

Staffing and recruitment

- There were enough staff to meet people's care needs. The staff rota for the day of our inspection was an accurate reflection of those staff on duty. A relative told us, "I can tell you that they [the staff] are incredibly

great. They are amazing." Another relative said, "I have never noticed that there are not enough staff, there's always plenty of people around."

- Staff told us there were enough staff to meet people's needs. A staff member told us, "Staffing levels have really improved in the last year. We are working better as a team. If someone is ill or shifts need picking up this happens." The registered manager and provider had a clear oversight of the staffing needs at Bramble House and worked with a dependency tool to continually review staffing, especially where people's support needs had changed.

- The service worked in partnership with two main care agencies that provided staff to Bramble House in the event of staff absence. The registered manager explained how it was important to work effectively with agencies as it was of benefit to people living at Bramble House to have agency staff who knew the home and people living there. A member of staff told us, "With agency staff we have staff who have been here before, they know what is required and just get on with it."

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 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 our last inspection, the provider had failed to ensure that effective systems were used to monitor and improve the quality of care people received. Accurate and comprehensive records about the care people required and had received had not been maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Our findings showed that significant progress had been made in all aspects of the management of the service. Since our last inspection the provider and registered manager had implemented a range of audits and quality monitoring systems which they completed on a regular basis. For example, audits were carried out in relation to medicines, health and safety checks and care plans. The provider visited the service to carry out checks, which included checking records, touring the premises and speaking with people and staff. These checks were used to monitor the quality and safety of the service and were used to update the service's improvement plan.
- Record-keeping had improved across the service to support the consistent delivery of person-centred care. For example, records in relation to the support provided to people had improved and were more detailed. New systems such as the staff allocation sheet had been introduced and were working well.
- The provider was aware of and had met their obligations for submitting notifications to CQC in line with the Health and Social Care Act 2008.
- Staff meetings took place to review the quality of the service provided and to identify where improvements could be made. A member of staff told us, "We have to attend a team meeting where our attendance is mandatory. We discuss information and events that has happened since the last meeting. I think the meetings are productive. Some positive changes have happened as part of our feedback as staff."
- Staff were positive about the registered manager. They told us the registered manager was firm but fair, approachable and was proactive when dealing with any issues that arose. One staff member told us, "The manager is amazing. She was really welcoming. Even if she was on her way home, she would always ask if I was OK. They seem to be as concerned about our well-being as staff as much as the residents." Staff were clear about their roles and knew when to raise things with their manager.

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

- We observed a caring and warm culture within the service. We saw that people, relatives and staff responded positively to the registered manager and knew who they were. A relative told us, "The manager is extremely warm to me. I feel very welcome and am always offered a cup of tea."
- The registered manager and provider understood the requirements relating to the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to people's care and sets out some specific requirements that providers must follow when things go wrong with care and treatment. Following our previous inspection, four incidents had occurred where the service had notified the relevant person that an incident had occurred. Where an accident or incident had occurred, the registered manager and provider were committed to learning from their mistakes and to make changes to improve the care for people.

- People's relatives and healthcare professionals told us that Bramble House was well-managed. One relative told us, "The managers are always available to talk to and sometimes if I need someone to talk to I will go and talk to [name of registered manager]. Even if they are on the phone they will find the time to talk to me." A healthcare professional provided feedback that stated, "During my visits and during telephonic conversations with the staff members' at Bramble House, I have noticed that they take keen interest in the care of their residents. They are very vigilant about the changes in the residents' health issues, medications and their social needs. Appropriate steps are taken promptly by them."

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

- Staff told us they were happy working at Bramble House and they were encouraged to play an active role in the running of the service, participating in regular staff meetings and discussions in supervision. A staff member told us, "I feel valued as a member of staff. People were friendly and made me feel like I wasn't new. It made settling in to my job easier." Another staff member said, "I love working with the residents and have found this a very rewarding job. Morale is better than it was before. It's a lot to do with the new structure and us coming together as a team. Generally, everyone's attitude is much better than it was."
- People and their representatives were informed of changes and the provider's plans for the service. They were provided opportunities to have their say about these and to give their views on how the service could improve. The provider acted on what people said and asked for. One relative told us, "Both the provider and [name of registered manager] are really caring and committed to caring for my dad. They are both really considerate and I have a good relationship with both of them."
- There were good links with the local community and people were regularly visited by local school children who engaged with people in a range of activities and events.
- People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. This was available to guide care staff and was supported by the provider's equality and diversity policy and staff training. A member of staff told us, "It's not about us as staff, it's about the people we support. We all come in with a positive attitude and try to ensure it's the best for each resident here. It's their home."

Working in partnership with others

- The provider, registered manager and care staff worked in partnership with other professionals and agencies, such as GPs and community health services to ensure that people received the care and support they needed and, where required improvements were made. Feedback we received from a healthcare professional stated, "I have confidence that with the level of dedication shown by the staff members at Bramble house and regular input from the GP surgery, we will continue to make the services better."
- The registered manager worked in partnership with people and their relatives, through regular

communication, to ensure that people's views about the care being provided was listened to.

Continuous learning and improving care

- People's relatives told us they knew how to make a complaint. One relative told us, "I would go to the provider if I had a complaint. She is really compassionate about the care and wants to ensure the home is the best it can be." Another said "I would talk to [name of registered manager] if I needed to complain, but I have nothing to complain about. They are doing everything they can to make the lives of the residents as best as they can."
- We reviewed the system used by the registered manager to log and respond to complaints. The service had received three complaints in the last 12 months. Where things had gone wrong, we saw the action the provider and the registered manager had taken to put things right and to minimise the risk of reoccurrence. This included inviting the complainant into the home to discuss their concerns and agree a way to resolve the complaint. We also saw that the provider and registered manager had liaised effectively with other bodies such as local authority commissioners and safeguarding professionals to ensure that information was shared where concerns or complaints had been raised.