Somerset County Council (LD Services)

The Brambles

Inspection report

Six Acres Close
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Taunton
Somerset
TA1 2BD

Tel: 01823327714

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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?	Good

Summary of findings

Overall summary

This inspection took place on 12 January 2016 and was an unannounced inspection.

The Brambles is a single storey building situated close to Taunton town centre. The home can accommodate up to seven people and it specialises in providing care to adults who have a learning disability. The home has a range of aids and adaptations in place to assist people who have mobility difficulties. All bedrooms are for single occupancy. The home is staffed 24 hours a day.

At the time of our inspection there were seven people living at the home. The people we met with had complex physical and learning disabilities and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager in post. 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.

The registered manager was not available for this inspection; however information sent to us prior to the inspection told us the registered manager had a clear vision for the service. This was also confirmed by the staff we spoke with.

People were supported by a caring staff team who knew them well. Staff morale was good and there was a happy and relaxed atmosphere in the home.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access social and leisure activities in the home and local community.

The home was a safe place for people. Staffing levels were good and staff understood people's needs and provided the care and support they needed.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People's health care needs were monitored and met. People received good support from health and social care professionals. Staff were skilled at communicating with people, especially if
people were unable to communicate verbally.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and

there were sufficient supplies of medicines. People received their medicines when they needed them.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

There were effective systems in place to monitor and improve the quality of the service provided.

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.

There were adequate numbers of staff to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good

The service was effective.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Good

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Is the service well-led?

Good

The service was well-led.

The manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

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 inspection took place on 12 January 2016 and was unannounced. It was carried out by one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

At the time of this inspection there were seven people living at the home. During the inspection we met each person. We spoke with six members of staff and a visitor.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of two people who lived at the home. We also looked at records relating to staff recruitment, the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

The people who lived at the home were unable to communicate with us verbally. One person responded "Yes" when we asked them if they were happy living at the home. A visitor told us "I am very happy and have no concerns about the care my [relative] receives."

Staff knew about possible risks to people and they knew about the measures in place to minimise risks and to support people in the least restrictive way. For example, people were able to move freely around the home. Doors to the kitchen and laundry were not routinely locked. There were risk assessments which detailed the possible risks and the control measures in place to minimise risks. We observed staff followed the control measures. For example, one control measure was to make sure a member of staff was available to support people in the kitchen when they wanted. We observed this to be the case throughout our visit. One person's risk assessment identified that they had no safety awareness when in the kitchen. However; this person really enjoyed spending time in the kitchen watching meals being prepared. The risk assessment detailed how the person could be supported with reduced risks. A control measure was to make sure staff were available and that they were encouraged to sit at a table away from direct hazards. We observed this during the time staff were busy preparing lunch. The person seemed relaxed and enjoyed being with staff.

Other risk assessments included enabling people to access the community safely, travelling safely in a vehicle and assisting people with moving and handling needs.

Staffing levels were assessed and monitored to make sure they were sufficient to meet people's needs. There was a crisis plan to manage untoward events such as pandemics and disruptions for staff's travel to work. There was clear information about the safe minimum staffing levels required based on the needs and abilities of the people who lived at the home. The plan detailed the action to take where staffing levels dropped below safe levels. There was a list of "nominated crisis team managers who should be contacted. There was also a list of staff contacts and any relevant restrictions such as childcare responsibilities. There had been recent changes by the provider to the staffing arrangements at night. Nights were previously covered by one waking and one sleep-in staff. This has been replaced by one waking and one shared sleep-in staff. We were informed the sleep-in staff now shared cover between The Brambles and another of the provider's homes next door. Possible risks to people had been recorded and control measures were in place to manage these risks.

Staff were available to assist people when they needed support. We observed staff responded quickly for any requests for assistance. Staff did not rush people. They supported people in a relaxed and unhurried manner.

People received their prescribed medicines in a safe way and were supported by staff who had been trained to carry out this task. People had prescribed medicines to meet their health needs. All medicines were stored securely in each person's bedroom. Each person had a clear care plan which described the medicines they took, what they were for and how they preferred to take them. These included clear instructions for staff which included photographs of how the person should be supported. We observed staff administering

medicines to people in accordance with the policies and procedures in place. Two staff checked and administered medicines to one person at a time. They checked to ensure the correct medicine and dose was administered before signing the person's medication administration record (MAR). Staff received annual refresher training and observation of their practice to make sure they remained competent to administer medicines.
Risks of abuse to people were minimised because the provider had a recruitment process which ensured all new staff were thoroughly checked before they began work. Checks included seeking references from previous employers and carrying out checks to make sure new staff were suitable to work with vulnerable adults. Staff told us they were only able to start work once all checks had been completed.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been identified, the service had informed relevant authorities and, where appropriate, had followed their staff disciplinary procedures to make sure issues were fully investigated and people were protected.

People required staff support to manage their finances. Procedures were in place and were followed by staff which reduced the risk of financial abuse. A record of all transactions had been recorded and were supported by receipts and invoices. We saw transactions had also been checked against bank statements. Balances and transactions were checked at least monthly.

There were plans in place for emergency situations; people had their own evacuation plans if there was a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system which meant they were able to obtain extra support to help manage emergencies.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Good

Is the service effective?

Our findings

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. The 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. For example, care plans contained appropriate documentation which included assistance with personal care; management of people's finances and the management and administration of people's medicines. Decisions had been made in people's best interests by people who knew the person well. This made sure people's legal and human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been made for people who were unable to consent to this and for those who required constant monitoring by staff.

The majority of the people who lived at the home were unable to communicate verbally. People's care plans contained detailed information about how each person communicated. For example, what signs to look for which meant the person was happy or unhappy or if they were in pain. People used different methods of communication such as objects of reference, photographs and physically leading staff to show them what they wanted. Staff knew people well and they knew how to communicate with people using their preferred method of communication. We saw staff were skilled at recognising when a person wanted something or was becoming anxious. During lunch one person led staff and the inspector, to the kitchen indicating that they wanted a drink.

The staff team were supported by health and social care professionals. People saw their GP, dentist, optician and chiropodist when they needed to. Each person had an annual health check- up. The service also accessed specialist support such as an epilepsy specialist nurse, learning disability nurse, speech and language therapist and a dietician.

People's care plans contained records of hospital and other health care appointments. There were health action plans to meet people's health needs. Care plans included 'hospital passports' which are documents containing important information to help hospital staff support people with a learning disability when they are admitted to hospital.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. We observed staff supporting people in accordance with their plan of care. For example, one person required a gluten free diet. Two other people required their food to be prepared at a particular consistency. Staff were knowledgeable about people's needs and we saw people being supported as detailed in their plan of care. People's meal choices were based on their individual preferences and we saw staff prepared different meals for each person.

Staff were confident and competent in their interactions with people. Staff told us training opportunities were very good. They told us they received training which helped them to understand people's needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people's care needs, such as autism awareness and caring for people who have epilepsy.

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

Good

Is the service caring?

Our findings

The atmosphere in the home was relaxed and welcoming. It was evident that staff respected the fact that it was home to the people that lived there. One member of staff said "We want people to feel relaxed and happy. This is their home. There shouldn't be any unnecessary restrictions." During our visit we observed people moving freely around the home, spending time where they wanted. Staff consulted with people about the day's routines and activities; no one was made to do anything they did not want to. People were asked throughout the day what they wanted to do and chose how to spend their time.

Each person had their own bedroom which they could access whenever they wanted. Bedrooms were decorated and furnished in accordance with each person's tastes and preferences. In the Provider Information Return (PIR) it stated "Service users are supported to decorate their bedroom to their liking." One person had a particular liking for steam trains. Staff had researched suppliers of specialist wallpapers and we saw the person's bedroom had been decorated with wallpaper which detailed a large steam train.

Staff interacted with people in a very kind and caring manner. They took time to understand what a person wanted, especially where a person was unable to communicate verbally. People were treated with respect and staff treated each person as an individual. The PIR stated "Service users have their own food cupboards and are supported to do their own food shopping and cooking from their own choices." We saw this to be the case when we visited. We also saw people were able to make choices about what time they got up in the morning. Staff respected people's wishes and were available to support people when they needed assistance.

Staff had a very good knowledge about what was important to each person who lived at the home. Each person had a "support for living plan" which provided staff with information about the persons needs and what was important to them. People's care plans detailed information about what a "typical day" meant for them. This gave information about their preferred routine which helped staff to support people in accordance with their preferences and needs. A member of staff said "We want to give people great care and the best life possible."

The home had received numerous compliments from people's relatives and health and social care professionals. Comments included "Thank you for all the hard work, love and care you give [person's name]. It is very much appreciated" and "A big thank you for making [person's name] so special." A health professional commented "Thank you for your on-going support during [person's name] admission to hospital. You came across as an extremely dedicated and caring team and I was impressed by your round the clock input and commitment."

People were supported to maintain relationships with the people who were important to them, such as friends and relatives. We met with one visitor who told us "I give them top marks. All the staff are very kind and welcoming. They not only look after my [relative] really well; they care for me too." In their Provider Information Return (PIR) it stated "Families and friends are welcomed and service users can spend time with them both inside the home and on days out with staff support."

People were supported to be as independent as they could be. Care plans detailed people's abilities as well as the level of support they needed with certain activities. There was an emphasis on enabling people to maintain a level of independence despite their disability. For example assisting with personal care needs, mobilising and making day to day decisions about where they wanted to spend their time and what they wanted to do. The (PIR) stated "Service users are supported at their own pace and given time to make choices and staff support them to be as independent as possible. Service users are supported to get up when they choose and to get ready for bed when they decide."

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others. The (PIR) told us "The service has guidelines for confidentiality and data protection. Information is held in the office or in the individual's bedroom."

Good

Is the service responsive?

Our findings

Each person had a named support worker who had particular responsibility for ensuring their needs and preferences were understood and acted on by all staff and that people had everything they needed. Each person had a "home day" where they had one to one time with a member of staff of their choice. Staff explained on a home day, people were able to choose what they wanted to do and where they wanted to go. They were also supported shop for their food and personal items and, as far as possible, be involved in their banking. On the day we visited, two people were supported to go food shopping at a nearby supermarket.

People contributed to the assessment and planning of their care as far as they were able. Each person had a support for living plan which encompassed person centred approaches detailing what people could do for themselves, the level of support required and how risks were managed in the least restrictive way. The care plans we looked at had been regularly reviewed and were reflective of people's current needs. Reviews looked at what was important to the person, what was working and what was not working. Care plans had been updated where required and staff had responded to any highlighted changes. For example, one person wanted to try different activities. Photographs in the person's file showed they had enjoyed a number of new activities including carriage driving.

Each person had a diary in which staff recorded any significant information. Information was not routinely recorded on a daily basis, only if something specific had happened. For example, if a person had been out or had seen visitors. We looked at a selection of entries for two people who lived at the home. Information was basic and did not detail what the outcome of a particular activity had been. For example on the day we visited, staff told us about a very positive outcome for one person who they had taken shopping that day. However, all that had been documented was that the person had been shopping for their food. More detailed information would assist in reviewing whether people's care plans were effective and responsive to their needs. We discussed this with a senior support worker at the time of the inspection.

People's care was tailored to their individual needs and staff responded promptly to any changes in people's health or well-being. For example, on the day we visited the senior member of staff on duty spoke to a person's GP as they were concerned the person was unwell. The person was unable to communicate however; staff noticed the person was not their usual self. The GP arranged to visit the person later that day.

People had opportunities to take part in a range of activities and social events. In their Provider Information Return (PIR) it stated Individuals are supported to access a wide range of community activities, social clubs, carriage driving, swimming, we support 'taster sessions' to enable individuals to try new opportunities enabling them to make an informed decision and identify their likes/dislikes." The care plans we looked at detailed what people liked to do and there were photographs of people enjoying many different activities which included swimming, picnicking, dancing and horse riding. A member of staff told us how they and another member of staff had supported two people on a five day holiday to Minehead. They told us it had been "Great fun and a great success." There were photographs and a detailed diary which showed the holiday had been thoroughly enjoyed by people. The member of staff explained they were currently looking

for suitable holidays for people this year.

There was a complaints procedure which had been produced in an accessible format for the people who lived at the home. There had been two formal complaints in the last year. Records showed that these had been fully investigated and responded to within agreed timescales and to the satisfaction of the person who raised the concerns.

Good

Is the service well-led?

Our findings

The home was managed by a person who had been registered by the Care Quality Commission. The registered manager was not available at the time of this inspection however; we were able to spend time with a senior support worker and the staff team. The registered manager completed the Provider Information Return (PIR) prior to this inspection. In this they stated "As a manager I undertake to be open, honest and transparent and have an open door policy where staff feel able to come to me or the assistant team manager for advice and support as well as raise any concerns. The vision of the service is to support individuals to live the life they choose with focus on a person centred approach that promotes independence and choice." Our observations and discussions with staff showed that this ethos had been adopted by the staff team.

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was an assistant team manager, senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. Staff morale was good and staff told us they received good support from the management team and their peers. One member of staff said "We have a fantastic staff team who are all so supportive." The PIR stated "The rotas identify a senior member of staff on duty or a support worker who has shift leading responsibility. There is a service manager on call duty rota available weekdays and a team manager on call duty rota at weekends." This ensured people always had access to senior staff to monitor their well-being and less experienced staff were able to seek advice and support.

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. Supervision records showed a range of topics were discussed and the staff member's views were encouraged. These ranged from the level of support they received to discussions about people who lived at the home and what the staff member thought could be improved. In the PIR the registered manager stated "I predominately work office hours but also work alongside staff to ensure service delivery and monitor team culture. I work regularly at weekends as well as some shifts to be able observe practice and provide constructive feedback to staff." It also stated "Each member of staff
receives regular supervision given constructive feedback and using reflection of practice as a tool to measure performance against the expected standards. The team has monthly team meetings where information is shared and team members are encouraged to develop ideas and ways to
improve the service."

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. The registered manager submitted monthly audits to the provider's service manager who then carried out unannounced visits to the home to monitor and highlight on any areas for improvement. We looked at the findings of a recent audit which had been carried out in December 2015. We were able to see that actions identified at a previous visit had been addressed. These related to staff supervisions and annual updates for staff in safeguarding adults from abuse.

The provider reviewed their policies and procedures to make sure they remained in line with current legislation and practices. Staff told us they were always informed of any changes. The registered manager ensured their knowledge and skills remained up to date. In the PIR they stated "I attend monthly team manager meetings, conferences and training to update on best practice, share good practice and ways of working."

Significant incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. The registered manager reviewed incidents to see if there was any learning to help improve the service. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.