

The Brandon Trust

The Rambles Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service: The Rambles is a residential care home. People in residential care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Rambles accommodates up to 6 people with a learning disability. At the time of the inspection 4 people were living there.

The service is in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People and staff could be at risk of hot water that posed a risk of scalding due to temperatures exceeding recommended temperatures. Some radiators were too hot to touch, and people could be at risk of touching some due to them being hot and uncovered. One person had no environmental risk assessment that identified a risk relating to ingesting liquids. The environmental risk assessment had failed to identify measures in place relating to the lack of effective hand washing within toilets and communal bathrooms.

People received their medicines safely and records were accurate and up to date. People were supported by staff who knew them well and were felt well supported. Staff had checks undertaken prior to working with vulnerable people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported by staff who were kind and caring and staff felt it was a nice place to work. Care plans were individual and personalised and included how staff could support with people's routines, so they had a good day. Staff used various communication methods and they knew people's hand gestures and body language to know if they were happy or not.

People and relatives had a complaints policy in place. People had their views sought through regular reviews and conversations about how their care was going. People were supported by staff with their medical appointments and referrals to health professionals were made when required. People were supported by enough staff to access the community and activities that were important to them.

Rating at last inspection: Good (published June 2017).

Why we inspected: This was a planned inspection based on the previous rating. At this inspection we found the overall rating had changed from Good to Requires Improvement.

Follow up: We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Rambles Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team:

The inspection was undertaken on the 30 December 2019 and the 3 January 2020. It was carried out by one adult social care inspector.

Service and service type:

The Rambles is a residential care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service at the time of the inspection had a registered manager in post. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on the first day.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. Prior to this inspection we had not requested the provider completes a provider information return. A provider information return (PIR) is when we require information from providers on key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person, two members of staff, as well as the registered manager. Following the inspection, we gained feedback from two relatives and one health care professional. During the inspection we reviewed three people's care and support records and recruitment files for one member of staff. 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 also looked at records relating to the management of the service such as incident and accident, training records, policies, audits and complaints.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The environment was not always safe. For example, two people's hot water was either 44 degrees or above. Records from the November 2019 to the end of December 2019 confirmed this. This is above the safe recommended temperatures in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. The registered manager confirmed following the first day action had been taken to reduce hot water temperatures.
- People could also be at risk from radiators that posed a risk of scalding people should they fall or lean against them. For example, although we found risk assessments in place for people we found some radiators were too hot to touch for more than a few seconds. On checking one radiator we found the temperature to be 50 degrees. The risk assessment confirmed the radiators thermostat should be set to 4. We found the thermostat set to 1.5 which was below the recommended setting of 4. The radiator was by a chair the person liked to sit in. We raised our concerns with the registered manager. They took action to get the boiler, hot water and the radiators checked by professionals. The registered manager confirmed daily temperature checks would be in place for radiators to manage the risk.
- People had individual risk assessments in place in relation to their mobility, risk of choking, epilepsy, support within the community, traveling in a car and taking medication safely. Staff were familiar with these risks and knew how to support people safely.
- People had personal evacuation plans in place. Care plans also contained hospital passports and an up to date identification and phot of the person should an emergency arise.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) gloves and aprons. Although due to the risk of one person ingesting liquid hand soap, liquid hand soap was not available for people or staff to use within the bathrooms or toilet. Staff confirmed they washed their hands in either the staff toilet, kitchen or sluice room. People were supported to also wash their hands within the kitchen area or with hand gel. The environmental risk assessment had not identified this issue or what actions staff should take for effective hand washing. There was no personal risk assessment in place for the person and the risks associated with ingesting liquids. Following the inspection, the registered manager sent us a environmental and personal risk assessment identifying the risk and how this was being managed.
- The home was odour free and clean.

Staffing and recruitment

- People were supported by enough staff and by staff who had checks completed prior to working with vulnerable adults.
- People were an active part within the interview process. This included potential new recruits coming to the service for tea and cake to meet people and for people's views to be sought following this experience.
- People were supported by enough staff to meet their individual needs. Staffing levels were adapted to reflect what support and activities were planned so that people received the support required. At the time of the inspection the registered manager confirmed the service had two full time vacancies. This was covered by existing staff. One person had recently had an increase in their care hours. The registered manager confirmed they were in the process of recruiting permanent staff to these increased one to one hours.

Using medicines safely

- People's medication was administered safely and was stored within a locked box.
- Medicine's administration records (MARs) were accurate and up to date.
- Medicine stocks were checked daily and recorded within people's records.
- Staff received training in the safe administration of medicines. Competencies checks were undertaken by a senior member of staff to ensure staff administered medicines safely.

Learning lessons when things go wrong

- Incidents and accidents were logged and confirmed any actions taken. These were reviewed for any trends and patterns.

Systems and processes to safeguard people from the risk of abuse

- Staff and relatives felt the service was safe. When staff were asked if people were safe one member of staff said, "Yes 100% yes". Staff had a good understanding of the different types of abuse. One member of staff told us, "Forms of abuse are financial, verbal, physical, sexual, psychological. We would go to our line manager or care connect". One relative when asked if the service was safe they told us, "Yes, oh yes".

Learning lessons when things go wrong

- Incidents and accidents were logged, and actions taken when required

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

Staff support: induction, training, skills and experience

- Staff felt well supported with regular supervision and a yearly appraisal.
- People were supported by staff who received training to ensure they had skills and competencies to provide good quality care. Training included, equality and diversity, health and safety, mental capacity, deprivation of liberty, infection control and food hygiene.
- Staff received additional training so that they could support people with their individual needs. Additional training included, communication, person centred working, diabetes and epilepsy.
- Staff were supported to gain a care certificate which is a recognised set of standards in Health and Social Care. Staff were also supported to achieve additional qualifications for example in subject areas such as management.

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

- People were offered a choice of hot and cold drinks by staff throughout the day.
- People were supported by staff who knew people's likes and dislikes and risks of choking or drinking drinks that were too hot. Care plans contained risk assessments, important information relating to what people liked to eat and drink along with clear guidelines for staff to follow.

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

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

- People were supported with their individual health needs. Relatives and professionals confirmed people were supported positively with accessing health care services when needed. One relative told us, "I have nothing but praise for the staff. They have been supporting [Name of person] to attend hospital appointments. They are wonderful". One professional told us, "The staff are very knowledgeable and liaise with us if there are any problems". During the inspection we observed staff supporting people with their appointments.
- Referrals were made when required to physiotherapists, occupational therapists, dentists, GP's and other professionals.
- Staff knew people well which meant they could identify quickly when people might be becoming unwell or require medical assistance.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- All people living at the home lacked capacity. Mental capacity assessments were undertaken. Best interest meetings were held with relevant professionals, family and staff when required.
- Care plans contained important information relating to people's wishes and support.
- DoLS applications were submitted when required.
- People were offered choice and staff asked their consent before offering support.

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

- People's needs were delivered in line with recognised standards and guidance and their individual needs. Health care professionals were an important part of developing care plans, communication passports and other guidance in order to support people's individual needs.
- The service advocated STOMP. STOMP is a working together approach around, 'The Stopping Over-Medication of People with a Learning Disability, Autism or Both' (STOMP). It commits each to work together, and with people with a learning disability and their loved ones, to take real and measurable steps to stop over-medication.

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

- People's rooms were individualised reflecting their individual needs and personal space.
- The building had a front and side entrance which was securely locked.
- People could access the back garden which was grassed with a variety of fruit trees.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant 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 were supported by staff who demonstrated a kind and caring approach towards them. During the inspection we observed staff ask people how they were and spend time talking to people about things that were important to them such as holidays.
- Relatives felt staff had a positive caring attitude with people. One relative told us, "I can't appreciate them enough. They are very nice people". Another relative told us, "Fantastic staff. We have a good working relationship with them and they have a wonderful relationship with [Name of person]".
- Staff and the registered manager spent time reassuring people. For example, who was working that day and what the plans were for the rest of the week.
- Staff received training in equality and diversity and had a good knowledge. One member of staff told us, "It's about race, gender, social class, sexuality, disability. Everyone is allowed to be different".
- People appeared well presented with clean clothes and washed and brushed hair.

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

- Staff spoke with people politely and in a respectful manner.
- People were supported by staff who checked that they were still happy to undertake a planned activity. This meant people could change their mind if they choose to.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected and promoted their privacy, dignity and independence. However one person had no bedroom curtains. This had been following an incident where they had been pulled down. The registered manager confirmed new curtains had been ordered with a Velcro seam.
- Staff knocked and asked to enter before they went into people's rooms. People spent time with their doors shut so they could have their privacy and space respected.
- Care plans reflected people's wishes to remain independent.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained detailed information relating to how the person communicated. Communication passports had been developed with professionals. These included pictures, and objects of reference including photographs. This was so staff could give people information in a way they could understand.

Improving care quality in response to complaints or concerns

- People and relatives had access to a complaints policy. People were given regular opportunities to discuss aspects of their care that they were unhappy with. This was done through monthly keyworker reviews. The person was supported to review their care and any changes they might have to goals set.
- Relatives were positive about their experiences with the service and staff. One relative told us, "We have been very very happy. They all love her to bits which is really reassuring to us".

End of life care and support

- No one at the time of the inspection was receiving end of life care.
- The registered manager confirmed they were in the process of introducing new end of life paperwork for people's care planning. They confirmed this would start to explore what flowers people liked, the type of music and any special songs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences and Supporting people to develop and maintain relationships to avoid social isolation

- People's care plans were person centred and were detailed and informative. They contained important information such as people's medical history, information relating to their life history and what they enjoyed doing.
- Care plans contained information which helped staff to provide people with care that supported them having a positive day that went well for them.
- People had access to activities that were important to them. Activities included, day centres, going for walks, shopping, cafes and other places that people liked to visit. One person was supported to attend a local gardening group. They had a real love of gardening and the service was looking to build some raised flower beds so that they could grow vegetables and access them daily if they wished.

- Some people had their own transport which meant staff could support them in accessing places they enjoy visiting including day trips out.
- People were supported to remain in regular contact with their families. One person was supported by the service to visit their parent once a month. The relative felt very appreciative of the support from the service and staff in enabling the person to travel on public transport to visit their parent.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Environmental risks had not been identified by a robust quality assurance system. For example, during the inspection we identified issues with water that was hotter than recommended by the HSE. We found radiators that posed a risk of scalding or burns. The provider's Health and safety audit completed August 2019 had not identified issues with hot water exceeding safe temperatures. This was the last quality assurance audit completed for Health and Safety checks in the home. The provider's health and safety check along with daily checks undertaken by staff had failed to identify risks of radiators being too hot to touch and some people being at risk of scalding or burning themselves.
- The provider's health and safety quality audit had also failed to identify issues with risks and measures put in place to manage the risk. The audit confirmed, 'There is adequate hand washing facilities as well as good signage around hand washing techniques'.
- Shortfalls has also failed to identify that one person having no risk assessment relating to ingesting liquids or the service environmental risk assessment where arrangements for people to wash their hands within the communal bathrooms and toilets were not in place.
- Daily checks were in place to monitor activities, staffing levels, shopping, checks on people and the administration of medicines.
- The health and safety audit also checked; checks on equipment, food safety, gas safety, fire safety, electrical safety and mandatory training. Recommendations from the audit included replacing carpets and decorating along with testing the quality of the water.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff spoke positively around providing people with person centred care. They had built important trusting relationships with people they supported. One member of staff told us, "I just know when [Name] doesn't want any support right now as they will give a hand gesture to say later. They're not a morning person".
- The registered manager understood the requirements to make notifications when required. Notifications

are when certain changes, events or incidents occur that affect the service or people.

- The rating was displayed within the service.
- The registered manager spent time talking to people, reassuring them and confirming future important information.

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

- Staff had their views sought on their experience of working for the provider.
- Staff felt well supported and it was a nice place to work with a good culture. One member of staff told us, "It's an amazing great team to be part of". Staff had regular staff meetings these were an opportunity to discuss any changes to people care needs or improvements to the service.

Continuous learning and improving care

Working in partnership with others

- The registered manager was able to lease and gain advice and support from a wider management team.
- Staff worked in partnership with people's relatives. One relative told us, "They have a wonderful relationship with [Name]". They described it as, "Shared responsibility".
- The registered manager and staff were proactive at liaising with professionals. They worked in partnership with social work teams, district nurses, GPs and the community learning disability team.