Care Quality Commission

Forestglade Limited

Bramble House

Inspection report

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Gloucestershire
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Tel: 01452521018

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24 April 2018
26 April 2018

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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

We last inspected in January 2017 and rated the service 'Good' overall. At this inspection we found improvements were needed and rated the service 'Requires Improvement' overall.

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.

An established registered manager provided the staff, people and their relatives with on-going support. Quality assurance systems were being used to review the quality of the service although the systems being used had not always been effective in identifying shortfalls and improving practices.

Staff knew people well and supported them to remain safe. However, the strategies used by staff to support people's risks had not always been recorded in detail in people's care plans. The management plans to support people with their risks did not always provide staff with adequate information on how to support people to remain safe. People's medicine care plans were not sufficiently detailed to ensure staff would always know when people would require their occasional medicines.

The home had recently experienced changes in staff but were actively recruiting new staff to ensure staff would always be able to promptly meet people's needs. We made a recommendation to support the service to make improvements to their staff management.

People could not always be assured that they were being supported by staff of good character as the systems used to recruit staff had not been robustly followed. On the days of inspection, we found that most staff, except some new starters had been fully trained in their role and plans were in place for staff to receive additional training.' However some night staff and agency staff did not always have the skills required to meet people's needs.

People enjoyed a home which was homely and provided a stimulating environment. People received care and support which was responsive to their needs. Staff were aware of people's likes, dislikes and support needs. They were supported to maintain their health and well-being and access additional care and treatment from other health care services when needed. People were encouraged and supported to have a well-balanced and nutritional diet. People who needed special diets were catered for.

Staff were kind and compassionate to the people they cared for. People were treated with dignity and respect and their views were listened to. Relatives made positive comments about the approach and attitude of the staff. Staff were aware of their responsibilities to report any concerns of abuse or harm. Accident, incidents, concerns and complaints were reported and investigated into. Any incidents were reviewed and action was taken to improve the service being delivered. People's health care needs were

monitored and any changes in their health or well-being had prompted a referral to their GP or other health care professionals.

The registered manager and provider were making progress to make the improvements they had identified prior to our inspection. This included action to improve the home's environment and the systems to monitor the running of the home. Actions were being taken to refurbish the home and equipment to support people.

We found two of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people had been identified and staff understood how to support people to mitigate these risks. However, people's records did not always show that they had received the care they required to remain safe.

The processes to recruit staff had not been robustly followed to ensure staff were of good character.

A recent turnover of staff had put increased pressure on the staff to ensure people remained safe. The registered manager was reviewing the staffing levels and recruiting new staff.

People were kept safe from risk of abuse or harm. Any incidents were reviewed and action was taken to improve the service being delivered.

Actions were being taken to refurbish the home and equipment to support people.

Is the service effective?

Good

The service was effective.

People were supported to make choices about their day and consent to the care being delivered. Action was being taken to confirm people's lasting power of attorney.

Staff had been trained in their role and were supported in their professional development.

People enjoyed their meals and were supported to eat a healthy diet.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Is the service caring?

Good

The service was caring

People are treated with kindness and compassion by staff who were aware of their needs and support requirements.

Staff adapted their approach when speaking to people with different communication needs. People's dignity was maintained at all times.

Relatives were positive about the care people received.

Is the service responsive? — **Good**

The service was responsive.

People received personalised care. Staff were responsive and attentive to people's needs.

The provider and manager had responded to complaints in line with their policy.

Progress was being made in the systems to support people who may require end of life care in the future.

Is the service well-led? — **Requires Improvement**

The service was not consistently well-led.

Quality assurance systems had not always been effective in identifying the shortfalls in people's care records and did not always ensure improvements were made promptly when identified.

People and staff felt supported and were confident in the management of the home.

The managers knew people well and were passionate about providing good quality care.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a focus inspection as some concerns had been raised with CQC about the quality of care provided at the home. The actions taken and reassurances that the registered manager had provided helped to inform the planning of the inspection. The inspection took place on 24 and 25 April 2018 and was unannounced. The inspection was carried out by one 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.

This service was last inspected in January 2017 and was rated as 'Good'. Before the inspection we reviewed the information we held about the service and provider as well as previous inspection reports and notifications about important events which the service is required to send us by law.

During the inspection we spent time walking around the home and observing how staff interacted with people. 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 three people and four people's relatives. We looked at the care plans and associated records of five people. We also spoke with four care staff, the chef, the activities coordinator, assistant manager, the registered manager and a representative of the provider. We received feedback from two health care professionals and the local authority commissioners.

We looked at staff files relating to their training and personal development as well as the home's recruitment procedures. We also checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and records relating to the management of the home including quality assurance reports.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in January 2017 we found improvement was needed in relation to people's medicines management. During this inspection we saw some improvement had been made however there were still some on-going concerns with people's medicines. We also identified some new concerns in relation to how people's care was recorded. People's records did not always show that they had received the care they required to remain safe.

People's risks had been assessed and were known by staff. For example, we observed staff supporting people with their mobility and assisting people to eat their meals in a safe and respectful manner. Any concerns or hazards relating to people's well-being such as triggers which may cause them to become upset had been identified and recorded. Staff could explain how they supported people to reduce their individual health and well-being risks such as providing extra drinks when people were at risk of developing a urinary tract infection.

Staff had worked with other health care professionals when supporting people to manage their health risks. For example, people at risk of malnutrition were weighed monthly and any concerns were raised with the GP and communicated to the kitchen staff so they could provide additional calorific meals to people. However, records did not always show that care had been delivered as it should to mitigate these risks. For example, people's care plans did not have sufficient detail to inform staff how they should assist people at risk of malnutrition to maintain or increase their weight. Food charts for those people who had required their food intake to be monitored were not always completed therefore staff could not judge from people's records whether they had sufficient to eat to reduce their risk of becoming malnourished.

People's mobility, fall and skin integrity risks had been assessed and recorded. However the actions staff should take to prevent future incidents when people had experienced a fall or sustained a minor injury, such as a skin tear or bruise, had not always been recorded. People may be at risk of harm because their care records were not always reviewed and updated following an incident. This would ensure people's risk management plans remained effective and staff had up to date information on how to manage people's changing risks. However, staff had access to a 'working safely' folder which provided them with information about safe working practices and helped them to identify incident trends.

Where people were living with long term health conditions, such as, diabetes, records did not always identify how they had been supported to reduce any risks relating to their health and maintain their safety. For example, specialist health care professionals would have found it difficult to determine whether people's treatment plans were sufficient to reduce the risks associated with their health conditions. For example, the community nurse had instructed staff to record the blood glucose readings for two people living with diabetes to monitor that their medicines were sufficient to maintain a safe blood glucose reading. However, their records showed that staff had not consistently recorded their blood glucose readings twice a day as recommended by the district nurse.

Protocols about the management of medicines prescribed to be used 'as required' needed more detail to

ensure staff had the guidance they required to support people to manage their pain, anxiety or constipation before administrating medicines. Staff were kept updated in people's changing needs through regular communication handovers and meetings with staff. Three people who may have found it difficult to verbalise their pain were being given pain relief on a daily basis although they had been prescribed pain relief to only be used 'as required'. However, whilst staff knew people well and were able to make a best interest decision about people's pain management, it was unclear from their medicine records why a judgment had been made by staff to administer these medicines. There was no guidance in place on how staff should assess the symptoms of people who were unable to verbalise their experience of pain. Protocols of medicines to be used 'as required' to help to reduce people's anxieties did not provide staff with alternative strategies to support people to de-escalate their anxiety before medicines were to be administered. Staff might therefore not have the information they needed to always know when to administer people's 'as required' medicines.

While there were no detailed management plans for particular risks and medicines, the impact for people was minimised because staff had a good knowledge of their risks and how they could be managed. Staff told us they knew how to care for people living with diabetes, as they had been trained to do so. They also knew when people were in pain and required their medicines. We spoke to the registered manager about the lack of guidance for staff in the care plans and they assured us they would address this.

An accurate record of the care and treatment being provided to people was not always in place. This is a breach of Regulation 17, Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People could not always be assured that they were being supported by staff who were of good character. We looked at four staff files and found that the recruitment processes of new staff had not always been thorough. Whilst the identity and criminal back ground of all staff had been verified; their employment histories including gaps in their employment and reasons for leaving their employment had not been robustly explored and recorded to ensure people were cared for by staff that were of good character. This is a breach of Regulation 19, Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained that new staff were closely monitored and supported during their probation period to ensure people were safe when being supported by new staff. The home had recently experienced some staffing difficulties and the registered manager was actively recruiting new staff.

Records showed staff had carried out additional shifts or agency staff were used when there were unplanned staff shortages, to ensure people were supported by adequate numbers of staff. However staff told us and staff rotas confirmed there had been occasions when there had been insufficient numbers of staff on duty. The registered manager told us they and the assistant manager often helped to deliver personal care when they were short staffed. We received mixed views from relatives about the staffing levels in the home and the recent turnover of staff. For example, when asked about staffing levels, one relative said, "I think they have got enough staff but I've seen a lot of new staff and I have to say that when I come in the evenings they always answer the door quickly." However other relatives said, "The numbers on duty have been a bit and miss recently. Lots of new faces" and "No, I don't think so, the ones that are here are here there and everywhere and they have too much to do."

People shared their home with some people who attended a day service at Bramble House. We were told by staff that they sometimes felt under pressure to ensure all people had their needs met and remained safe, especially when they were also required to support people who attended the home for day care or there was an unplanned shortage of staff. One staff member said, "It is generally ok and we work well as a team but we have had some staff leave so it has been hard to work with new staff or agency staff as they don't know what

they are doing. It also depends on how many people we have for day care." The registered manager explained that additional staff were made available when the home had three people in the home attending the day service. However, on the day of the inspection we observed that staff did not respond promptly when people needed support as they were supporting people who attended the day service. For example, one staff member was occupied reassuring one person who attend the day service and did not respond promptly when another person was seen sliding out of their chair.

We discussed our concerns about the impact of the day service on staff time and their responsiveness to people living in the home. The registered manager assured us that they were recruiting new staff and extra staff were frequently rostered to support people depending on their needs. For example, an additional staff member was made available most mornings to encourage people to eat their breakfast. On most days, a 'floating' staff member was on duty to help people with their personal care during the busiest parts of the day.

We recommend that the service seeks advice and guidance from a reputable source in relation to the assessment and management of staffing levels in the home.

We observed a medicines round and found people received their medicines as prescribed and in a person centred manner. Staff who were responsible for administering people's medicines had been trained in the management of medicines. Medicines administrations charts had been completed accurately with no gaps when people had taken their medicines. People's care plans described the actions staff should take if they refused their medication on three consecutive days such as contacting the GP or earlier if required.

The home was clean and free from offensive odours. Staff took appropriate actions when spills and accidents occurred to ensure people remained safe. Night staff and some day staff were required to carry out housekeeping duties to ensure that the home remained consistently clean. Regular checks were carried out to ensure the building and equipment associated with people's care were maintained and serviced. The provider had identified that some parts of the home and furniture needed refurbishing and updating. They had also identified that some equipment used to support people, such as wheelchairs, needed to be deep cleaned and had plans to clean them to reduce the risk of cross contamination. One relative said, "I don't have any concerns about the cleanliness of the home. It's a bit tired and could do with being painted in places. You get the odd smell but that is to be expected I suppose." A regular weekly and monthly kitchen cleaning schedule was in place to ensure cleanliness was maintained. The home had been awarded a five star rating for their food hygiene by the Food Standards Agency.

Staff were aware of their responsibility to report any incidents or near misses such as medicines errors. The registered manager appropriately reviewed any concerns and communicated openly with other agencies to improve the service provided to people. One health care professional said, "The managers are very open and will let us know when things aren't going right." The management team were passionate about improving the service and making adjustments when things went wrong. For example, as a result of a recent incident, the registered manager had implemented walkie talkies so staff could better communicate with each other when they needed assistance with people.

People were kept safe from risk of abuse or harm. Staff told us they had received safeguarding training and were aware of the different types of abuse. One staff member explained, "We are trained in safeguarding our residents from the very beginning. It's part of our induction. I would always report anything to my manager if I was not happy about the care provided here. But so far it's been good."

Staff were aware of the provider's safeguarding procedure and their responsibilities to report any suspicions

of abuse and whistle blow if they had any concerns about quality of care. We followed up on the actions that had been taken when safeguarding concerns had been raised. We were reassured that the registered managers had taken appropriate actions to safeguard people from harm or abuse and inform the relevant safeguarding agencies and CQC.

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Staff were aware of the provider's safeguarding procedure and their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care. We followed up on the actions that had been taken when safeguarding concerns had been raised. We were reassured that the registered managers had taken appropriate actions to safeguard people from harm or abuse and inform the relevant safeguarding agencies and CQC.

Good

Is the service effective?

Our findings

The registered manager had assessed people's physical and emotional support requirements before they moved into the home to ensure they could meet their needs. Each person had clearly recorded goals and positive outcomes to help guide staff on people's support requirements. All people who lived at Bramble House lived with a type of dementia. We found that staff were knowledgeable about people's dementia needs and cared for them in their best interests and in the least restrictive manner. People were supported to make decision about their care and support. We observed staff encouraging and supporting people to make choices about their day such as what they wanted to drink or eat.

We checked whether the service was working within the principles of the Mental Capacity Act and whether any conditions on the authorisation to deprive a person of their liberty were being met. 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 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).

Staff had a basic understanding of the principles of the MCA relevant to their role and supported people to make day to day decisions based on their knowledge about people. For example, they were able to tell us their actions if people refused to be supported with their personal care. People's mental capacity had been assessed in relation to the daily support they received from staff at Bramble House.

The registered manager provided several examples of when decisions had been made in people's best interests. We were assured that the registered manager was working with relatives to gain a clearer understanding of the roles of people's legal representatives when they were appointed and was reviewing the documentation around people's consent to photographs. The registered manager had applied to the local authority for those people who were being deprived of their liberty. The home routinely checked and recorded if the home was depriving people of their liberty to ensure people people's rights were being protected and they were being supported in the least restrictive manner.

Signs around the home indicated that a surveillance system (CCTV cameras) was in use in the communal areas and outside the home. We were told that the aim of the cameras was to enhance the people's safety and the security of the building. Each person's bedroom had a door and room sensor which could be deactivated or activated by staff according to people's needs. For example, to ensure people's safety, some people's movements needed to be monitored during the day while others required monitoring during the night. The registered manager explained that the sensors gave people freedom to move around the home but alerted staff if people were at risk of falling or had entered another person's bedroom. The registered manager had plans to review the records around individuals consent, or best interest decisions, to use these systems to ensure they were in people's best interests, proportionate and did not breach their human rights

to a private life.

Day staff told us they felt trained and confident in their role. All staff had received a basic level of training within their induction period and then went on to receive further training in the subjects deemed as mandatory by the provider and registered managers. Records showed that established staff members had received the training they required to carry out their role and ensure people were safe. The registered manager stated that they were aware that some new staff required training and was sourcing additional training to ensure that people's needs were being met, such as diabetes, end of life care and first aid and medicines training for night staff. The registered manager and assistant manager were often available to provide support and advice or staff called the out of hours on call system when they were not available.

New staff were required to complete the Care Certificate and work alongside more experienced staff before becoming part of the shift team. The registered manager explained that new staff were closely monitored and mentored during the first few weeks of their probation period. Any concerns about the conduct and practices of staff would be addressed immediately.

Staff were in the process of receiving additional training in subjects such as recognising warning signs (in the deteriorating health of a person) and dementia training. The registered manager explained that, where appropriate, they invited people to help deliver the dementia course to staff to give staff an insight into their perspective of living with dementia. Training for relatives in dementia awareness had also been made available by the home. The registered manager had received advanced training in dementia awareness and in end of life care and had plans to further staff training in these areas.

Staff were supported and encouraged to professionally develop. Progress was being made to improve the structure and systems to support staff to ensure they had regular supervisions. Staff told us they received on-going support from the management team and from their colleagues and were confident that their views and concerns would be addressed by the managers of the home.

People were supported to have enough to eat and drink. They could choose to eat their meals in one of the two dining areas or in their bedrooms. People were asked or shown a choice of the meals available. Staff prompted and encouraged people to eat their meals. People's allergies, personal and recommended dietary requirements were catered for. The chef and staff were aware of people's likes and dislikes of foods. We were told that alternative meals would be made available if people didn't like the meal options of the day. Meals and drinks were served on brightly coloured crockery which helps people to recognise their food and drinks. Throughout the day people were offered hot and cold drinks and snacks to ensure they maintained a balanced diet and had sufficient fluid.

People were supported to maintain good health and had access to health care services such as an optician. Their health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. The home had good connections with the local GP practices and specialist professionals who support people with dementia. One health care professional praised the staff and said, "The staff at Bramble House know the residents well. They have always been very caring towards my client and know him well."

The home had been decorated with stimulating wall art, large clocks and objects of interest. Each area of the home had a different theme and was decorated accordingly. There were a variety of signs with words and pictures displayed on the walls which helped to orientate people. Each person's bedroom door had been painted in different colours and had a room number, a door knocker and their name and picture of themselves and/or a memory box of personal items to help orientate them to their rooms. People were

encouraged to bring in personal items and furniture from their own home to decorate their bedrooms. People had access to a pleasant and secure garden.

Good

Is the service caring?

Our findings

The staff at Bramble House were very caring and compassionate towards the people who lived in the home. People told us they enjoyed living at Bramble House and were positive about the care and support they received from staff. We received comments such as:, "It's lovely. I like it" and "I don't mind. I think it's alright." Relatives confirmed that they were always welcomed into the home. They felt their loved ones were treated with respect and kindness. One relative said, "I have no complaints about the home. It's generally quite good. I visit when I want to."

Throughout our inspection we observed a lot of positive and caring interactions between people and staff. It was clear that people enjoyed living in the home and were comforted by staff who knew them well and could speak to them about their families and backgrounds. People enjoyed the company of staff and we observed many occasions when staff asked people about their well-being and if they required any help or a drink.

Staff spoke kindly and respectfully to people. Staff had a good understanding of how to support and communicate with people with dementia. Staff used effective and appropriate communication to offer people choices or help to direct them to another part of the home. They considered the tone and language they used when speaking to people including using simple sentences to help people understand and process the information. We found that people were supported to express their views and make decisions about their care as far as possible such as what they liked to wear or where they would like to sit in the lounge.

Staff responded appropriately and respectfully to one person who frequently called out when they became agitated or wanted the attention of staff. We observed that staff reassured the person and at times stopped and chatted with the person. Staff respectfully and appropriately listened to people and reassured them when they became upset or unable to clearly communicate their needs. Staff supported people to move around the home at their own pace and in a safe manner. People's rights to privacy and dignity was respected and promoted. Staff encouraged people to be as independent as possible, for example, providing people with specialised crockery to enable them to eat independently. People's care plans described people's personal preferences such as their preferred gender of the staff who cared for them and their communication needs.

The atmosphere in the home was warm and friendly. The home had been decorated in ways that helped people with dementia to orientate themselves. Where known, people's cultural and religious needs were supported. We were told that staff had spoken to relatives in the past and researched people's religion to gain a better understanding of their beliefs such as dietary needs, in accordance with their culture. The home engaged with the local community, schools and churches and invited people from the community to visit the home. The home had recently held their annual fete and invited relatives and people from the local community to attend. A representative of the provider said, "It's not just about care at Bramble House but we are passionate about providing care and networking with the wider community."

Staff were attentive to people's needs and responded when people needed assistance. For example, during the inspection the registered manager had identified that one person needed some new slippers and supported the person to the local shops to purchase some new slippers. Staff spoke passionately about their roles and supporting people. Comments included "I enjoy my job. I love looking after the residents here. It has a real family feel about the place. I love working here" and "I feel this is a good home and an amazing place for the residents who live here."

Good

Is the service responsive?

Our findings

People received care and support from staff who were aware of their needs. Staff were able to describe the support people required to meet their needs and maximise their levels of independence. We observed staff monitoring people from a distance to allow them to have the time and space they required to be independent, but intervened when they thought people may be at risk such as falling.

People's care plans described their personal care, mobility, dietary and toileting needs and focused on their goals and outcomes. Staff were provided with information about people's dementia and physical health and how it impacted on their well-being. For example, one person's care plan described how they had difficulty forming their sentences and that staff should communicate with them in clear and short sentences and give them time to speak. Each person had a completed document called 'At a glance – This is me' which provided staff with a summary of their communication and personal care needs and their food and drink likes and dislikes. Most care records provided staff with information about people's backgrounds and how staff should support people, to prevent them becoming upset, or how to support them if they became agitated. Staff knew people well and could recognise the signs when people may become more agitated. People had personalised emergency evacuation plans in place which provided staff with the guidance they needed to support people in an emergency.

Concerns had been raised with CQC about the care of one person who had complex needs and had challenged staff and had been in an altercation with another person. The registered manager explained the actions they had taken to ensure the person was being appropriately supported. For example, they had worked with specialist health care professionals and implemented their recommendations of identifying behaviours which may indicate that the person was becoming unwell and how staff should support them. They had also introduced environmental safety measures to ensure the safety of people and staff.

Staff knew people's backgrounds well and spoke to them about their families, careers and places where they lived. They knew what was important to them. For example, one person from a farming background enjoyed sitting by the window looking at the garden and talking about the wild life and plants in the garden, which was also noted in their care plan. We spoke with this person about the spring flowers in the home's garden while they were eating their breakfast looking onto the garden.

A full time activities coordinator was employed to provide meaningful activities for people. We were told that they worked flexibly, to try and provide activities at the weekends and in the evenings. People were given a choice to join in the group activities or they were provided one to one activities. External entertainers also visited the home to provide alternative types of entertainment. People also benefited from an environment which provided sensory stimulation and helped orientate people around the home. Secured tactile items were fixed to the walls for people to touch and explore.

At the time of our inspection nobody was receiving end of life care. However the registered manager explained that they had formed good contacts with health care professionals such as the district nurses and palliative care nurses to ensure that people needs were met if they required end of life care. They were

planning staff training in end of life care to ensure staff responded promptly if people's health deteriorated and they required end of life care. We were told that people, their relatives and staff would be supported by the registered manager as they had received some additional training in end of life care and they would be reviewing the home's end of life policies and processes.

People and their relative's day to day concerns and complaints were encouraged, explored and responded to in good time. They told us the staff and managers were responsive to any complaints and were willing to listen and act on their concerns. The provider had a complaints policy in place. Complaints had been logged and there was evidence of meetings with the complainant and response letters. The registered manager used feedback from people to help drive improvement across the home and was reviewing the effectiveness of relatives meetings to communicate, receive feedback and share information with people's relatives.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and provider were passionate about the care being provided and ensuring people lived a positive and fulfilled life at Bramble House. They had taken opportunities to learn from incidents and had made changes to the service being provided. The home had recently experienced a period of instability due to a recent increased turnover in staff and a number of incidents relating to the safety of people. However the management had recognised that they needed time to evaluate the care and service being provided at Bramble House. They had stopped admissions of new people in to the home to allow them time to recruit staff and make adjustments to the service being provided.

Arrangements were in place and being used to monitor the delivery of service in relation to people's care records, the management of staff and the governance of the home. However the systems being used to monitor the service had not always been recorded and had not always been effective in promptly driving improvements when shortfalls had been identified. For example, records showed that the weekly medicines audit, over a four week period, had continued to find that not all people's medicines records had their photograph attached to enable staff to identify people when administer their medicines. The weekly audits had also found continued inconsistencies in the recording of the temperature checks of the fridge and clinic room which meant that people could not always be assured that their medicines were stored in line with the manufactures recommendations. Although these concerns had been identified through the provider's audits, effective action had not been taken to rectify them and we found these shortfalls had continued and placed people at risk of receiving unsafe care. The provider's medicines management systems had not been effective in identifying that three out of the five people's medicine charts that we viewed had been administered their pain relief medicines on a daily basis although the medicines had only been prescribed to be used 'as required'. It was unclear form people's care records, if their continuous use of pain relief had been reviewed and notified to the GP.

The provider's auditing systems had not identified that some people's care plans and risk assessments had not been continuously updated and maintained to provide staff with the up to date information they needed to provide consistent and appropriate care. For example, the monitoring and recording of people's health conditions was not consistent and therefore may not provide external health care professionals with the information they required to monitor people's health.

There was evidence that the monitoring of staff recruitment documents and training of staff had not been effective as there were shortfalls in the recruitment processes and the management of new staff. For example, the provider's systems had not identified gaps in staff employment records and had not identified that on occasions none of the staff on duty at night had been first aid trained and therefore may not be suitably qualified to deal with a medical emergency.

There had been instances when the home had used agency staff, however the profiles of the agency staff did not provide the registered manager with the reassurances that they had the necessary skills to support people such as dementia training. However, the registered manager told us they had worked alongside and supported some of the night staff and agency staff to better understand their role. Where possible the home

used the same agency staff who were familiar with people's needs. We were told the registered manager was in the process of reviewing the training of staff and the profiles of agency staff.

Fire drills were carried out by staff to confirm their knowledgeable of the home's fire procedures, however records of the fire drills did not always indicate if the fire drill had been effective as the fire drill times, attendance of staff and any learning as a result of the drills were not fully recorded. The registered manager had an engaged in a falls pilot with the local authority which helped them analyse incidents, near misses and falls however it was unclear if action had been taken when any patterns or concerns had been found. These systems had therefore not been effective in enabling the registered manager to identify risks in the service.

The management and auditing of the quality of the service had not been effective. This is a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider monitored the safety of the service to identify incident trends and provided generic risk assessments to guide staff on safe working practices.

The provider was in daily contact with the registered manager and staff of the home. They visited the home weekly and provided support and guidance to the staff. They carried out regular compliance checks of the service being delivered and had developed an action plan of concerns, such as the requirement to employ new staff and the maintenance of the home. The home was actively recruiting new staff to ensure people would be supported by a familiar and consistent staff team. The home had recently appointed an assistant manager who was working with the registered manager and provider to make improvements to the home and develop new practices.

Records showed that there were regular maintenance and safety checks of people's equipment and the premises. The call bell system had been improved which allowed the registered manager to monitor the response times of staff when people used the call bell to alert staff for assistance or the sensors had detected people's movement in their bedrooms. We were told the monitoring of the call bells was part of the manager's auditing system to ensure people's requests for help were responded to in a timely manner and identify staffing needs.

Staff told us they could speak to the registered manager; the assistant manager and provider were approachable and listened to them. However staff and some relatives were concerned about the impact of people who used the day service on staff and people who lived in the home. This was an area that the registered manager was reviewing to ensure staff could respond promptly to people's needs.

The registered manager was very knowledgeable about people living at Bramble House and had received advance training in dementia. They told us they delivered some of the training for staff, especially dementia training, where they could provide real examples about the management of people's dementia needs and emotional support. The registered manager and provider were active in the local community and regularly engaged with other health and social care providers and forums to ensure they kept up to date with any changes. The home had achieved awards recognising the quality of care and catering provided at Bramble House.

The home provided an additional day and respite service which provided carers (unpaid family members) with a regular break. The registered manager explained that the additional services were a 'stepping stone' for some people into residential care at Bramble House as they were already familiar with the home and staff before they moved into the home permanently. Day centre people also gave the staff an opportunity to

assess whether the home could meet their needs if they required accommodation with personal care.

The management team were also working with the local authority and implementing pilot schemes in relation to effective communication when people were admitted to hospital. The managers were aware of new current guidance in the protection of people's data and the accessible information requirements and were adjusting their systems and communication with people accordingly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been effective to ensure compliance in assessing, monitoring and improving the quality of service. An accurate record of the care and treatment being provided to people was not always in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust recruitment systems were not being used to ensure fit and proper people were employed to carry out the regulated activity.