

Century Care Limited

The Brambles Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Brambles Rest Home is a residential care home providing personal care to 25 people aged 65 and over at the time of the inspection. The service can support up to 32 people in one adapted building.

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

People received care and support in a clean and homely environment. Recruitment processes were followed to help ensure only suitable people were employed and staffing was arranged to ensure people's needs could be met. Medicines were managed safely, and accidents and incidents were reviewed, and action taken to minimise the risk of reoccurrence.

Care records contained risk assessments and person - centered information to ensure staff knew how to promote people's safety. These were reviewed and changes made if this was needed. People were consulted and asked their views on the service provided. Surveys had been completed by people who lived at the home and meetings were held where people could share their views. Audits and checks were carried out and action plans developed to drive improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 July 2021). We recommended the provider implement best practice guidance in relation to medicines management and person-centered record keeping. At this inspection we found improvements had been made.

Why we inspected

This was a focused inspection based on the previous rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Lancashire and South Cumbria. To understand the experience of social care Providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The

Brambles Rest Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

The Brambles Rest 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

The Brambles Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. The manager told us they had started the process of applying to the CQC to become the registered manager.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. This included information we had received from the public and notifications sent to us by the provider. We sought feedback from the local authority. This information helps support our inspection planning.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the manager and three care staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed the interactions between people and staff and walked around the service to review the environment.

We spoke with five relatives. We did this so we could hear their views.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including checks and audits were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we recommended the provider seek and implement best practice guidance in relation to safe medicines management. The provider had made improvements.

- Medicines were stored safely and were accessible only to authorised staff. Records guided staff on the help and support people needed to take their medicines.
- Staff had received training and their competency had been checked to ensure they were competent to manage medicines safely.
- People were supported to take their medicines in a person-centred way. Staff consulted with people to ensure they were ready to receive their medicines.

Assessing risk, safety monitoring and management

At the last inspection we recommended the provider seek and implement best practice guidance in relation to person centred record keeping. The provider had made improvements.

- Person centred information on individual health conditions and the help people needed was available in care records.
- Risk assessments of nutrition, skin health and mobility were carried out and care records contained information on the help people needed to maintain their safety. One person shared how they had been supported with their mobility in a safe way. They told us as a result they were now more independent.
- Staff could explain people's individual needs, and these were reviewed regularly to identify if changes to agreed care was needed.
- Equipment was serviced to help ensure it remained safe for use.

Systems and processes to safeguard people from the risk of abuse

- Staff knew the action to take if they believed people were at risk of avoidable harm or abuse. Staff said they had received training in safeguarding and would raise any concerns with the provider, manager or the local safeguarding authority to ensure people were protected.
- People said they felt comfortable at the home and they would speak to staff or the management team if they wanted to do so. One person commented, "I do feel safe, if I wasn't, I wouldn't be here." A further person told us, "It's a safe home. They look after me."
- Details of the local safeguarding authorities were displayed so people and relatives could contact them independently if they wished to do so.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The provider followed procedures to help ensure prospective employees were suitable to work with people who may be vulnerable. References and criminal record checks were carried out prior to prospective employees starting to work at the home and interview records were kept to help assess prospective employees' suitability to work at the service.
- The provider deployed sufficient staff to enable people's needs to be met promptly. People told us they received help when they needed it and staff and relatives raised no concerns with the staffing arrangements. During the inspection call bells were answered quickly and staff were patient with people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Risk assessments to ensure people could remain in touch with those who were important to them were in place. Visiting areas were available and relatives said they could visit their loved ones.

Learning lessons when things go wrong

- Reviews of accidents and incidents took place and action was taken to minimise the risk of reoccurrence. For example, the provider had increased the number of staff available at a key time. This minimised the risk of people experiencing avoidable harm.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a manager in place who had started the process to apply to the Care Quality Commission to be the registered manager.
- A person living at the home told us there had been positive changes made by the manager. Relatives said of the management of the home, "The management team are great." And, "New management team in place and it shows."

Continuous learning and improving care

- Checks and audits were completed to drive improvement. For example, regular audits of medicines, cleanliness, equipment and falls were completed.
- The provider maintained oversight of the service. Group meetings took place between the provider, the manager of The Brambles Rest Home and the managers of the provider's other homes. This allowed lessons learned and good practice to be reviewed and shared across all the provider's homes.

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

- The manager and provider worked openly with people and different agencies to help ensure the best outcomes for people. A relative shared how their family member's pain was better managed. This was as the manager had sought medical advice and a new treatment plan had been developed.
- Meetings were held with people who lived at the home and their relatives to seek their views.
- The service engaged with people and others acting on their behalf to enable them to influence the service provided. Relative's and people's feedback confirmed they were involved in decision making about the care provided.

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

- The manager told us they valued feedback and saw it was an opportunity to improve. They said all concerns would be fully investigated and changes made whenever possible.
- A relative said they found the staff and management team open and approachable. They commented, "If there's a problem I can go and talk to them and it's resolved."
- Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The service engaged with people and others acting on their behalf to enable them to influence the service provided. Conversations with relatives and people confirmed they were involved in decision making about the care provided.
- Documentation showed staff and the management team worked with a range of other health professionals to help ensure people received person centred support that met their needs.