

Brandon Trust

The Rambles Care Home

Inspection report

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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 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The Rambles Care Home provides care and accommodation for up to six adults with learning disabilities who have complex support needs. Four

people were living at the home at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

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 and has the legal responsibility for meeting the requirements of the law, as does the provider.

Summary of findings

We found the service was safe for people, both in terms of their physical safety and in ensuring their rights were protected. Staff had got to know the people at the home well. This helped to ensure support was provided in ways which people liked and met their needs.

Staff received training which helped them to do their jobs well. They felt supported by the home's manager and they worked well as a team. One staff member told us the staff team "Share the same values." This meant that people at the home received consistent support from staff who understood their roles.

Each person had an individual support plan which reflected their current needs. Staff were well informed

about people's health care needs and the support people required to stay healthy. Records contained guidance for staff so that unforeseen incidents affecting people would be responded to.

One person at the home commented "I like it here" and "I like talking to the staff". Staff responded to people in a friendly and respectful way. Staff sought to obtain people's views and to involve them in planning their support. There was a thoughtful approach to supporting people with social activities. In recent months, people had attended local events as part of 'summer road trip'.

Systems were in place for monitoring the service. Different methods were being tried to ensure that the views of people at the home were taken into account.

Summary of findings

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 safe. This was because the home provided a safe environment for people and risks to their health and safety were being well managed.

Staff received training so they would recognise abuse and knew what to do if they had concerns about people. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There were enough staff to ensure people were safe at the home and when they went out. Staff were checked as part of thorough recruitment procedures so they were suitable to be working at the home.

Good



Is the service effective?

People received an effective service. The staff team understood people's strengths and needs and knew how they liked to be supported. Staff received training which helped them to do their jobs well.

People enjoyed the meals and were supported to prepare their own food and drinks where possible. The accommodation was meeting people's needs. This included a self-contained flat which was very beneficial for one person.

Staff were well informed about people's health care needs and the support people required to stay healthy. People received support from a range of health and social care professionals to ensure their needs were met.

Good



Is the service caring?

People received a caring service from staff. The relationships we observed were friendly and positive; staff spoke with and about people in a respectful way.

Staff helped people to get on with each other and to maintain contact with their relatives. People were responded to in a sensitive manner; staff took time to answer people's question and to provide reassurance when needed.

People's views were being sought, for example about their meals and the decoration of the home.

Good



Is the service responsive?

The service was responsive to people's individual needs. There was a well established system in place for the planning of support. Individual plans showed people's preferred routines and how they liked to be supported. The plans were kept under review to reflect changes in people's circumstances.

Staff sought to involve people in the planning of their support. Their knowledge of people helped them to recognise how people were feeling and whether they had any concerns. This was important because not everybody could express their views verbally.

Routines in the home were flexible to take account of people's individual needs. People were supported to take part in community activities they enjoyed.

Good



Summary of findings

Is the service well-led?

The service was well led. Staff felt supported and worked well as a team. This meant that people at the home benefited from staff who shared the same values and provided support in a consistent way.

Arrangements were in place for checking the home to ensure good standards were maintained. This showed the provider was taking action to ensure the service achieved its aims and was meeting people's needs.

There was a positive approach to developing the service. Improvements were being made based on learning and the needs of the people at the home.

Good



The Rambles Care Home

Detailed findings

Background to this inspection

An inspector visited The Rambles Care Home on 1 August 2014. Before visiting the home we checked the information that we held about the service. We looked at the notifications we had received from the service. A notification is information about important events which the service is required to send us by law.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. There had been no breaches of the regulations when we last inspected The Rambles Care Home in August 2013. Health and social care professionals were contacted in order to gain their views about the service. We received comments back from a local authority care manager.

During our inspection we met with the four people who were living at The Rambles Care Home. One person was

able to tell us their views about the home. We observed people being supported by staff and saw how well the environment was meeting their needs. Three people's care records were looked at, together with other records relating to care and the running of the home. We met with two staff members and with the registered manager.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People received a safe service because risks to their health and safety were being well managed. A detailed assessment of the environment had been undertaken, so any hazards were identified and the risk to people removed or reduced. Comments made by staff showed they had a good awareness of risk and knew what action to take to ensure people's safety. They said the safety of the environment was kept under review, to take account of people's activities and their behaviour.

Staff told us there was a 'no restraint' policy, meaning staff would not physically restrain a person. They said the priority was on making the environment safe for people, rather than restricting a person's movements. People's care records included plans which provided guidance for staff about how to respond to changes in people's behaviour. This helped to ensure that staff supported people in a safe and consistent way.

Assessments had been undertaken of risks relating to people's individual circumstances. Staff, for example, said that a risk had been identified with how one person liked to eat. Details of this had been recorded in the person's care records, so all staff were aware of the risk and how to support them. We saw staff were present when this person had a meal to ensure they were safe when eating.

The assessment process also empowered people and helped them to take part in activities that involved a degree of risk. A staff member said the staff team promoted people's independence and they described the risk assessment process as "Supporting people to do things safely." Information in people's care records showed that a range of risks had been identified, for example when people used the kitchen or went out into the community. Guidance had been produced which set out how these activities were undertaken in a safe way.

People were protected from the risk of harm because staff understood their responsibility to safeguard people from potential abuse. Staff had received training in safeguarding adults so they were aware of what abuse is and the different forms it can take. They said if they suspected abuse, then they had a duty to report it to their manager.

One staff member commented "Everybody knows what they should do." The arrangements for safeguarding people from abuse were confirmed in a written procedure that was readily available to staff.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. Staff said they supported people to make day to day decisions, for example about what to wear and how they wanted to spend their time. Staff were aware of those decisions that people could not make for themselves. An example of this was decisions about healthcare when people were not able to understand the relevant information. Meetings were held with GPs and social care professionals so decisions could be made which were in people's best interests.

We had not received any notifications from the service during the last year in connection with the Deprivation of Liberty Safeguards (DoLS). The DoLS is the process by which a person in a care home can be deprived of their liberty if this is in their best interests and there is no other way to look after the person safely. However, we were told by the registered manager that reviews were being undertaken following a change in the criteria for making an application under the DoLS. The registered manager confirmed discussions had taken place with the local authority about their expectation in relation to such applications. This showed that steps were being taken to ensure that people were not unlawfully deprived of their liberty.

'One to one' support from staff helped to ensure people were safe in their daily routines. Staff told us that additional staffing was arranged at particular times to meet people's needs. Rotas showed there was a flexible approach to the deployment of staff in response to people's activities and changes in their behaviour.

Staff members felt there were enough staff on duty at any time to ensure people's safety. The registered manager said staffing levels had been established based on the number of people at the home and discussions with the local authority about people's individual needs. Staff were available during our inspection to support people and to check on their safety in the home.

Procedures were in place to ensure staff were safe to be working with people at the home. The registered manager

Is the service safe?

said they had completed a 'safer recruitment' course. Staff told us they had gone through a thorough application and interview process. Records in the home showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS) before new staff started working in the home. The DBS helps employers to make safer recruitment decisions by providing information

about a person's criminal record and whether they were barred from working with vulnerable adults. Further assessments of an applicant's suitability were carried out depending on the outcome of the checks. The registered manager said any concerns arising from an applicant's DBS check were looked at by one of the provider's area directors for a decision to be made about their employment.

Is the service effective?

Our findings

People received an effective service because staff provided support which met their individual needs. Staff described in detail people's preferred routines and how they liked to be supported. They told us people liked things to be done in a certain order, including the support they received from staff. When we arrived at the home, staff were following a plan for supporting each person with their breakfast and morning routine. This helped to ensure that people experienced care and support that met their needs.

People enjoyed the meals during the inspection. A person told us they were happy with the variety of meals and how much they were given. Records provided details of people's food likes and dislikes, and any foods that should be avoided. The information had been produced over time, based on what was known about the person. This was important as not everyone could make their views known verbally. Staff told us the menus reflected people's choice of meals and their individual preferences. They also said they had received training in nutrition which helped in the preparation of suitable meals.

People received the support they needed with their food and drinks. Staff told us people did not need the same level of assistance; we saw support being provided in ways which took account of what people were able to do for themselves. One person, for example, made drinks with minimal supervision from staff. Another person was able to prepare their own breakfast. The arrangements showed that people's independence was being promoted.

People's bedrooms had been personalised. The environment was homely with a good sized garden. One person's accommodation was a self-contained flat with their own bathroom and toilet. Staff said this arrangement was very beneficial for the individual concerned and it was meeting their needs well. The person also had their own area of garden with a swing and seating area which they used during the inspection. Another person said that apart from being in their bedroom, they also liked spending time in the lounge.

Staff we spoke with were knowledgeable about people's strengths and needs. They clearly described the support that people required to meet their individual needs. This information was reflected in the support plans we saw in people's care records. Staff told us that the plans provided a good picture of people's needs and how they liked to be supported.

Records showed that people received support from a range of health and social care professionals to ensure that their needs were met. This included a speech therapist and community nurses who visited on a regular basis. Staff told us that people received good support from the GP surgery.

People's care records included health action plans. This is a plan which holds information about people's health needs and appointments. People had other plans which reflected their individual needs. One person, for example, had a plan for the management of epilepsy. This helped to ensure staff were well informed about people's health care needs and the support they required. Staff told us that people were able to attend the health services they needed.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with a good range of training and were competent in the tasks they carried out such as supporting people with their personal care. They told us training needs were discussed at staff meetings and also in individual supervision meetings with their line manager. The supervision meetings provided staff with one to one time with their manager and the opportunity to discuss professional development and any concerns they may have. New staff members were subject to a probationary period at the end of which their competence and suitability for the work was assessed. A staff member told us they were well supported through their probationary period and had completed a programme of induction which prepared them well for the role.

Is the service caring?

Our findings

People received a service that was caring. One person at the home commented "I like it here" and "I like talking to the staff". Other people were not able to express their views verbally and we observed how they were supported by staff. The interactions were positive and staff spoke with and about people in a respectful way.

The relationships between people at the home and the staff were friendly and informal. People looked comfortable in the presence of staff and chose to be in their company. When people wanted to have contact with staff, staff sought to understand what was wanted and how they could help. One person, for example, asked the staff and the registered manager a lot of questions during our inspection. They were given time and their questions were clearly answered.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. We were told that certain people could be unsettled by having visitors in the home who they were not familiar with. Staff reassured people about what we were doing and took time to explain our role. This meant people were not adversely affected by our presence and we were aware of how people liked the arrangements to be in their own home.

People's records included a lot of information about their personal circumstances and how they wished to be supported. This information had been added to over time to give a good picture of people's preferred routines, their interests and things they did not like. This helped to ensure that staff supported people in a personalised way which took account of their individual and diverse needs. Staff were confident about the service being able to meet people's cultural and spiritual needs. We were told that one person wanted to receive personal care from staff of the same gender and this was being respected.

People were supported to develop positive relationships with the people they lived with. Staff said that although people generally got on well together, there were occasions

when a person's behaviour had an impact on other people. Plans were in place which provided guidance for staff to follow on such occasions. This helped to ensure good relationships between people were maintained.

Staff told us social activities and holidays were a time when people developed friendships and enjoyed time together. One person was able to make drinks for themselves and for other people at the home. Staff said that it was important to promote this sort of activity, as it helped to build positive relationships between people who could not communicate verbally.

People were supported by staff to maintain relationships with their relatives. Records contained the information staff needed about people's significant relationships and family backgrounds. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly however not everyone had the involvement of a relative.

Although people had contact with health and social care professionals outside the home, nobody at the home had an advocate involved. Advocates help to ensure that a person has their voice heard and is listened to so they have more control over their own life. In the Provider Information Return (PIR), we were told about steps being taken to enable people to express their views. This included establishing 'circles of support' and developing new ways of obtaining feedback from people. Picture boards were currently being used to help people who did not communicate verbally to make their wishes known, for example about their choice of food and daily activities.

People had been consulted about the decoration of the home and the colour schemes of their own rooms. Ornaments and other objects had been kept to a minimum in the communal areas for safety reasons, although the décor and use of pictures helped to create a homely environment. We were told that a lot of work was taking place to gain people's views about redecoration and refurbishment work that was planned to take place. This included showing people colour schemes so they could make their preferences known.

Is the service responsive?

Our findings

There was a well established system in place for assessing people's needs and for the planning of their support. Assessments had been undertaken to identify people's needs in areas such as personal care, communication and healthy eating. Individual plans identified the aim of the support being offered and how staff were to provide this. Support with particular care tasks was broken down into steps to show the order in which people liked things to be done. This helped to ensure support was provided in ways that had been agreed and which the person preferred.

The level of support provided by staff took account of what people were able to do for themselves and the things they found difficult. Plans showed that some support was in the form of "giving encouragement." The support people required with certain needs was specified in greater detail to reflect the complexity of the tasks being undertaken. Nail cutting, for example, was not always a straightforward task; there was guidance for staff to follow so that support was provided in a way which met the person's needs. Risks assessments were also undertaken when there were concerns about people's safety when receiving support.

Records and the feedback we received from staff showed that people's needs were being kept under review. Support plans were then amended in the light of any changes. Review meetings were held which provided the opportunity for a formal assessment of people's needs. Staff told us about other occasions, such as handover meetings between shifts, when people's needs were discussed on a more frequent basis. Daily reports about people's care and support were written by staff. This helped to ensure that staff were kept up to date with people's needs when coming on duty. The reports also showed changes in people's behaviour and how these had been responded to by staff. This meant there was good information available when people's support was being reviewed.

Other reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw 'hospital

passports' which contained important details about a person that hospital staff should know when providing treatment. Personal evacuation procedures were also available. This information helped to ensure that people received the support they needed if they had to leave the premises in an emergency.

Overall, people's records were being well maintained and provided an up to date picture of the support being planned and provided. There was some variation however in the upkeep of the records. For example, information was not always easy to find in people's files. The registered manager acknowledged that aspects of record keeping were in need of attention to ensure a good standard was consistently maintained.

Staff sought to involve people in the planning of their support. Records reflected some of people's own views and included information about their personal goals. Staff told us their own knowledge of people helped them to recognise how people were feeling about a particular activity or idea. People's records included a 'complaints profile' with information about how they expressed any concerns, so that these could be followed up by staff.

A staff member said it was a case of "trial and error" to see what people enjoyed, for example when arranging social events and trying new activities. Some people chose to go to a café on the day we visited while others spent time at home. Records and the feedback from staff showed there was a flexible approach to the daily routines; some people had regular activities outside the home while arrangements for other people were made on the day to day basis.

Staff emphasised the importance of supporting people in the community. One initiative in recent months had been to give people the opportunity to attend some of Bristol's well known summer events such as the harbour festival and the balloon fiesta. The trips had been planned in advance and illustrated in the form of a 'Summer Road Trip map' which was displayed in a lounge. This showed a creative approach to offering people different experiences and contact with the local community.

Is the service well-led?

Our findings

There was a registered manager in post who divided their time between The Rambles Care Home and two other services. They received support from team leaders who had specific responsibilities for the day to day management of the home. Staff told us the registered manager was easily contactable when not present in the home.

Staff said the management arrangements were working well and they felt supported in their work. We were told staff had regular supervision meetings with the team leaders. Records showed that the provision of training and supervision was monitored by the registered manager. This ensured staff received support in accordance with the provider's policies and procedures.

The registered manager and staff undertook a range of checks and audits as part of the provider's procedures for monitoring the service. For example, a report on health and safety was produced each month. Staff told us they were aware of their responsibilities in relation to health and safety and reported any maintenance items in need of attention. We saw action was being taken to maintain and improve the premises. Plans were in place for refurbishing parts of the home.

Meetings took place where staff were kept up to date with developments involving the home and the people who lived there. Safeguarding adults was one of the standing agenda items; at a recent meeting, staff had talked about a news item concerning abuse that had taken place in another care home. Incidents and accidents were also being discussed. This showed that staff were learning from events in order to reduce the risk of harm to people at the home.

Arrangements were in place for checking the home to ensure good standards were maintained. These included visits made to the home by other managers and an area director on behalf of the provider. We saw reports such as a 'monthly quality assurance report' which highlighted the standards being achieved and where improvements to the service were needed. This included developing the garden and some new outside recreational equipment had been obtained. This showed the provider was taking action to ensure the service achieved its aims and was meeting people's needs.

People's views were being sought as part of the home's system for quality assurance. Different methods had been tried and the registered manager said they continued to look at how best to do this. We were told that meetings involving everyone at the home had become "tokenistic" and had recently been replaced by people having one to one time with staff to look at their day to day needs. Surveys had been sent to people who knew the service, but not returned. Alternative approaches to gaining feedback were therefore being considered. In the Provider Information Record we read about refurbishment works that were due to take place and how people were involved in the planning of this.

The registered manager clearly described to us their priorities for developing the service and their achievements to date. They said the emphasis during the last year had been on team building and they were proud of how the team was now performing. We saw information about team days when the registered manager and staff had discussed what was going well and what could be improved. Other parties from outside the home had been asked for their views about the service and these were considered as part of the discussions. This approach demonstrated good management as it helped to ensure that staff worked well together for the benefit of people at the home. One staff member commented that the staff team now "share the same values".

The registered manager showed a positive approach to developing the service and acknowledged where improvements could be made. They told us a lot of thought was going into the planned refurbishment work and how to ensure this enhanced the environment for people at the home. We were told that the provider had recently signed up to the 'Driving up Quality' code. Signing up to this national initiative showed a commitment to improving quality in services for people with learning disabilities. The first 'quality day' had taken place, attended by one person from the home, a staff member and the registered manager. This had been an opportunity to identify the priorities for the service and agree on the work to be done to meet the code.