

Essex County Council

Bramble Close Habilitation Unit

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 ●

Summary of findings

Overall summary

This inspection took place on 31 August 2016.

Bramble Close Habilitation Unit is registered to provide accommodation with personal care for four people. There were two people living at the service on the day of our inspection. The service was offering short term care to people to support their rehabilitation after hospital admissions. It had recently started providing a service after a closure of some months.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the service.

Medicines were safely managed in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and staff were friendly and caring.

Staff used their training effectively to support people. The deputy manager and staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty.

People were involved in the planning of their care. Care plans included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. People confirmed that they received the care they required.

The service was well led; people knew the registered manager and found them and the deputy manager to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. The provider and registered manager had systems in place to check on the quality and safety of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise and report abuse. Potential risks to people's health and safety were identified and effective steps taken to reduce them.

Safe and effective recruitment practices were followed and there were enough staff to meet people's needs safely.

People were supported to take their medicines safely by trained staff.

Is the service effective?

Good ●

The service was effective.

Staff received supervision and training to enable them to meet people's needs effectively.

People were supported appropriately in regards to their ability to make decisions.

People were supported to eat a healthy balanced diet. People's day to day health needs were met and they had access to health care professionals where necessary and appropriate.

Is the service caring?

Good ●

The service was caring.

People were looked after in a kind and caring way by staff who were familiar with their needs and encouraged their abilities.

Support was provided in a way that promoted people's dignity and their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care was responsive to their individual needs.

People were confident to raise concerns if they arose and that they would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

Staff understood their roles and responsibilities and were well supported by the registered manager. Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

Measures were in place to gather people's views and to monitor and improve the quality of services provided.

Bramble Close Habilitation Unit

Detailed findings

Background to this inspection

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

This inspection was undertaken by one inspector on 31 August 2016.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process we spoke with two people living in the service, a relative and a healthcare professional. We also spoke with the deputy manager and three staff working in the service.

We looked at two people's care and medicines records. We looked at records relating to three staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People confirmed they felt safe living in the service. One person said, "I feel more than safe here. The staff always come and help me when I need it, they are there, that is vital to me." A relative said, "[Person] is safe, staff are on the ball with everything as to what is safe for the person and for us. They explained why things, like supporting movement, had to be done the way it is done."

People had access to information on who to speak with if they felt concerned for themselves or others. Staff had attended training in safeguarding people. The deputy manager and staff were aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe.

People's individual risks were assessed with one exception and actions were planned to limit their impact without restricting people unnecessarily. People's care plans included information about risks individual to them and a care plan was in place to help staff to manage these safely. Staff were aware of people's individual risks and how to help people in a safe way and the deputy manager confirmed they would add the additional information to the record immediately.

Equipment used to support people was serviced to ensure it was in safe working order. Appropriate procedures were in place to identify and manage any risks relating to the running of the service. These included relating to fire and water safety and dealing with emergencies. Processes were in place to keep people safe in emergency situations. These included individual emergency evacuation plans within each person's plan of care. Staff were aware of emergency plans and how to respond to emergency situations.

People were protected by the provider's staff recruitment process. The registered provider used an external agency to carry out the recruitment and vetting of new permanent staff to assess if staff were of suitable character and competence to work with people. Records showed that the required references, criminal record and identification checks were completed before staff were able to start working in the service. This was confirmed by staff and it showed that care and attention went into recruiting people with the right skills and abilities to care for people in the service.

People were supported by sufficient numbers of staff to meet their needs safely. One person said, "They are always there for you, you only have to call for them and they come." Staff reported that there were sufficient staff to enable them to meet people's needs appropriately. One staff member told us, "The staff ratio to people here is really good and allows you to give people the care they need." They told us that they were a small, close team and provided staff cover for each other's days off and other leave to ensure that people had the support they needed. We noted examples of staff spending quality time with people as well as completing the necessary care tasks.

People told us they received their medicines when they should and confirmed that staff made sure the medicines were taken safely. Systems were in place that ensured the safe receipt, storage, administration and recording of medicines. The deputy manager told that arrangements would be put in place to support

safe recording of controlled drugs in case they were needed. Medication administration records were consistently completed and tallied with the medicines available. Assessments of staff competence to administer medicines safely were completed.

Is the service effective?

Our findings

People were complimentary about the staff working at the service. One person said, "The staff are just wonderful here." A relative told us, "Staff are not just doing a job, they do everything with professionalism. They are brilliant." Another person said, "Staff here do know how to care for me."

People were supported by staff who were trained and provided with opportunities for guidance and development. Staff told us that when they started working in the service they received induction training to enable them to meet people's needs well. One staff member told us their induction gave them the opportunity to get to know people, to read the care plans and the provider's policies, as well as spending a full week shadowing an experienced staff member and completing training. Staff told us that training and development was encouraged. They confirmed they received the training they needed to enable them to provide safe, quality care to people. This was seen in the records and staff told us that updates were provided as needed. Staff received one to one supervision that included goal setting and an annual appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The deputy manager and staff told us that people living in the service had full capacity and so were able to make their own decisions and that there were no restrictions in place. Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff demonstrated a clear understanding of MCA and DoLS and when these should be applied. Staff knew to check that people were consenting to their care during all interactions and the requirement for this was recorded clearly in people's care plans. People told us that staff always asked their agreement before providing care and support.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs and preferences. People told us that they could always have a choice of meals and could have food brought in by family and friends if they wished. People's preferences were noted in their plan of care along with any individual support or encouragement they needed. A staff member told us, "We always remind and encourage people to drink plenty and remind them of how important it is for their health." People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People's weight and nutritional intake was monitored in line with their assessed level of risk. Staff recorded in the care records what had been consumed by individual people so this could be monitored. This meant people were supported to eat and drink well and maintain a balanced diet in line with their personal preferences and needs.

A healthcare professional told us that the service offered people good healthcare support and that staff carried out instructions and advice provided. People's care records showed that their healthcare needs, appointments and outcomes were clearly recorded and included in care records to ensure staff had clear

information on meeting people's needs. A relative told us, "The service has been really pro-active and communicative on healthcare matters such as getting the GP in and updating me on any contacts. They are pivotal in ensuring that everyone is doing what they should for [person]."

Is the service caring?

Our findings

People received care and support which was caring and person centred. One person said, "I really love it here. The staff don't treat me just treat like a patient, or like a friend, it is more than that, they treat me like a family member. They are so kind." A relative said, "The care is exemplary. I have observed that there is a kindness and gentleness to all the staff. They treat people with care, respect and dignity." A written compliment received from a person who had recently used the service thanked the staff for the caring approach they had offered the person.

People and a relative confirmed they were involved in the assessment and planning of care. People told us that the registered manager had visited them in hospital and spent time talking with them to find out their abilities and preferences. A relative said, "[Registered manager's name] visited and spoke with us both for at least an hour, telling us about the service, asking about likes and dislikes, what [person] needed and could do to ensure the service could provide for them." People also told us they were aware of the care plan and things it contained. One person said, "It has all the medical details and information about risks too."

People were encouraged to make choices and decisions and staff waited for people to consider questions and to give their answer. One person told us about the care that staff provided and said, "They do it with a smile. They always ask what I want and have complied with my requests so in that way they have met all my needs. I am happy with that." A staff member said, "It is one thing I noticed when I came to work here. Staff are very professional and respectful of people, always involving them and asking their choices." Staff clearly knew people's likes and dislikes and people and staff chatted easily together in an appropriately familiar way. Staff supported people to maintain relationships and people told us that visitors were welcomed in the service. One person said, "There are no restrictions at all here." A visitor told us they were always welcomed.

People were supported to maintain and develop skills and independence in line with the goals of their individual care plan and the ethos of the service in supporting people's rehabilitation. People confirmed that staff reassured people that they could complete tasks for themselves. One person said, "They encourage you to do what you can for yourself and to try a little bit more if you can, but they are always there to help if you need it." Staff treated people with dignity and respect. We saw staff were respectful in their interactions with people. People told us that staff were respectful of their dignity and their right to privacy. We noted that staff knocked on people's bedroom doors and waited to be asked in. Staff also asked people for their agreement for us to view their bedrooms and medicines.

Is the service responsive?

Our findings

Each person was treated as an individual and received care responsive to their needs. One person told us, "I am looked after very well. I am absolutely happy with the care." Another person told us that the service arranged their support in a way that best responded to their needs. They said, "There is no problem for example arranging my mealtimes flexibly to fit in around the district nurse's visits or around hospital appointments. I appreciate the staff are all here helping me to achieve my goal of getting home as soon as possible."

People's care was planned in a way that reflected their individual needs and preferences. A plan of care was in place for each person based on their individual assessment and included information on how they wished to be supported and cared for. The care plans identified how people needed to be supported to improve their skills and mobility. Staff were able to support people in line with the information contained within care plans and provided at shift handover so they knew the care they had to provide to people.

People told us they received care that met their needs. One person told us for example that staff supported them to complete the exercises advised by the physiotherapist to increase movement and they were looking forward to moving on to working on muscle strength and weight bearing. Another person told us that staff encouraged them to drink plenty of fluids. This was to help reduce the risk of infections and subsequent falls that the person was prone to.

People told us they were able to follow their own interests within the service and that this suited their needs. People told us they could spend their time as and where they wished and we saw this during our inspection. One person was watching television programmes of their choice in their own room. Another person was reading the newspaper as was their preference. Records showed that people had received visitors with whom they shared meals and spent time in the garden.

People told us they had no complaints but would feel able to say so if they did. One person said, "I could say if anything was wrong. You could tell them anything." A relative said, "If I was unhappy with anything I could go to [registered manager's name]."

The provider had a complaints policy and procedure in place and information about it was displayed. Information was included to guide people on how to take their complaint further if they were dissatisfied with the provider's response. Staff were clear on their responsibilities regarding the complaints procedure and how to support people to express their views or concerns and pass these to the registered manager. The deputy manager told us that no complaints had been received so we were unable to judge the procedures' effectiveness.

Is the service well-led?

Our findings

There was a clear structure in place to ensure effective leadership of the service. The registered manager, who was on leave at the time of our inspection, was supported by a deputy manager. While the service had become operational recently after several months, the provider's existing systems remained in place and the established staff team had been retained, working in the provider's other services locally.

The registered manager had systems in place to ensure staff had the information they needed to provide a good service. Clear and effective communication systems were in place, including handover at each shift. Records and documents relating to the running of the service and the care people received were clear and well organised. A relative told us, "The service is well led and I believe it is well managed. The registered manager is knowledgeable and knows all the appropriate processes."

Staff were clear on their roles in meeting the aim of providing people with a safe, quality rehabilitation service. One staff member said, "The service is in its beginning stages again but it is well run and there is a positive direction for the service. Our aim is to give people the highest quality of care in a very positive atmosphere while they are here."

There was an open and inclusive approach in the service. The registered manager worked some shifts to support staff when needed. This enabled them to remain aware of how the service was operating and directly in touch with people on a regular basis. One staff member said, "We have a good manager. This is the first place I worked where the manager does shifts and are part of the team. The [registered manager] works with us and is very supportive." Staff told us that the registered manager was always available and listened to them and to people living in the service.

The provider had measures in place to monitor and assess the service provided. Staff completed a range of checks, for example in relation to health and safety. The deputy manager told us that further audits would be completed routinely such as of care plans, medicines and infection control as the service was now fully operational. Spot checks were also part of the quality assurance process along with external monitoring by the provider's representative. Systems were in place to gain people's views so as to ensure continuous improvement. A satisfaction survey was ready to be provided to people when they left the service. We saw surveys that had been completed by other stakeholders when the service was previously operating. All comments were positive as to the quality and safety of the service.