Dimensions Somerset Sev Limited

Dimensions Somerset The Brambles

Inspection report

The Brambles Six Acres Close
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Tel: 01823334039

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place 19th June 2018 and was unannounced.

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

The Brambles is registered to provide care and accommodation for up to seven people. The service specialises in the care of people who have learning disabilities and complex physical disabilities. The building is a single storey bungalow with a range of aids and adaptations in place to assist people who have mobility difficulties. All bedrooms are for single occupancy. The service is staffed 24 hours a day and all areas are accessible to wheelchair users. At the time of the inspection, seven people were living at Brambles.

The people we met on the day of the inspection had complex physical and learning disabilities and not everyone could tell us about their experiences whilst living at Brambles. We therefore used our observations of care and our discussions with staff, relatives, and visiting professionals to help form our judgements.

The service had a registered manager. The manager had been registered with CQC since April 2017. 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.

This is the first inspection of this service since it was transferred to Dimensions from the local authority in April 2017.

During this inspection, we identified that the provider needed to make improvements to ensure staff cared for people safely. For example, we identified concerns in relation to risk management. Staff had identified risks to people's health and safety in care plans but had not always completed a risk assessment and management plans. We did address this with the registered manager who began updating risk assessments during the inspection process.

The provider did not carry out checks to make sure infection control was kept to a high standard. We found three of the communal toilets did not have hand washing signs, and we could see areas of the service had not been cleaned thoroughly. The manager told us they would arrange for a deep clean of the service to take place and implement regular hygiene checks.

Internal governance systems were either not in place or had not been effective. The registered manager had a commitment to improving the care and support people received. However, they had not carried out internal audits or put an action plan in place with clear objectives to make sure they addressed the actions

identified through the provider's quality and compliance checks. This meant quality monitoring arrangements had not consistently addressed identified shortfalls within the service. Following the inspection, the registered manager sent us further information that included service reports. These reports had identified actions required to develop the service.

We also identified areas of concern around confidentially and people being involved in their care planning; Care records were kept in places where visitors had access to them. When we raised this with the registered manager they immediately contacted the operational director and requested locked cupboards to be fitted in people's rooms so that records could be stored securely. We have made a recommendation in relation to the storage of records and care planning. Including demonstrating how the provider involves people and their relatives in all aspect of care and support.

Although there were some concerns around how the provider managed risk in the service, we did observe people looking relaxed and happy. The provider had safeguarding systems in place, which staff knew about. Staff received training on how to recognise the various forms of abuse, which was regularly updated and refreshed.

We observed care staff addressing each person by name and knocking on doors before going into people's rooms. Staff told us, "We care about people that live here and want things to be good for them." Staff appeared kind and interacted with people well. Relatives told us they would be comfortable raising a concern or making a complaint if they needed to.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

People's medicines were managed in accordance with current national guidance.

The provider regularly serviced and maintained equipment.

Staff received food hygiene training and understood the importance of food safety.

Risk assessments were not always completed to enable people to receive care and support with minimum risk to themselves and others.

Infection control was not always carried out in line with current best practice and national guidance.

Is the service effective?

Good

The service was effective

People were supported by staff who had received appropriate training to care for them.

People had access to a range of healthcare professionals to meet their needs.

People had their nutritional needs assessed and received meals in accordance with their needs.

Is the service caring?

Good

The service was caring

The provider involved people, or their relatives when appropriate, in their care and support, as far as they were able.

People's dignity was respected.

People were cared for by staff that were kind and compassionate.

Is the service responsive?

Good

The service was responsive

Staff were able to communicate with, and understand people.

People had opportunities to take part in some activities

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider's systems for monitoring and improving the service was not always effective in ensuring people received an improving service.

People lived in a home where staff did not always feel involved or supported by the provider but were committed to providing good quality care to people.

Dimensions Somerset The Brambles

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 comprehensive inspection took place on 19 June 2018 and was unannounced.

One adult social care inspector, one medicine Inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well, and the improvements they plan to make. We also looked at notifications sent in by the provider. A notification is information about important events, which the provider is required to tell us about by law.

During our inspection, we met with seven people who used the service, the registered manager and their deputy, two support leads and five support workers. We also spoke with one professional who visits the service. Not all of the people who used the service were able to communicate verbally and therefore we observed their interaction with staff and spoke with five family members who were closely involved in peoples care and support.

We also looked at records relevant to the management of the service. This included care and support plans, staff recruitment files, training records, medicine records, complaint and incident reports and performance monitoring reports.

Good

Is the service safe?

Our findings

Some people had been prescribed medicines to be given 'when required'. Staff had completed protocols for each person so that staff knew how to assess when it would be appropriate to give these medicines. For example, two people who could not tell staff when they were in pain had been prescribed pain relief when required. The guidance in place showed staff the signs that these people might use to indicate if they were in pain or discomfort.

The temperatures in the cupboards were recorded and monitored, and showed that medicines were kept at suitable temperatures so they would be safe and effective for people. There were risk assessments, mental capacity assessments, and individual medicines profiles for every person. This included information about their medicines and personalised details about how they liked to take them.

People had regular medicines reviews with their doctor. The manager explained that staff were working in conjunction with doctors to support a prescribing initiative (STOMP) which aims to stop the over-medication of people with a learning disability, autism or who display challenging behaviours. This had led to staff requesting reviews of any sedative medicines prescribed to see if other measures could be introduced to keep the use of these medicines to a minimum. For example, one person's records showed that a behaviour support plan had been put in place to try different approaches to manage any challenging behaviour before the use of medication was considered.

The provider had not completed competency assessments for every staff member who gave out medicines at the time of our inspection. This was identified to the registered manager who was aware of the shortfall in competency assessments and was in the process of addressing this.

The provider had carried out 'best interests' decisions for people receiving medicines covertly (Without people's knowledge). For example, crushing medicines or mixing them with food or drink. Staff told us that they consulted the pharmacy to check the best way give to people medicines covertly; however, we found staff had not recorded this guidance. We discussed this with the manager who assured us staff would record all future discussions. They also told us a new audit tool was being introduced to help monitor how people's medicine were managed. This should help to identify any areas for improvement.

There was guidance in people's records on what action staff should take in the event they become unsettled or distressed. For example, one person would dismantle their wheelchair and throw parts of it at people. Staff told us, "(person's name) loves going out, we make sure they go out as much as possible to help distract them."

Staff had identified risks to people's health and safety in care plans but did not always complete a risk management guide that told staff how to manage the risk. For example, one person's care plan said they were at risk of falls at night. Staff had not completed a risk assessment to manage this. On the day of the inspection, staff on duty could tell us how they managed this risk at night and when we raised it with the registered manager they assured us they would update all risk assessments.

We observed staff making an evening meal for people. Staff told us they received food hygiene training. Staff understood the importance of food safety, including hygiene, when preparing or handling food. We saw records that showed staff were monitoring food and fridge temperatures.

The provider employed a member of staff to do the cleaning during the day but records showed that night staff were expected to carry out most of the cleaning duties. When we observed the environment, we found considerable amounts of cobwebs, and dust both in communal areas and peoples bedrooms. We also found not all the communal toilets had hand-washing signs to help minimise cross infection. We raised these points with the registered manager who told us they would arrange for a deep clean of the service and introduce regular checks to make sure staff kept the cleaning to a high standard, they also said they would add appropriate signage where necessary. Staff did have access to personal protective equipment (PPE) to use when supporting people with their personal care.

The provider regularly serviced and maintained equipment. Overhead tracking was in place for people who needed a hoist to help them move. At the time of the inspection, one person required a hoist to help them move around in their bedroom. All staff had received training to ensure people were supported to use the equipment safely if they needed it.

There were systems in place to safeguard and protect people when staff worked alone with them. A lone working policy and out of hour's procedure was available for staff, which staff knew about. One staff member said, "Its mainly night staff that work on their own but they have access to a staff member who sleeps in." Another staff member said, "There is an on call rota but the manager is always contactable."

The provider's recruitment processes minimised the risk of employing unsuitable staff .The provider obtained references and completed a Disclosure and Barring Service (DBS) check. A DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults.

The risk of financial abuse to people was minimised. The provider had safe systems in place to ensure staff recorded and checked people's money. We looked at the financial records for five people. Staff had completed records accurately. Staff had supported people to budget their money safely. Appointees (either relatives or the Local Authority) managed people's income and arranged for each person to have sufficient money each week to pay for bills and living expenses.

The registered manager produced a staff rota one month in advance this showed us the service was sufficiently staffed. However, staff told us the provider had reduced staffing levels since they took over the running of the service and planned to reduce the team even further. One staff member said, "I know my job is going, they told me, just like that." Another staff member said, "All the old staff left and more are planning to leave." We discussed this with the registered manager who told us they had set minimum staffing levels at four staff in the morning and three staff in the afternoon and that was what the rotas confirmed.

Staff told us the staff changes had had an impact on people living at Brambles because people got anxious when new staff came to work at Brambles. One staff member told us, "(Persons name) had nick names for all staff, now with so many leaving they get confused and anxious because they don't know who they are." Another staff member said, "People get really anxious when so many new faces are in their home, (Persons Name) has had to go back on medicine to help manage their anxiety." We spoke to the person's relative who said, "(Persons name) behaviour was stable, but since the changes they have started self-harming again. They added, the GP had prescribed medicine to help (person's name) stay calm, adding, (person's name) doesn't cope well with so much change."

Although there were some concerns around how the registered manager managed risk in the service, we did observe people looking relaxed and happy. People responded positively when staff spoke with them and relatives we spoke with said they felt people were safe living at Brambles. One relative told us, "I feel (person's name) is safe living at Brambles, adding, we take (person's name) out a lot and they are always happy about going back to Brambles." Another relative said, "This is (Persons name) home and they are happy." We asked people what they thought of the staff looking after them, one person put their thumbs up and smiled and another person, laughed and shouted (staff members name) good man, good man."

Risks of abuse to people were minimised because the provider had safeguarding systems in place, which staff knew about. Staff received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. There was an open and transparent culture. The provider encouraged staff to report any concerns. One staff member said, "I would tell the manager straight away if I thought someone was being hurt." Another staff member said, it all goes on the system and the manager reports it, I think to the local authority."

The registered manager understood their responsibilities to raise concerns and record safety incidents, concerns and near misses and report these internally and externally as necessary. Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access.

Staff were clear about their responsibilities when incidents occurred. The provider had policies and procedures in place to manage incidents and accidents. We spoke with staff who knew the reporting process and we reviewed incident records, which demonstrated the provider had investigated them appropriately.

Good

Is the service effective?

Our findings

People's needs were assessed and their needs and preferences recorded. The provider completed an assessment to check the service could meet the person's needs when they took over the running of the service. Assessments assisted staff to develop a care plan for the person and deliver care in line with the person's needs and wishes, current legislation, standards, and guidance.

Staff that had the appropriate skills, knowledge, and experience to deliver effective care supported people. Staff completed an induction when they started to work for the provider. Records showed staff received comprehensive training, which enabled them to carry out their roles. All new staff completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to working in the care sector.

People were supported by staff who had received up to date training which helped to make sure they were cared for in accordance with current best practice and legislation. There was a system in place to remind staff when their training was due to be renewed. Aside from the subjects the provider considered mandatory, such as safeguarding, moving, and handling, infection control, health, and safety, staff received training, which was relevant to the individual needs of the people they supported. For example, all staff had received training in positive interventions and de-escalation.

Staff cooked the main evening meal for people offering a choice of two meals. For example, on the day of the inspection, we observed staff offering a choice of burgers or mince and veg. People did not have the capacity to cook but some people did like to be in the kitchen while staff were cooking. We observed one person sitting in the kitchen with a staff member whilst they were cooking the evening meal. If people did not want any of the options offered staff would look in people's own food cupboard to see what else was available.

Staff assessed people's nutritional needs and recorded it in their care plans. Staff encouraged healthy food options and recorded if people had any adverse reactions to specific foods, such as choking. At the time of the inspection, staff had assessed one person as needing their fluids monitored and although throughout the inspection we observed this person having fluids, staff had not completed a fluid chart for this person which meant staff had no way of knowing how long the person was going without fluids throughout the day. Another person had special dietary requirements. We observed and relatives told us, "(Persons name) had their own cupboard and their own part of the fridge which meant the risk of food cross contaminating was reduced.

The provider supported people to access services from a variety of healthcare professionals including GPs, dentists, and district nurses. Care records demonstrated staff shared information with professionals and involved them appropriately. One health and social care professional told us, "Staff are supportive and always open to trying out any recommendations."

There were systems to ensure people's safety in an emergency such as a fire. Each person had a personal

evacuation plan giving details of the support they would require if they needed to be evacuated from the building. The provider had last carried out a fire evacuation practice in October 2017. This helped staff to become familiar with how to safely evacuate people from the building in the event of a fire

The building was fitted with a fire detection system including alarms and emergency lighting. The fire log showed that fire alarms should be tested on a weekly basis and emergency lighting on a monthly basis. Records confirmed that staff tested alarms every week.

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 provider made decisions in people's best interests. We reviewed five people's best interest records. Records showed that the provider involved care professionals in these meetings but did not show how they involved the person or their family members. However, throughout the inspection, we did observe staff confirming with people regularly that they were happy to carry out any form of activity before they started anything. Staff also told us that one person would choose whom they wanted to do particular things with for example, (Persons name, liked to go swimming with one particular staff member and then enjoyed another activity with a different staff member, they also preferred a third staff member to support them with personal care. Staff said, "We always accommodate this where possible."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection, the provider was acting in accordance with guidance.

Good

Is the service caring?

Our findings

Relatives told us that they were involved in the planning for people's needs. One relative told us, "We have not had a care planning meeting for a while, but staff do ask us when bigger decisions are being made." Another relative said, "They always let me know when their medication is increased." A third relative told us, "Staff collected me from home to attend a meeting about (person's name) care plan. The relative also said, "I was against one suggestion for the plan and they did listen, it was not put in. Adding, "Overall though 'they keep me well-informed, if they have been off colour or had to have any medicine." Although one relative told us, "The staff let me know things when they remember, adding, we missed a consultant's appointment with (person's name) because staff forgot to tell us about it."

Other relatives said, "The provider has not told us anything about the changes they are bringing in or how it will affect (Persons name)." At the time of the inspection the provider did not hold regular relative and resident meetings at Brambles, which meant people and their relatives did not have any input into the current changes happening at Brambles. We discussed this with the manager who told us they would introduce resident and relative meetings so that people could be kept informed and have their say about how the service will be developed in the future Following the inspection the provider sent in further information that included the consultation paperwork. This demonstrated the changes were discussed with families and staff at every opportunity.

Other care we observed was kind, compassionate and respected people's personal likes, and dislikes. Some people were able to express their views verbally. Those that could not express their views verbally were observed smiling and looking relaxed when staff were with them. When we asked one person about the staff at Brambles, they called out a staff members name repeatedly, shouting "good man."

Staff listened to people and respected their choices. We observed staff asking people what they wanted to do and giving them choices. For example, staff asked one person if they wanted to go out, but the person said no. Staff respected their choice but also checked again shortly after to be sure the person had not changed their mind. They still did not wish to go out.

Relatives were positive about the staffs approach to people. One relative said, "The staff are brilliant, we have had quite a bit of turnover of staff but it is all good now." Another relative said, "We have every faith in the manager and in all the staff." Adding, "They are brilliant with (person's name); they look after them very well. They have always been super, they are wonderful."

Staff spent time chatting, encouraging, laughing, and joking with people. Everyone we observed was smiling when staff approached them. Relatives told us that staff promoted people's independence. One relative said, "They take (Persons name out shopping. They give (Persons name) a chance to choose their own clothes." Adding, "They don't tell (person's name) what to do, they talk to them." Another relative told us, "(Persons name) likes to help out in the house and they try to include them as much as they can."

Relatives felt that staff respected people's dignity. One relative told us, "When they take (person's name) to

the toilet they are good, and also I see them with other people." Another relative referred to one person who repeatedly tore their clothing, the relative told us, "They are always making sure (person's name) is covered." A third relative said their relative had been bullied in a previous home, they said, "We took her to the Brambles and (person's name) has never looked back." They also said, "as far as I'm concerned they're doing a good job." In addition, they told us, "(Persons name) has always got lovely clothes on and is always very smart."

The registered manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Staff sought ways to communicate with people. Care records had communication profiles that demonstrated how staff should support people to communicate. People used simple communication signs, for example, one person used their own communication signs. We observed four different members of staff immediately respond to their signs for putting on the television, talking about which film they wanted to see, and responding to signs for hungry, thirsty and wanting to go to the toilet.

Relatives could visit people at any time of day. There were no restrictions on visiting the service and relatives were welcomed. This meant that people living in the service were not isolated from those closest to them. During our inspection, several visitors came to the service to see people. It was clear that staff knew the visitors well when we heard them speaking with them. Relatives we spoke with were very positive about the way staff treated them and felt comfortable visiting at any time of the day.

During the inspection, we observed an open door to the main office, which was situated in a communal area. This was the staff office and held people's care records on shelves. We also found one person's medicine record unsecured in their room. We raised this with the registered manager who assured us they would arrange for locked cupboards to be fitted in people's rooms to make sure all records were stored securely and in the meantime, they would ensure all staff kept the office door locked when staff were not in there.

Good

Is the service responsive?

Our findings

The registered manager was responsive to people's needs. The support plans were clearly set out and easy to read. They provided a range of information about the person that included their preferred daily routines, likes, and dislikes and details of people and things that were important to them. Care plans we reviewed gave details of what the person liked to do and how staff could support them to do their favourite activity. This was important for staff to understand because some people receiving support had limited verbal communication. However, the support leaders did not review care plans regularly which meant staff may not have access to the most up to date information on how to meets people's needs.

Reasonable adjustments are made and action was taken to remove barriers when people found it hard to use or access services in the community. The provider carried out person-centred activities and encouraged people to maintain their hobbies and interests. Each person had their own activity program that highlighted what people did on what day. Staff described each person's individual favourite things they liked to do. For example, staff told us one person liked to go swimming but they did not like crowded places. Staff arranged for this person to attend a nearby hydro pool that could be used one person at a time. This meant the person's anxiety could be reduced while enjoying swimming.

Relatives told us staff were good at making sure people went out regularly if they wanted to. One relative told us, "They take (person's name) out in the minibus and they love the rides; they take (person's name) shopping and to the quiet room in a local community centre." They added, "(Persons name) goes dancing, they love it, they just love music." The relative also told us, "I cannot visit (person's name) due to poor health but staff bring them to see me." Another relative said, "They take (person's name) out as much as they can." During the inspection, we observed one person going to the local supermarket. Staff told us this person enjoyed people watching and they liked to visit the café. However, one relative did say, "I am very worried about how things are going to change and how this will affect (person's name) quality of life." They added no one's telling us anything, just that staff are going." Following the inspection the provider sent in further information that included a letter sent out to families in May 2018. The letter demonstrated the provider had informed families they had plans to make changes to the way the service was delivered in the future.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. All those currently receiving support at the service had a learning disability and varying communication abilities.

One person used their own communication signs. We observed four different members of staff immediately respond to their signs for putting on the television, talking about which film they wanted to see, and responding to signs for hungry, thirsty, and wanting to go to the toilet. When this person wanted to stop doing a jigsaw for a while, staff offered a DVD as an alternative. Staff told us, "(Persons Name) likes action films." At that point (Persons name) put their thumb up smiled and signed a gun. Another member of staff said, "(Persons name) had recently been to the cinema to see The Greatest Showman, which they enjoyed

and again they gave us the thumbs up sign. Staff clearly had a good understanding of this person's needs as staff went on to say (Persons name) liked soaps on TV, drawing and going twice a week to a day centre where they participated in a range of activities.

Staff told us they had identified that one person would benefit from a Grid Pad to help them communicate better. A grid pad is a tablet with specific software that has symbols the person can press, that tells people what they want. Staff had referred this person to a speech and language therapist (SALT) who was currently assessing this person's needs. If successful, the provider will fundraise so they can purchase the Grid Pad for the person.

The provider had recently set up face book accounts for people living at Brambles. These accounts were restricted and created with the support of relatives and the provider's information technology department to ensure they remained in line with the new General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union (EU). Peoples face book accounts were purely for people to remain close to their families. During the inspection, one person showed us their account and the pictures they had posted of several activities they had attended. When asked if they like using Facebook they smiled.

Although staff communicated well with people face to face there were no staff identification boards for people to see who was who within the service, there were no leaflets explaining to people how to access other specialist services such as advocacy, and signage around the service was confusing. For example, as explained in the safe domain of this report, one bathroom had a sign on it saying it was the bathroom but it was used as a storage room and the bathroom that was used had no sign on it.

People who used the service were unable to make verbal complaints and the provider did not display a complaints procedure for people to access or produce service leaflets for people explaining how they could make a complaint. This meant people using the service might not understand how they can complain or who they should speak to. Relatives told us they had not received any formal complaints information. However, relatives we spoke with said they would complain if necessary. Two relatives told us they had put complaints in to the local management team and to the provider. Another relative said they could say what they wanted to the manager and staff, they told us, "I wouldn't say it if I didn't think it." All relatives we spoke with said that staff would respond to any concerns, one relative added, "They are all approachable.".

At the time of the inspection, no one was receiving end of life care. Staff were aware to liaise with the person's GP and the district nurse team in the event someone did require end of life care. Care records we reviewed had funeral plans in place, which staff knew about.

Requires Improvement

Is the service well-led?

Our findings

Current governance arrangements had not consistently identified shortfalls within the service. Although we acknowledged the provider had completed quality monitoring of the service the registered manager had not completed an internal action plan and the provider had not monitored the failings originally identified to complete the auditing process. For example, we found the absence of risk assessments did not ensure people living within the service were fully protected from the associated risks. In addition to this, we found that the absence of oversight in relation to care planning and recording content had not identified how people, or others acting on their behalf, had been involved or consulted in care planning and we also found that effective monitoring and management of the service had not identified basic levels of cleanliness within the service. Following the inspection, the registered manager sent us further information that included service reports. These reports had now identified actions required to develop the service.

The provider had carried out an annual quality assurance survey in order to seek the views and opinions of people or their representatives. We could not review any results of the survey at the time of the inspection. The registered manager told us the provider sent the questionnaire out in April 2018 and the results had not been collated at the time of the inspection. We asked staff how they fed back to the provider to help improve the service. One staff member said, "We now have weekly staff meetings since the changes started." Another staff member said, "We can talk to the manager anytime, they always listen."

Staff told us the provider was establishing a new structure, which might affect the current service. Staff did not know what the proposal was or how it might affect people who currently lived at Brambles. This meant the provider had not involved staff in the development of the service. One staff member said, "I was just told one day my job has gone." Adding, we can already see how this is affecting people." Another staff member said, "People don't like change and Dimensions have brought in loads with more to come, all the staff people had built relationships with have gone." One staff member said, (person's name) had special nicknames for staff so they knew who was who, now they do not know staff because all the old staff had left. There have been so many changes already and this is noticeable in people behaviour." Following the inspection, the provider sent in further information that included the consultation paperwork. This demonstrated the changes were discussed with staff at every opportunity.

There was a registered manager at the service. 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.

A deputy manager supported the registered manager. The registered manager was positive about the support they received from the operations director and they had access to other specialist professionals such as human resources and a quality lead.

Staff told us morale was low at times because of all the changes that had taken place. The provider had told staff there would be redundancies and reductions in salaries. Staff did not know who would be affected and

told us they were in a consultation period. One staff member said, "Some staff are looking for other jobs because they don't know whose going and who's staying." Another staff member said "even if we don't get made redundant we have to take a pay cut if we stay at Brambles."

Although it was a difficult time for staff, there was a culture of support and cohesiveness amongst staff. Staff told us they felt supported in their roles by colleagues and the registered manager. All staff we spoke with told us that they could raise issues without fear of bullying or intimidation and we found no reported incidents of bullying within the team.

Staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were records of individual formal supervision with a manager. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. Staff had opportunities to develop their skills. One staff member had completed other training such as Epilepsy in order to support some of the people at Brambles who had regular seizures.

The registered manager held regular meetings with staff. Areas discussed included, safeguarding people, use of mobile phones and expectations of CQC.

The provider worked collaboratively with organisations to support care provision, service development, and joined-up care. For example, GPs and district nurses visited people at the home to see people who had physical healthcare needs or required additional support. This helped to make sure people received care and support in accordance with best practice guidance.
One professional we spoke with said, "The team do their best, they always implement what we advise and are always very professionals when I have visited."

The provider had ensured they had notified CQC of significant events in line with current legislation. This meant external agencies were able to monitor the care and safety of people using the service.