

Brambles Care Home Ltd

# Brambles 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

This inspection took place on 22 and 30 July 2015.

Brambles Care Home is registered to provide accommodation and care for up to 22 people some of whom may be living with dementia. There were 20 people living in the service on the day of our inspection.

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. 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.

People received their care and support in a way that ensured their safety and welfare. There were sufficient numbers of staff who had been safely recruited, were well trained and supported to meet people's assessed needs. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

# Summary of findings

The manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made applications appropriately when needed.

Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs had been assessed and catered for. The care plans provided staff with sufficient information about how to

meet people's individual needs and preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind, caring and compassionate, they knew people well and ensured that their privacy and dignity was maintained at all times. People participated in activities of their choosing and were able to express their views and opinions. Families and friends were made to feel welcome and people were able to receive their visitors at a time of their choosing.

People knew how to raise a concern or complaint and were confident that any concerns would be listened to and acted upon.

There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

# 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.

People were protected from the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported.

The managers and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good



### Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind, caring and compassionate in their approach.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Good



### Is the service responsive?

The service was responsive.

The assessments and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure and people were confident that their complaints would be dealt with appropriately.

Good



### Is the service well-led?

The service was well-led.

Staff had confidence in the managers and shared their vision.

There was an effective quality assurance system in place to monitor the service and drive improvements.

Good



# Brambles Care Home

## 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 took place on 22 and 30 July 2015 was unannounced and carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience and knowledge about similar services.

Before our inspection we reviewed information that we held about the service such as previous inspection reports, safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with nine of the people using the service and six of their relatives, the manager, the deputy manager and eight members of staff. We reviewed four people's care records and five staff's recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

# Is the service safe?

## Our findings

People were protected from the risk of abuse. They told us that they felt safe and secure and throughout our visit they were comfortable, relaxed and happy when interacting with staff and each other. Relatives told us that people were safe, happy and well looked after. The deputy manager and staff demonstrated a good knowledge of safeguarding procedures and when to apply them and there was a policy and procedure available for staff to refer to when needed. Staff had been trained in safeguarding people and knew the actions to take if they witnessed or suspected abuse. One staff member said, "I would make sure that the person was safe and I would report my concerns to the manager." Another said, "I would report any concerns immediately and would tell the CQC or social services. There is a leaflet on the notice board called 'Ask Sal' which gives us the number to call." The service had a whistle blowing policy and staff told us they would use it if needed. The manager had reported safeguarding concerns appropriately to the local authority and the CQC.

Risks to people's health and safety were well managed. Staff had received training in first aid and fire awareness and they knew to call the emergency services when needed. People had a personal evacuation plan in place and fire drills had been carried out regularly. There were risk assessments and management plans to help keep people safe, for example for their mobility, skincare, nutrition, falls and accessing the local community. Staff had a good knowledge of people's identified risks and described how they would manage them. One person told us that they went out on their own to the local shop most days and another person was supported to play bowls in a local park. This showed that people were supported to take every day risks and to maintain their independence.

People were cared for in a safe environment. The manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and there were safety certificates in place. The service had a maintenance person who carried out repairs as and when needed and there was a clear record of these in the maintenance book which showed when repairs had been reported and the date they had been carried out. There were emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

Although there were sufficient staff to meet people's assessed needs people had mixed views about staffing levels. One person said, "There are always plenty of staff to help me when I need it." Another person said, "I never have to wait too long, the staff are quick when I call and they don't rush me to do anything." Other people said, "There are never enough staff to support me to do the things I want to do." "I think they could do with another couple of staff, particularly at night." The deputy manager told us that there had been some difficulty recruiting to their vacant night post. They said that regular agency staff who knew people well had been used to ensure consistency of care. Visiting relatives told us that staff always seemed to be available when they visited and that staffing levels seemed good. There were enough staff on duty on both of the days when we inspected the service and the duty rotas showed that staffing levels had been consistent over the eight week period checked.

The service had robust recruitment processes in place to ensure that people were supported by suitable staff. The manager had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the recruitment process was thorough and they had not been able to start work until all the checks had been carried out.

People's medicines were managed safely. People told us that they were given their medication correctly and that they knew what it was for. One person said, "Staff will give me my pain relief or indigestion medication whenever I need it." Another said, "I know what my medication is for and staff always give it to me correctly and in good time." We observed a medication round. The care manager wore a red tabard to show that they were administering medication and should not be disturbed or interrupted. They had an excellent knowledge of people's medicine needs and their individual medical history and they gave people their medication appropriately.

Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. There was a good system in place for ordering, receiving, storing and the disposal of medication. Staff had been trained and had received regular updates to refresh their

## Is the service safe?

knowledge and the deputy manager had carried out observations of practice to ensure that they administered medication correctly. People received their medication as prescribed.

# Is the service effective?

## Our findings

People were cared for by staff who felt supported and valued. Staff told us that they had received a good induction to the service and that they had received regular supervision and support from the manager and deputy manager. One staff member said, “The support is really good, we have regular one to one meetings, observations of practice and an annual appraisal so I feel well supported to do my work.” Another said, “Either the manager or the deputy manager are available every day for advice and support when I need it. They are very supportive.” Induction records showed that staff who were new to care had completed the Common Induction Standards which provided them with the knowledge and skills needed to give people good care and support.

People received their care from staff who had the knowledge and skills to support them effectively. People felt that staff were well trained. One person said, “The staff seem to know what they are doing, they go for training days so I expect they are well trained.” Another person said, “They [staff] know how to do things so they must of been trained to do them.” Staff told us, and the records confirmed that they had received recent training that included food hygiene, first aid, infection control, dementia awareness, diabetes and catheter care. One staff member said, “I have had a lot of training and I get regular updates.” Another said, “I have had recent training in mental health awareness, which I found very useful in my work.” Staff told us they had completed a national qualification such as their NVQ (National Vocational Qualification in Care) and the Diploma in Health and Social Care. People were cared for by well trained staff.

Staff knew how to support people in making decisions and had been trained in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the Act. The service took the required action to protect people’s rights and ensure that they received the care and support they needed.

Appropriate applications had been made to the local authority for DoLS assessments and there were DoLS authorisations in place where required. There were assessments of people’s mental capacity in the care files that we viewed and during our inspection we heard staff asking people for their consent before carrying out any activities. This meant that where people were not able to make every day decisions for themselves decisions were made in people’s best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People told us that the food was lovely, home cooked and always plenty of it. One person said, “The food is so good, she [the cook] is a lovely cook and everything is home cooked.” Another person said, “The food is excellent and you can always have more if you want it and the cook always asks if I am satisfied with the meal.” One visiting relative said, “I have eaten the food and it is delicious.” It was clear that lunchtime was a pleasant experience for people; they were relaxed, happy and chatting with staff and each other. Where people needed support to eat their meal, staff provided it sensitively giving them sufficient time to enjoy their food.

People were offered choices on the four week rolling menu, which was reviewed at people’s request. There were always alternative meals available if people wanted something different. There were ample supplies of good quality fresh, frozen, canned and packaged foods in the store cupboards. Where necessary people’s food and drink intake had been recorded and their weight monitored to ensure that their nutritional intake was sufficient to keep them healthy.

People’s healthcare needs were met. They told us that they saw a variety of healthcare professionals such as the chiropodist, the optician, the doctor and the specialist nurse. A visiting relative told us, “They [staff] don’t think twice about ringing the doctor when they need to.” People told us and the records confirmed that they had been supported to attend routine healthcare appointments to help keep them healthy.

# Is the service caring?

## Our findings

People told us that the staff were kind and caring and their comments included, 'staff are very kind', 'good staff who all blend well together', 'good people to look after you'. One visiting relative told us that the care was 'wonderful'.

Another said, "I am very happy with my relative's care, it is a lovely home with lovely caring staff." People were relaxed, happy and cheerful throughout our visit and there was good staff interaction. Staff displayed kind and caring qualities and it was clear that they knew people well and had built up positive caring relationships with them.

People were treated with dignity and respect; for example, we saw people being supported and heard staff speaking with them in a calm, respectful manner and they allowed them the time they needed to carry out any tasks. People said that the staff never 'rushed them' and they told us that they were treated in a 'kind and caring' way. Relatives told us that staff were respectful and polite in their approach when supporting people. One relative said, "They [staff] always treat people with dignity and respect and are all very kind and caring." People's religious faith was respected and their cultural needs had been met.

People told us that they had the privacy they needed and we saw this in practice, for example a privacy screen was used when people were receiving treatment to ensure that their privacy and dignity was maintained. Staff knocked on people's doors and waited for a response before entering their rooms.

Staff supported people to maintain their independence. People said that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. One person told us, "I have my own space and I value my independence. I go out to the shops and have all that I need in my room. I can make a drink whenever I want to and I do my own washing. I sit in the garden when the weather is nice and feel that the staff

support me to maintain my independence." Another person said, "The staff are so lovely and they respect my need for independence. I have not been here long but I love it so I shall stay here now."

Where they were able to be, people were actively involved in making decisions about their care and support. People said they were able to make choices about how they wanted to spend their time, what they wanted to wear and where they wanted to be. There was good information available about people's likes, dislikes and preferences in regard to all areas of their care. Relatives told us that they were kept informed about changes to their loved ones care and support.

The service was in the process of gathering life histories from people and their relatives. In the first week of moving into the service staff worked together with people to complete a 'getting to know you' form. This provided staff with a brief history to help them to care for people in a way they preferred. From this initial information a more detailed life history had been gathered from people and their families to ensure that staff got to know the person really well. One relative told us, "Staff shared photographs and albums with my relative and discussed our family background and history."

People told us that their visitors were made welcome at any time. One person said, "There are no visiting times so my visitors can come anytime they want morning, noon or night." One visiting relative said, "There are no restrictions on visiting times so I can visit [person's name] whenever I want." Other visitors told us that they were always made to feel welcome whenever they visited.

Where people did not have family members to support them to have a voice, they had access to advocacy services. There was advocacy contact details displayed on the noticeboard in the hallway. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.



# Is the service responsive?

## Our findings

People received personalised care that was responsive to their individual needs. People's needs had been fully assessed before they moved into the service and their relatives told us that they had been involved in the assessment process. One relative said, "Although [person's name] was not able to fully participate in the assessment they were encouraged to be as involved as they were able to be."

Staff knew how to support people and described their individual needs and preferences. Staff said that they had sufficient information in the care plans to enable them to meet people's needs. One staff member said, "We are kept up to date about any changes to people's needs. We have a handover each shift and a communication book is in place to ensure that we know how to care for people safely." Another said, "We discuss people's changing needs and preferences at our team meetings as well as at handovers and reviews so we make sure that we know about any changes."

People told us that they received the care they need when they needed it. Care plans had been devised from the initial assessment and had been reviewed and updated monthly to ensure that they continued to meet individual's changing needs. People told us that when needed the manager provided suitable equipment such as hoists, walking aids and wheelchairs to support their mobility.

Staff responded quickly when needed for example, we saw that people were given support to mobilise around the home as soon as they needed it. One person had decided that they wanted to go upstairs to their bedroom and staff were very quick to respond and supported the person to use the lift. Another person needed help to access the bathroom and again staff responded very quickly to the person's needs. People told us that when they rang their call bell staff were quick to respond.

The activities coordinator encouraged and supported people to follow their own interests and hobbies. One person chose to do computer word games in their room and regularly went out to play bowls. Other people were participating in a range of activities that included dominoes, card games and word searches. On the day of our visit people were participating in armchair exercises during the afternoon and there was a lot of chatting and banter between them as they exercised, which showed that they enjoyed it. One person said that they preferred to do their own exercises each day in private but still enjoyed watching what was going on and mixing with others.

People told us that they spent time with their relatives and we saw that there were many visitors coming and going throughout our inspection visit. One visiting relative said, "This service is so good, I have been to many others and this is by far the best. There always seems to be something going on and people are engaged with staff and with each other."

People were asked for their views on a daily basis and we heard and saw this in practice. People told us that they had regular meetings and the notes of the last meeting were displayed on the noticeboard in the hallway.

People told us that they knew how to complain and that they would tell the staff or managers if they had any problems and they were confident that their complaints would be dealt with. One person said, "I am able to speak up for myself and if I did not like anything I would let them know." There was a good complaints process in place which fully described how any complaints or concerns would be dealt with. There was a written and pictorial copy displayed on the noticeboard and a further copy in the hallway by the visitors' book. Complaints and concerns had been discussed at regular resident's meetings and actions had been taken to address people's complaints. The deputy manager told us, and the records confirmed that when complaints had been received they were dealt with quickly and appropriately. People said they were confident that their complaints would be dealt with effectively.

# Is the service well-led?

## Our findings

The service had a registered manager, a deputy manager and a care manager in post and they all had a good knowledge about the people they were caring for. People and their relatives told us that there was an open door policy and that they could speak with managers as and when they wanted to.

Staff and relatives had confidence in the managers and said that they were approachable and supportive. They said that they were always available and that they responded positively to any requests. There were clear whistle blowing, safeguarding and complaints policies and procedures in place. Staff told us they were confident about how to implement the policies. One staff member said, "I would report any concerns to the manager or deputy manager who I am sure would deal with them properly." Another said they would not hesitate to report any issues of concern.

Staff told us they felt valued and that they shared the manager's vision for the service. They said that the managers were very supportive. One staff member said, "If I have any problems I can speak to the manager on duty." Another said, "If the manager is not here they are only a phone call away so I can call them to get advice if I am not sure about anything."

People told us that regular meetings had taken place where they were actively involved in making decisions about how to improve the service. A range of issues had been discussed which included news from management, compliments and complaints, activities, the menus, laundry and policies and procedures. One person had made a menu suggestion at a recent meeting and we saw from the new menus that this had been incorporated. This showed that people's suggestions for improvements to the service were acted upon.

There was an effective system in place for monitoring the quality of the service. People's views had been gathered in March 2015 and the responses had been analysed and an annual development plan had been devised to address the issues identified.

Regular audits of the service's systems and processes had taken place to ensure people's health, safety and welfare. The deputy manager told us and the records confirmed that health and safety, infection control, medication, care plans, accidents and incidents and the fire system had been checked monthly.

Regular staff meetings had taken place and the issues discussed had included care practices, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, staff training, equipment, care plans, personal hygiene and the CQC method of inspecting and awarding ratings. Actions arising from the meeting had been recorded and showed when and who was to complete them. Time was allowed for staff to have an open discussion and to give and receive feedback. Staff told us that they felt fully involved in how the service was run.

There was a communication book in use which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

Personal records were stored in a locked office when not in use. The managers had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.