

Bramble Care Homes Limited

# Bramble Cottage Retirement 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

The inspection took place on 14 October 2014. Bramble Cottage Retirement Home was last inspected on 30 May 2013 and there were no concerns.

Bramble Cottage Retirement Home located on the outskirts of Brighton. It is registered to accommodate up to 28 people who require support with personal care. They specialise in providing both long and short stay placements, as well as respite breaks for older people. On the day of our inspection, there were 27 people living in the home.

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 were happy and relaxed with staff, they said they felt safe living at Bramble Cottage Retirement Home and there were sufficient staff to support them. When staff

# Summary of findings

were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. One person told us, “I feel absolutely safe”. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs.

People’s mental capacity had been assessed where required, and they were supported to make decisions. We found staff were up to date with current guidance to support people to make decisions, and would be done in their best interest using appropriate safeguards.

Accidents and incidents were recorded appropriately and steps taken by the service to minimise the risk of similar events occurring in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People were encouraged and supported to eat and drink well. One person said, “On the whole, the food is very good”. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People’s weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People’s rooms were furnished and decorated in line with their personal taste. People were dressed in their own style and if they needed support, staff helped people to take a pride in their appearance and dress in their personal style.

People could choose how to spend their day and they took part in activities in the home and the community. They were supported to participate in their hobbies and interests, which included painting visiting restaurants. People told us they enjoyed the activities and one person told us, “I enjoy the talks and quizzes”.

Staff had received all basic training and there were opportunities for additional training specific to the needs of the service. Staff had received regular supervision meetings with their manager.

People felt well looked after and supported and we observed friendly and genuine relationships had developed between people and staff. One person said, “Oh yes, they are very caring and treat me very well”. The registered manager told us, “We treat people with respect. The little things are important, and I lead by example”. Care plans described people’s needs and preferences and they were encouraged to be as independent as possible. People chose what they wanted to do on a daily basis and were able to access the community, to go shopping for example.

People were encouraged to stay in touch with their families and receive visitors’ to the home. One visiting relative told us, “They look after my relative very well. When we get a bit older, we would definitely come here”. Relatives were asked for their views about the service and the care that was delivered to their family members. Completed surveys showed that families were happy overall and felt that staff were friendly, welcoming and approachable. Residents’ meetings were held and people said they felt listened to and any concerns or issues they raised were addressed. One person said, “Any time I’ve mentioned something, it’s dealt with straight away”.

Care plans gave detailed information on how people wished to be supported and were reviewed and updated regularly.

People were involved in the development of the service and were encouraged to express their views. Staff were asked for their opinions on the service and whether they were happy in their work. They all felt supported within their roles, describing an ‘open door’ management approach, where management were always available to discuss suggestions and address problems or concerns. Quality assurance was undertaken by the provider to measure and monitor the standard of the service.

# 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.

Staff were trained in safeguarding and knew what to do if they suspected abuse had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Good



### Is the service effective?

The service was effective.

Mental capacity assessments were undertaken for people if required and they were supported to make decisions.

People were able to choose what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups or as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people. They had regular supervisions with their manager, and felt supported.

Good



### Is the service caring?

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to increase their independence and to make decisions about their care.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Care records were kept safely and people's information kept confidentially.

Good



### Is the service responsive?

The service was responsive.

People were supported to take part in a range of recreational activities in the home and the community, which were organised in line with people's preferences. Family members and friends continued to play an important role and people spent time with them. Visitors could join people in activities in the home and the community.

People and their relatives were asked for their views about the service through questionnaires and surveys. Comments and compliments were monitored and complaints acted upon in a timely manner.

Care plans ensured that people received care that was personalised to meet their needs, wishes and aspirations.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

People encouraged comment on the service provided to influence service delivery.

Staff felt supported by management, said they were well trained and understood what was expected of them.

Systems were in place to ensure that accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a high standard of service delivery.

Good



# Bramble Cottage Retirement 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 checked 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.’

The inspection took place on 14 October 2014. This visit was unannounced, which meant the provider and staff did not know we were coming.

One inspector and an expert by experience who had a background in older people’s care undertook this 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.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. This enabled us to ensure we were addressing any possible areas of concern and look at the strengths of the service. We telephoned two health care professionals to consult with them about their experiences of the service provided to people.

We observed care and spoke with people and staff. We joined people for lunch and also observed how they were supported. We also spent time looking at records, including four people’s care records, two staff files and other records relating to the management of the service such as complaints, accident and incident recording and audit documentation.

On the day of our inspection, we spoke with six people living at the service, two relatives, three care staff, the chef and the registered manager.

# Is the service safe?

## Our findings

People told us they felt safe and staff made them feel comfortable. One person told us, “I feel absolutely safe” another added, “Definitely safe, it never comes into it”.

There were a number of policies to ensure staff had guidance about how to respect people’s rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed that staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. One member of staff described the different types of abuse and what action they would take if they suspected that abuse had taken place.

There were systems to identify risks and protect people from harm. Each person’s care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. Staff told us they encouraged people to be involved in their risk assessments. The registered manager said, “We explain risks to people, but we encourage positive risk taking as it makes for a better quality of life. We allow people to do what they want to do”.

Accidents and incidents were recorded and staff knew how and where to record the information. Any remedial action that was taken and learning outcomes were also logged. Steps were then taken to prevent similar events from happening in the future.

Risks associated with the safety of the environment and equipment had been identified and managed appropriately. Regular fire alarm checks had been recorded, and staff and people knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food

hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan which instructed staff of what to do in the event of the service not being able to function normally, such as a loss of heating or evacuation of the property.

Staffing levels were assessed to ensure people’s safety. The registered manager told us, “Myself and the deputy plan the staff rotas in advance. We have enough staff and I don’t feel that we need any more. We have low sickness levels and other staff will cover”. We were told that agency staff would be used if required and that bank staff were also available. Bank staff are employees who are used on an ‘as and when needed’ basis. Feedback from people indicated that they felt the service had enough staff and our observations supported this.

Staff were recruited in line with safe practice and staff files confirmed this. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with vulnerable adults. The registered manager said, “We recruit as and when we need to”.

We looked at the management of medicines at Bramble Cottage Retirement Home. The registered manager and senior care assistants were trained in the administration of medicines. We spoke with a staff member who was able to describe how they completed the medication administration records (MAR) and we saw that these were accurate. Regular auditing of the medication procedures had taken place to ensure that the system worked effectively and issues could be identified.

Medicines were stored appropriately in a locked trolley and cupboards. Controlled drugs were double locked within a medicines cupboard. Controlled drugs were listed and logged in a controlled drugs register. We checked that medicines were ordered appropriately and staff confirmed this was done on a 28 day cycle. Medicines that were out of date or no longer needed were disposed of appropriately.

# Is the service effective?

## Our findings

People told us they received effective care and that their needs were met. One person said, "I think the staff here are very good"; another told us, "I think the carers are all very well trained".

Staff had received training for looking after people in care services, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction and remained on probation for the first three months of their employment. They also received additional training specific to the needs of people living at the home, for example around management of diabetes. There were also opportunities for staff to complete training that was accredited via the Local Authority.

Staff received supervision every three months. A member of staff told us, "I use supervision to raise any concerns either personally or professionally". Feedback from staff and the registered manager confirmed that a system of staff development was in place. A member of staff said, "All my development needs are covered at supervision. Staff are treated really well here".

Training records demonstrated that staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The staff we spoke with understood the principles of the MCA. There was also a procedure in place to access professional assistance, should an assessment of capacity be required. Staff were aware that any decisions made for people who lacked capacity had to be in their best interests.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The service was meeting the requirements of DoLS. The manager knew how to make an application for consideration to deprive a person of their liberty, but this had not been required for people living at the service.

People had an initial nutritional assessment completed on admission to the service and dietary needs and preferences were recorded. People's weight was regularly monitored,

with permission, and some people needed a specialist diet to support them to manage specific health conditions. The staff we spoke with understood people's dietary requirements and how to support them to stay healthy. The registered manager told us, "Residents can eat or drink when they want and we are flexible for people. We cater for different likes and dislikes and requirements, such as providing separate breads and cakes for people on gluten free diets".

We observed lunch and we also ate with people. The lunchtime was relaxed and people were considerably supported to move to the dining areas, or could choose to eat in their bedroom. People were independent throughout the meal and staff were available if people wanted support, extra food or drinks. We saw people ate at their own pace and were not rushed to finish their meal. Some people stayed at the tables and talked with others, enjoying the company and conversation.

The menu was displayed in the dining area and showed the options available that day. People could read the information and also told us the staff asked them what they wanted to choose each day. Everybody we asked was aware of the menu choices available. The staff we spoke with knew individual likes and preferences and offered alternatives. People were complimentary about the meals served and one person told us, "On the whole I think that the food is very good". Another person said, "The food is like I used to have at home, it's quite adequate". We saw people were offered drinks and snacks throughout the day. People told us they could have a drink at any time and staff always made them a drink on request.

Care records showed that, when there had been a need, referrals had been made to appropriate health professionals. The registered manager told us, "We discuss people's health at the changeover of shifts. We would facilitate healthcare professionals to come in, for example the GP, dentists and physiotherapists". Staff confirmed that they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals.

# Is the service caring?

## Our findings

We saw that people were supported with kindness and compassion. People told us that caring relationships had been developed with the staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and their independence was promoted. We observed interactions between people and staff which were positive and respectful. There was sociable conversation taking place and we heard a lot of laughter during the day. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. One person told us, "They treat me very well". Another person said, "Staff are very friendly and helpful, they're excellent".

People were encouraged to make decisions about their care and felt listened to. One person told us, "The staff listen to me, I'm very happy here, things run very well". Another person said, "The staff are very good. My carer always comes and chats with me to find out what I want". Staff supported people and they were encouraged to be as independent as possible. The registered manager told us, "Everything we do here is for the residents. We try to be the best we can be and involve them and their families".

People told us the service consulted them about the care they received and what they wanted to do. One person told us, "The manager and the staff are very dedicated and they are always around to discuss anything". At the request of one person, we saw the registered manager arrange a regular social lunch meeting for them at a local restaurant. The registered manager organised the restaurant booking

and transport to enable this person to continue to be independent and meet socially with friends. Another person told us how they had wanted to go to a funeral and the service had made the appropriate arrangements to facilitate this.

People's care plans contained personal information, which recorded details about them and their life. This information had been put together by the person and staff. Staff told us that they knew people well and had a good understanding of their preferences and personal histories. One member of staff told us, "We have a key worker system here, so we really get to know people and how they like things done. We know all the residents and their families". Another member of staff said, "We really get to know the residents and the things that they like. One person likes to have a hot towel in the morning, so we make sure we put it in the tumble drier for them every day". All the people we spoke with confirmed that they had been involved with developing their care plans.

Care records were stored in the staff office when not in use. Information was kept confidentially and policies and procedures were in place to protect people's confidentiality. Staff had a good understanding of privacy and dignity and had received training relating to this. People were independent, and we saw staff treating people with respect. Staff allowed people to do their own thing, such as sit in the lounge or dining areas, or go to their room. Our overall impression was of a warm, friendly, safe and relaxed environment, where people were happy and engaged in their own individual interests, as well as feeling supported when needed.



# Is the service responsive?

## Our findings

People told us they were listened to and the service responded to their needs and concerns. There was regular involvement in both in-house and community activities. The registered manager told us, “We have activities on every day and within reason there are no financial limitations on what we do”. Activities and outings were organised in line with people’s personal preferences and staff supported them in the community, for example to attend appointments or visit the local shops. Within the service people were also able to undertake hobbies such as painting and knitting. One person told us, “There is a good range of activities here. I particularly enjoy the talks and quizzes”. A visiting relative said, “My relative enjoys all the activities, especially the musical ones”. On the day of our visit an external activities company conducted a talk about history which was well attended and created lively discussion. We also saw that recent outings to a local golf club and a National Trust property had taken place.

Visitors were welcomed throughout our visit, and relatives told us they could visit at any time and they were always made to feel welcome. One said, “We visit regularly and when we’re a bit older we would definitely come to live here”. The registered manager told us, “Friends and family can come at any time in terms of visiting, and joining in with the entertainment and meals”.

Records showed that comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. The procedure for raising and investigating complaints was displayed for people. One person told us, “I know who to complain to, although

any time we’ve mentioned something it’s been dealt with straight away”. A member of staff said, “The residents could complain to me, or talk to me about any problems and I would help them”.

A service user satisfaction survey had been completed in March 2014 and meetings were held for people at which they could discuss things that mattered to them. Notes from a recent meeting showed positive discussions had taken place around entertainment, the in-house shop, outings and laundry. People said they felt listened to and described staff as ‘friendly and helpful’. Feedback forms were also available for family and visitors and for people staying as short-term residents.

People received care that was personalised to reflect their needs, wishes and aspirations. Care records showed that care plans provided detailed information for staff on how to deliver people’s care. For example, information about personal care and physical well-being, communication, mobility and dexterity. Daily records provided detailed information for each person and staff could see at a glance how people were feeling and what they had eaten.

People had been involved in the drawing up of their care plan and they also provided information from the person’s point of view. For example, one person had stated they had hearing aids, but did not always wish to wear them. Care plans were reviewed monthly or when people’s needs had changed. People were involved in the reviews, which were then checked and signed by them on completion. A member of staff said, “As key workers we really get to know the residents and what they want. That makes the care plans really good and very person centred”. Key workers are members of staff who are designated to work closely with individual people. Their function is to be the focal point for people and their families to plan and shape the support they need.

# Is the service well-led?

## Our findings

People were actively involved in developing the service. Feedback forms were available and residents' meetings took place. We saw minutes of resident's meetings and topics discussed included activities, the in-house shop and feedback around staff. The registered manager gave us an example of the soap dispensers in the service being changed in light of feedback from people.

We discussed with the registered manager the culture and ethos of the service, they told us, "The staff and myself are proud of the home and proud of our reputation. It all starts at the top with me and cascades down. The little things are important and I lead by example. We make sure that staff understand the ethos and values of the home". A person told us, "I am very pleased to live here, the registered manager is excellent". Another person said, "It's top class. The manager is very efficient and we think very highly of her".

Staff said they felt well supported within their roles and described an 'open door' management approach. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. One member of staff told us, "We have a warm and open relationship with the manager. We are supported and listened to and the manager would always act upon any concerns". The registered manager told us, "Either myself or the deputy are always on the floor for staff to approach. We explain things and listen to the staff".

There were good systems of communication, and staff knew and understood what was expected of them. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Team meetings were held at which staff could discuss all aspects of people's care and support and work as a team to resolve any difficulties or changes. A staff communication diary recorded messages between staff. One member of staff said, "There is good communication here and we always know what is happening. We share information between shifts and record details of the day in the diary".

There were systems in place to ensure that accidents and incidents were reported, monitored and patterns were analysed, so that appropriate measures could be put in place. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had, they felt that managers would support them to do this in line with the provider's policy.

The provider undertook quality assurance audits of the service to ensure that a good level of quality was maintained at the service. Questionnaires were sent out annually to families and feedback was obtained from people, staff and professionals involved with the service. Returned questionnaires and feedback were collated, outcomes identified and appropriate action taken. The information gathered from regular audits, monitoring and the returned questionnaires was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.