

Century Care Limited

The Brambles Rest Home

Inspection report

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Preston
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

About the service

The Brambles Rest Home is a residential care home providing personal care to 11 people aged 65 and over at the time of the inspection. The service can support up to 32 people in one adapted building.

People's experience of using this service and what we found

People could not be assured medicines were always managed safely as improvements were required. We have made a recommendation about the safe management of medicines. Records did not always reflect the individual symptoms and help and support people needed if their health condition changed. We have made recommendations about the recording of unique information relevant to individuals. These recommendations can be seen in the Safe section of this report. Some equipment required adjustment to help ensure it met people's needs. The provider introduced additional checks to minimise the risk of reoccurrence.

Staff were effectively deployed so people received support when they needed it. Risk assessments were carried out to minimise the risk of avoidable harm and staff knew the help and support people required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for in a safe, clean and homely environment by staff who were caring, competent and knowledgeable about people's needs. Staff told us training and supervision was arranged to ensure staff had the skills to carry out their role. People told us they were happy at the home and they felt cared for. They explained the food was good, enjoyable activities were arranged, and they were supported to access medical advice if they needed this.

People were treated with dignity and respect and staff we spoke with us told us how they respected people and ensured their privacy and dignity was maintained. Care was person centred, met people's needs and achieved good outcomes. People were cared for at the end of their life in line with their wishes.

Staff told us they felt supported by the management team and they were able to approach them if they needed support and guidance.

People were consulted and asked their views on the service provided. Surveys had been completed by people who lived at the home. People told us they were confident any comments or complaints they made would be listened to. However, audits and checks did not always identify the shortfalls we found on the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was inadequate (published 1 January 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since December 2019. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make more improvements. Please see the safe and well-led sections of this full report.

The management team took swift action during the inspection process to reduce risks and improve the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Brambles Rest Home on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Brambles Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider was actively recruiting a manager who would become registered by the CQC.

Notice of inspection

This inspection was announced. We gave 30 minutes notice of the inspection so senior management would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information we had received from the public and notifications sent to us by the provider. We sought feedback from the local authority. This information helps support our inspections. We used all of this to plan

our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with eleven members of staff including the provider, owner, manager, care staff and the chef. We observed the interactions between people and staff and walked around the service to review the environment.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at documentation relating to admissions to the home, medicines and care records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we found the provider had did not always manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Staff administered medicines to people when they needed them. However, we found 24 tablets for one individual were unaccounted for and this had not been identified by staff. Records indicated the person had received their medicines as prescribed and there were sufficient medicines available for the person. The provider carried out an immediate investigation and safeguards have been put in place to help prevent a reoccurrence. Additional documentation and management checks were introduced. There was no impact on the person.
- Records indicated the support people needed to take 'as required' medicines. Staff recorded and reviewed the use of these medicines to ensure they were administered correctly.
- Medicines were stored securely and only staff able to administer medicines could access these.
- Arrangements were in place to ensure medicines that required refrigeration were stored safely.
- People were supported to take their medicines in a person-centred way. Staff consulted with people to ensure they were ready to receive their medicines.
- Staff told us they received training and their competency to administer medicines was assessed.

We recommend the provider seeks and implements best practice guidance in the safe management of medicines.

Assessing risk, safety monitoring and management

- The provider did not always ensure risk was managed to prevent avoidable harm occurring. We viewed the weights of two people and found the equipment the people used to help maintain skin integrity was set significantly higher than people's documented weight. The audit system did not check the equipment was on the right setting for people's individual needs. The provider introduced additional checks to help ensure equipment was set correctly.
- Risk assessments of nutrition, skin health and mobility were carried out. Staff could explain the help people needed to support their safety and we saw a person being supported with their mobility. Staff followed the care plan and risk assessment for the person, and this minimised the risk of avoidable harm occurring.

- Equipment was serviced to help ensure it remained safe for use.

Preventing and controlling infection.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was using PPE effectively and safely. A staff member shared they wore their uniform to and from work. This did not reflect best practice guidance. We have passed this to the provider for their action. We have also signposted the provider to resources to develop their approach.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Systems and processes to safeguard people from the risk of abuse

- Staff knew the action to take if they believed people were at risk of avoidable harm or abuse. Staff said they had received training in safeguarding and this was confirmed by speaking to the provider.
- Staff could explain examples of potential abuse and said they would raise any concerns with the provider, manager or the local safeguarding authority to ensure people were protected. People said they felt comfortable at the home and they would speak to staff or the management team if they wanted to do so.

Staffing and recruitment

- The provider deployed sufficient staff to enable people's needs to be met promptly. People told us they received help when they needed it and staff raised no concerns with the staffing arrangements. During the inspection call bells were answered quickly and staff were patient with people. One person said they felt they had to wait at times. We passed this to the management team for their consideration.
- The provider followed procedures to help ensure prospective employees were suitable to work with people who may be vulnerable. References and criminal record checks were carried out prior to prospective employees starting to work at the home and interview records were kept to help assess prospective employees' suitability to work at the service.

Learning lessons when things go wrong

- Reviews of accidents and incidents took place and action was taken to minimise the risk of reoccurrence. For example, equipment to help people mobilise safely was introduced if this was needed. The service shared learning across the organisation. The provider had taken knowledge from a previous CQC inspection at another of their homes and was implementing this at The Brambles Rest Home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider failed to document people's individual needs clearly. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Person centred information was available in people's individual rooms and care records. These recorded the support people needed and their likes and dislikes.
- Information was available to share with other agencies and records of health professional's involvement were up to date and accessible.
- Two records required further information regarding people's individual health conditions. The provider sent us the amended care records following our visit. We reviewed these and noted further person centred information would be beneficial in one record to enable staff to understand the individuals symptoms and support needs if they became unwell.

We recommend the provider seeks and implements best practice guidance in the recording of people's individual signs and symptoms if they become unwell.

- Relatives we spoke with told us they had no concerns with the care and support provided by the service.

At our inspection December 2019 the provider failed to ensure people's needs were adequately assessed and actions required recorded accurately and clearly. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection in September 2020, we were unable to review the assessment processes for people who had moved into the home. At this inspection we checked to see people's needs were assessed and records contained sufficient information to describe their needs. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had consulted with the CQC prior to admitting a person to the home. An assessment had been carried out and actions required were documented. There was a policy in place to support staff in

carrying out effective assessments. There was documentation to record the needs, wishes and preferences of people being assessed.

Staff support: induction, training, skills and experience

- There was an induction planned to take place on the first day of the inspection. Staff told us they had received an induction on starting work at the service and this had enabled them to learn about the home and the people they supported.
- Staff said they received training to enable them to maintain their skills and competence. The provider and owner assured us staff received training in key areas.
- Staff told us they had regular supervisions and appraisals, and were also able to discuss any concerns, training needs or seek clarity with the management team at any time.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to choose what they wanted to eat. People said they were happy with the food and could ask for an alternative if they wanted.
- Staff helped people to eat and drink if this was required. We observed staff focused on the person they were helping and gave gentle encouragement and support.
- People were assessed for the risk of malnutrition and outcomes were recorded within care records.
- Staff offered people regular drinks and snacks throughout the day. Hot and cold drinks, biscuits and fruit platters were available between meals.

Ensuring consent to care and treatment in line with law and guidance

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and staff were working within the principles of the MCA. Assessments of people's mental capacity were undertaken for specific decisions and records of these were kept.
- Staff explained they had completed training on the MCA and DoLS. They understood their responsibilities in relation to these and how it affected the people they supported.
- People told us staff asked for their consent before they supported them.
- There was a system in place to ensure if changes were made to people's restrictions, this information was shared with other relevant agencies.

Adapting service, design, decoration to meet people's needs

- The provider had displayed appropriate signage in some areas of the home to support people to maintain their independence when moving around the home. We observed people using this and saw the signage was helpful to them.
- The home was bright and well-lit; people could personalise their rooms with their own belongings if they wished to do so.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff referred people to specialist professionals for support and guidance. If people had specific nutritional needs, these were known by staff and accommodated.
- Staff supported people to attend hospital appointments. In the case of an emergency, person centred records were in place which were provided to health professionals to support decision making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection in December 2019, this key question was rated as requires improvement. This was as people's independence was not promoted and the provider did not always seek feedback from people who used the service.

At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. For example, people were given choices and encouraged to make their own decisions.
- Staff respected people's privacy and dignity. Staff knocked on doors before they entered people's private rooms and we noted conversations were discreet when people's needs, and wishes were being discussed.
- Records were stored securely to protect personal and private information.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people with dignity and respect and had a caring approach. Staff initiated appropriate contact and conversation with people and were gentle in their manner.
- People told us staff were caring. One person described staff as, "Thoughtful and polite." Relatives also told us they considered staff to be caring.
- Staff said they supported people's rights to live individual lives and people told us they were supported to follow their own preferred routines.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to decide their care needs and where this was not possible relatives were engaged in the care planning process. One person shared how they had been involved in planning their care with staff. Documentation we viewed recorded relative involvement when this was appropriate.
- Staff asked people their opinions and views. We saw staff asked people to make day to day decisions such as where they wanted to sit at lunchtime, what drink they wanted and what they wanted to do.
- The provider sought people's views. Surveys were provided to people who lived at the home and their feedback considered. For example, the provider had introduced a 'movie afternoon' with popcorn and tickets, after people had said they would like this.
- The provider told us they would support the involvement of local advocacy services if people needed support to express their views or make decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the inspection in September 2019, this key question was rated as inadequate. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs were assessed, and care records reflected people's preferences and wishes. People told us they were able to influence their care. For example, one person told us they chosen when they wanted to bathe, and this was respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. These were considered and documented to ensure staff could meet people's individual needs and preferences.
- People were supported to use their aids if they had sensory loss and staff interacted with people in a way that met their individual needs. For example, one person consented to move to a quieter part of the room so they could clearly hear what staff were saying.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to engage in meaningful activities. There was an events programme at the home and people told us they enjoyed the activities and were encouraged to attend. One person told us they liked the armchair exercises as these were a particular favourite of theirs.
- Staff supported people to maintain and develop relationships that were important to them. Documentation showed people had been asked to consider who they wanted to have face to face contact with during the pandemic. One person shared how they were visited by their loved one and the joy this brought them. These visits were in line with current government guidance.

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly. This was displayed within the home. Complaints had been responded to and resolved.
- People we spoke with told us they were happy with the service provided and they would speak to the management team if they had any concerns.

End of life care and support

- The service supported people to have a dignified and pain-free death. Plans were developed to document people's individual wishes and spiritual needs. Documentation we viewed evidenced that people, and their relatives when appropriate, were involved in this area of care. An external health professional we spoke with said they had no concerns with the end of life care provided.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection systems had not consistently identified when improvements were required. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was in the process of recruiting a manager. The provider told us a manager was needed to support the service moving forward and they were committed to finding the right manager to drive improvement.
- Relatives we spoke with gave different opinions on the management of the home. For example, one relative said they were concerned as they had not been kept informed of management changes. Another relative said they knew who was responsible for the home. The provider told us they had communicated changes with relatives by letters.
- Overall, audits and quality checks identified areas of improvement and action was taken to rectify these. For example, audits had driven improvements in infection prevention control, record keeping and falls management.
- However, we found a medicine audit had not noted a medicine was missing, and two people's equipment was not set in accordance with their individual weights. The provider introduced additional audits and safeguards to minimise the risk of reoccurrence. We discussed this earlier in the Safe section of this report.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider told us they worked openly and transparently with other agencies, investigated concerns thoroughly and provided information to support fact finding and investigations by other agencies. People told us they were confident any concerns would be responded to.
- The provider told us surveys were completed by people to gain their views and we saw evidence of this. For example, the provider shared information with the chef to improve the choice of meals provided. Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The service engaged with people and others acting on their behalf to enable them to influence the service provided. Documentation showed people and relatives were involved in decision making about the care provided.
- The provider maintained oversight of the service, meetings took place to support the provider to monitor the home through discussion and review of information.
- The provider of the service engaged with other care home providers to share and receive best practice and guidance. They said this had been helpful in maintaining adequate knowledge and resources during the first wave of the COVID-19 pandemic.