

B.L.I.S.S. Residential Care Ltd

The Brambles

Inspection report

Beverley Close
Basingstoke
Hampshire
RG22 4BT

Tel: 01256479556

Date of inspection visit:
20 May 2021
16 June 2021

Date of publication:
05 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Brambles is a residential care home providing personal care to up to six people with a learning disability and/or autism. At the time of the inspection there were two people living in the home. During the course of the inspection both people were supported in planned moves into new services.

The Brambles is an adapted residential building located close to local amenities. Accommodation is spread across two floors. There are six ensuite bedrooms, a shared living space and kitchen and secure garden.

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

The service had made considerable improvements since the last inspection. There was a clear plan of action which had been completed to ensure the service was now safe, effective, caring, responsive and well-led.

There were policies and procedures in place which were followed to protect people from abuse and the risks of avoidable harm. People had risk assessments and care plans which supported them, helped reduce risks and promoted their independence.

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.

Staff were caring towards people and understood how they expressed themselves. The service had worked to improve focus on promoting people's life skills and independence. Staff supported people to participate in activities which interested them, and had supported people through the pandemic to keep in touch with loved ones.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service was small and gave people access to the local community. People's independence was promoted in how they were supported for personal care and activities. Staff understood how to maintain people's dignity and treated them with respect. There were clear values established for staff and role modelled by senior staff to ensure the culture was inclusive.

Right support:

- Model of care and setting maximises people's choice, control and independence.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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 requires improvement (published 13 February 2021).

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.

Why we inspected

We carried out an unannounced inspection of this service on 3-14 September 2020. Breaches of legal requirements were found related to safe care and treatment, and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

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

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

The Brambles

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 one inspector on site and another inspector spoke to staff by phone.

Service and service type

The Brambles 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 had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person's advocate about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager and care staff. We were unable to gather people's views directly, so we observed how staff interacted with people, including use of different forms of communication.

We reviewed a range of records. This included two people's care records and 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.

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 improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate policies and procedures in place to protect people from abuse. Information on how to identify abuse was available to staff. Staff had training in safeguarding people.
- People's individual risks related to abuse or neglect had been identified in their care plans. Since the last inspection, any relevant incidents had been reported to the appropriate authorities and investigated.

Assessing risk, safety monitoring and management

At the last inspection we found the service had failed to fully assess people's risks and implement support plans which minimised these risks, putting people at risk of avoidable harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of Regulation 12.

- Since the last inspection, risk assessments and risk management plans for individuals had been reviewed and re-written. Plans were thorough and robust.
- Risks to people were managed considering least restrictive practices to balance a person's rights with their safety. There were positive behaviour support plans in place which helped staff to support people to communicate their needs and wishes and minimise the use of physical interventions or restrictions to people's freedoms.
- Health and safety risks in the home had been reviewed and were well managed. There were some gaps in one aspect of water system maintenance, however, where people had moved out of the service, there was no longer a risk to people. Delegation of health and safety responsibilities to nominated staff had improved the consistency of checks.

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels reflected commissioned hours and enabled people to participate in activities out of the home.
- Relevant pre-employment checks were completed prior to commencing work at the service. Some staff had started online training prior to some checks returning, which is not recommended, however there was no risk to people.

Using medicines safely

- Medicines procedures were robust, staff administering medicines had their competencies assessed. There

were good checks on medicines, which had been implemented to reduce errors.

- People received their medicines as prescribed and had care plans to outline how they received their medicines. People had 'as needed' (PRN) protocols, these identified signs and symptoms, including where people were unable to verbalise their needs. PRN medicines were not used to manage behaviours which may challenge.

Preventing and controlling infection

At the last inspection we found infection control procedures, including those related to COVID-19, were not appropriately applied or followed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 using personal protective equipment (PPE) effectively and safely.
- 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 was making sure infection outbreaks can be effectively prevented or managed.
- 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.

Learning lessons when things go wrong

- Incident reporting had been considerably improved with more detailed analysis of behaviour related incidents, using best practice principles to understand the causes of incidents and whether staff support was effective.
- There had been an increase in reporting of more minor incidents, which had supported learning, reflection and changes in how people were supported. De-briefs had been implemented for staff to further support their wellbeing and learning from incidents.

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.

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

- The registered manager was aware of best practice and national guidance related to the service and had worked to implement this in practice. People's needs were fully assessed.

Staff support: induction, training, skills and experience

- Staff had an induction to the service when they started, completed essential training and undertook shadow shifts to get to know their role. Staff had clear development plans in place.
- The majority of staff had up to date training in topics relevant to their role. We highlighted to the provider that it appeared night staff had not received basic life support training, and that night staff might benefit from fire warden training, due to the minimum numbers of staff on duty. The registered manager agreed to review night staff training.

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

- People's needs, risks and preferences related to eating and drinking had been explored. People's eating and drinking support plans had been improved and they now had detailed choking risk assessments in place, where needed. National guidance had been followed to create a placemat for someone who had a modified diet.
- One person's risk of malnutrition had not been assessed using a nationally recognised tool, the other person's had. However, the care plans reflected their risks and people's weights were monitored regularly.
- People's likes and dislikes were reflected in their meal planning. People were encouraged to help prepare meals and drinks where they were able to.

Staff working with other agencies to provide consistent, effective, timely care

- At the time of the inspection both people living at the service were being supported to move into new homes. There was a clear plan in place to minimise the negative impact to people and ensure they were moving into the right service for them.
- We saw feedback from one person's family member and had feedback from another person's advocate which was positive about how they were supported through this process. One person's advocate told us, "[Registered manager] was also extremely supportive to [person] throughout the transition and move to his new home."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare and other support to meet their physical and mental health needs. People were supported to access services, such as the dentist, when needed.

- There was evidence that professional guidance was sought and followed for people when needed. Monitoring people's physical health had improved and was considered when someone was exhibiting a change in behaviour.

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

- The premises were suitable to meet people's needs. There was a regular schedule of maintenance to make any required improvements to décor for safety.
- There was enough space to allow people privacy and quiet time should they wish. People could access the kitchen to get food and drink with staff support. There was enough space for activities and a secure garden.

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.

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.

- People's capacity to make decisions had been fully assessed where applicable, following the principles of the MCA.
- People and their families were involved in making decisions in their best interests where needed. This was applied to all aspects of people's care. Applications under the Deprivation of Liberty Safeguards had been made appropriately.

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 last inspection this key question was rated as requires improvement. 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.

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

- We saw staff treating people with kindness and compassion. Staff understood people's needs and responded appropriately.
- At previous inspections we had seen use of disrespectful language in care plans and notes, this had been improved and we saw consistently respectful language being used throughout care records.

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

- Recognising people's communication needs had improved and there was more useful information in care plans on how a person expressed their feelings, needs or wishes, including through behaviours which may challenge.
- People's families were involved appropriately, and people had access to advocates as needed. One person's advocate told us, "I was kept up to date very well since [registered manager] was in post. He would keep me updated regularly of any concerns, issues and all important aspects of [person's] life."

Respecting and promoting people's privacy, dignity and independence

- People had privacy when needed, and this was clearly identified in their support plans. The impact of staff supervision on privacy, as well as people's independence, was considered as part of reviews of restrictive practices and was minimised where possible.
- People's independence was promoted and there was an improved focus on developing people's skills since the last inspection.

Is the service responsive?

Our findings

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

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 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 support plans had been improved and reflected their likes and dislikes, preferences and individual needs. The registered manager had improved the focus on choice and control for people, with their needs as the focus for all staff. One staff member said, "[People] are the most important and now all staff understand this."
- We observed staff being responsive to people's individual needs and making sure they did not have to wait, such as for mealtimes or to go out. One person's advocate told us, "I have observed positive interaction with [person] from staff and management whilst visiting the home. They were very aware of the things that are really important to him and engaged well with these."

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 registered manager understood the requirements to meet people's communication needs. Information was provided in easy to read formats, presented as "social stories" or pictorial formats to help people understand.

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

- People's access to activities had been maintained, where possible, or alternatives put in place during the pandemic restrictions. Staff had adapted how they supported people to minimise distress and social isolation.
- One person's advocate told us, "[Person] was supported with activities he enjoyed both whilst at The Brambles and in the community."

Improving care quality in response to complaints or concerns

- There was a clear complaints policy and procedure which was appropriate. The registered manager had also improved accessibility of this procedure for people based on their communication needs.
- We had positive feedback about the registered manager and how responsive they were to any queries.

End of life care and support

- No-one at the service was at the end of their life at the time of the inspection.
- At the previous inspection we recommended the best practice guidance on advanced care planning was implemented for people, however the residents had moved on before this action was completed. This learning is being taken forward for the future.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found there was a lack of robust quality assurance and records were not up to date or accurate, which meant people were at risk from poor quality care. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- There was a clear governance structure to review and improve the quality of the service through audits and spot checks. There were some minor inconsistencies or issues with records, however these had improved significantly since the last inspection and did not pose an ongoing risk to people.
- We saw that staff had proactive support and supervision. Where there was any concern over performance, this was proactively managed. Staff were positive about the support they received, one member of staff said, "I have learnt a lot personally from [registered manager] and he is very approachable."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clear improvement in the culture of the service since the last inspection. One staff member said, "The atmosphere at the home is very positive now. There have been a lot of staff changes, which has been a positive thing as now the team works well together and supports each other."
- There was a clear and continued focus on promoting independence and achieving positive outcomes for people. We received positive feedback about the new registered manager. The leadership structure was clear and the registered manager and nominated individual were visible and present in the service regularly.

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 registered manager understood their responsibilities to be open and honest with people and their relatives when things went wrong. Incident forms identified whether the duty of candour applied and whether it was followed.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- We saw staff could discuss ideas for improvements and changes, and that they were involved in adapting and reviewing people's support plans.
- People's families and advocates were regularly contacted for their views. They knew of changes in management and improvements made in the service.

Continuous learning and improving care

- The registered manager and nominated individual had worked through a clear action plan to embed required improvements in the service and continue to develop the staff team and the culture.
- The registered manager had a proactive approach and clear goals for continued improvements and development of the service.

Working in partnership with others

- We received positive feedback from other agencies about the service since the registered manager had been in post. One stakeholder told us, "[Registered manager] is confident in liaising with other professionals and demonstrates open and honest practice."
- We could see the service worked proactively with other agencies to seek advice, support and to meet people's needs.