

Bramlings Limited

Brambling House

Inspection report

46 Eythorne Road
Shepherdswell
Dover
Kent
CT15 7PG

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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 ●

Summary of findings

Overall summary

This inspection was carried out on 4 July 2017 and was unannounced.

Brambling House provides residential care for up to 20 older people, some of whom may be living with dementia. There were 16 people living at the service. The home benefits from having three communal spaces downstairs, one small lounge, a dining room and a large conservatory area. There is a flat garden leading from the conservatory with seating and flower beds. All parts of the home are accessible to people via a passenger lift. Accommodation comprises of 16 single rooms and two shared rooms and is situated in the village of Sheperdswell near Dover.

There was a registered manager in post. A registered manager is a person who is 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.

We last inspected the service in July 2016. We found significant shortfalls in the service. The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people and managing behaviours that might challenge. The provider had failed to ensure there were enough staff on duty at all times to meet people's needs. The systems to monitor, identify and assess risks to the health and safety of people were not sufficiently effective and records were not completed accurately. The provider had failed to notify the Care Quality Commission (CQC) when an application to deprive someone of their liberty had been authorised, in line with current guidance.

We asked the provider to send us an action plan to explain how they were going to make improvements to the service. At this inspection we found that improvements had been made.

People told us and indicated that they felt safe and happy living at the service. Risks to people were identified and assessed and guidance was provided for staff to follow to reduce risks to people. People received their medicines safely and on time.

There were environmental risk assessments in place including fire risk assessment and personal emergency evacuation plans, so that people could be evacuated safely in the event of an emergency. Accidents and incidents were recorded and analysed to identify and patterns or trends to mitigate the risk of them happening again.

There were sufficient staff on duty. The registered manager ensured that extra staff were available at busy times, such as early morning and at mealtimes, to ensure that people's needs were fully met.

Staff knew about abuse and what to do if they suspected any incidents of abuse. They were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service. Staff were

confident that any concerns they raised with the management team would be investigated to ensure people were kept safe.

Staff were recruited safely, the registered manager followed the provider's recruitment policy to make sure staff were of good character. New staff completed induction training and a training programme was in place to ensure that staff had the skills and knowledge to perform their roles. Staff had one to one meetings and a yearly appraisal with their line manager to discuss their training and further development.

Staff knew the importance of giving people choices and gaining people's consent. People were supported to make decisions. When people lacked capacity to make specific decisions, systems were in place to enable a best interests meeting to take place with people who knew them well. The Care Quality Commission had been notified as required, when people had been deprived of their liberty in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Each person had a care plan that centred on them and their choices and preferences. Care plans were regularly reviewed and updated when people's needs changed. People's healthcare needs were monitored and met. People were referred to specialist healthcare professionals when required. Healthcare professional spoke of a good working relationship with staff and that their guidance was followed.

People and relatives told us that the food was good. Staff were aware of people's dietary needs and preferences, people were offered snacks and drinks throughout the day. People were encouraged to take part in a variety of activities which they enjoyed.

Staff encouraged people to be as independent as possible. People were treated with dignity and respect. Staff spoke to people in a kind and compassionate way. People and relatives knew how to raise concerns and felt confident that the registered manager would take appropriate actions to resolve any issues.

People and relatives knew the registered manager and felt they were approachable. Staff told us they felt supported by the registered manager, that they were available for advice and support. There were regular resident and staff meetings, so that suggestions could be made to improve the service.

There were systems in place to check the quality of the service being provided. Quality audits had been carried out; action plans were put in place to address any shortfalls found. Feedback was sought from people, relatives, staff and healthcare professionals involved in the service. People, relatives and healthcare professionals we spoke to were happy with the care being provided.

Staff understood their roles and responsibilities. The registered manager and staff shared a vision for the service and worked as a team to provide effective, person centred care.

We found that the provider had displayed their rating in the reception and on their website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people were assessed and there was guidance for staff about how to reduce risks. Staff knew how to keep people safe and how to recognise and respond to abuse.

People received their medicines safely and on time. Medicines were stored and managed safely.

There were enough staff to meet people's needs. Staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

Staff completed regular training, had one to one meetings and an annual appraisal to discuss their personal development.

People were supported to make decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's health was assessed, monitored and reviewed. Staff worked with health professionals to make sure people's health care needs were met.

People had enough to eat and drink and enjoyed a choice of meals.

Is the service caring?

Good ●

The service was caring.

Staff were friendly, compassionate and kind. They promoted people's dignity and treated them and their relatives with respect.

Staff knew people well. Including their likes, dislikes and life histories. They knew how people preferred to be supported.

People's confidentiality was respected and their records were stored securely.

Is the service responsive?

The service was responsive.

Each person had a care plan which centred on them and their wishes. Care plans were regularly reviewed.

People had enough to do and enjoyed the activities provided.

People knew how to complain and were confident that any concerns would be dealt with appropriately.

Good ●

Is the service well-led?

The service was well led.

People, relatives and staff were asked their views on the quality of the service provided.

There was an open and transparent culture. People, relatives and staff were encouraged to make suggestions to improve the service.

Regular, effective audits were completed. Actions were taken when shortfalls were identified.

Notifications had been submitted to the Care Quality Commission in line with guidance.

Good ●

Brambling House

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.

The inspection took place on 4 July 2017 and was unannounced. The inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the provider to complete a Provider Information Return (PIR) before the inspection. This was because we inspected the service sooner than we had planned. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the records we held about the service, including details of any statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

At the inspection we spoke with seven people who lived at the service. Some people were not able to explain their experiences of living at the service due to their dementia. We therefore used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

We spoke with three visiting relatives and a visiting health care professional. We spoke with the registered manager, deputy manager and four staff members.

We looked at four people's care plans and risk assessments, medicines records, and operational records that included two staff recruitment records, training and supervision records for all staff, staff rotas, accident and incident reports, complaints, survey and audit information and servicing and maintenance records.

We last inspected this service in July 2016. There were four breaches of regulation identified at this

inspection.

Is the service safe?

Our findings

People appeared to be relaxed and happy in each other's company and with staff. People told us they felt safe living at the service. One person told us, "The staff help us and keep us safe."

At the last inspection in July 2016, the risk assessments to support people with their mobility lacked detail to guide staff when moving them with a hoist. Some people had behaviours which may challenge others, risk assessments to manage this behaviour lacked detail to mitigate risks and manage the behaviour safely. At this inspection improvements had been made.

Risk assessments detailed the potential risk and gave staff guidance about how to reduce risks and keep people safe. One risk assessment stated, 'two staff to use sling hoist with green sling placing leg straps on the grey loop and top loops on green.' There was more detail about the how to place the hoist and how to move the person in the hoist and how to keep them calm and happy while they were being moved. Another care plan had step by step guidance for staff about how to use the stand aid hoist, how to support the person, the size of sling to use and which loops to put the sling on. The staff were observed moving people safely using the hoist and were able to describe how they would use the equipment safely.

Some people had behaviours which may challenge others. The care plan and risk assessment for one person contained details of what triggered the person's behaviour and how staff could prevent these triggers to try to stop the behaviour from happening. One care plan stated, 'Need to calm their breathing down, verbal reassurance and encourage (the person) to count or close their eyes as they breathe normally with their eyes closed.'

Accidents and incidents had been recorded and analysed to identify any trends or patterns and reduce the risk of them happening again.

At the last inspection there had not been sufficient staff to support people with their personal care and at meal times. At this inspection, improvements had been made.

The registered manager told us that they had looked at how they provided support to people and when people liked to have their support. The provider had agreed to more care staff and the registered manager had used those hours to provide support when it was needed most. Other support staff had been trained to assist people at mealtimes, to provide additional support. The registered manager had identified that some people liked to get up before 8am; an extra member of staff now worked from 6am to 8am, so that these people could be supported.

Staff told us that these changes had improved how they were able to support people, "People get up when they want and are calmer and happier during the day." We observed staff able to spend time with people in the lounge during the morning, the atmosphere was calm and people appeared content.

We observed the lunchtime meal; there was enough staff to provide support to people in a calm managed

way. There were occasions when people had to wait a short time between courses but this was organised and groups of people received their meals at the same time, including those that needed support, so people were able to eat together.

Staff were recruited safely. The provider had recruitment and disciplinary policies and procedures in place which were followed. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. The checks included written references, forms of identification, completed application forms and formal interview. Disclosure and Barring Service (DBS) criminal records checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

At the last inspection people's topical creams were not stored safely, there was a risk that people might ingest the cream. At this inspection the storage of topical creams had improved and they were now stored securely in people's rooms.

People's medicines were managed safely. Staff received training to administer medicines and their competency to do so was assessed regularly. The temperature of the medicines storage area and fridge were checked to make sure that medicines remained effective. Some people had medicines prescribed on an 'as and when' basis, such as pain relief. There were guidelines for staff to follow about when to give these medicines.

People were protected from the risks of abuse. Staff knew what to do if they suspected any incidents of abuse. They were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. The provider had provided staff with a confidential email address to report any concerns anonymously and key cards to give them guidance about their responsibilities. Staff were confident that any concerns they had would be taken seriously and the registered manager would take appropriate action.

People were protected from financial abuse. There were systems in place to manage people's finances. This included a record of all monies spent and received together with receipts for any purchases.

There were regular checks and servicing on equipment such as hoists, the boiler and electrical items. Regular checks had been completed on the fire alarm system and other fire equipment to make sure it was working. Environmental risk assessments had been completed to ensure that people remained safe.

Fire drills had been carried out to make sure staff knew what to do in case of fire. There was guidance for staff to follow in the event of an emergency, such as fire. Each person had a personal emergency evacuation plan (PEEP) in place to help staff safely evacuate people from the service in the event of an emergency. The plans included information about how to manage people's behaviour should an emergency occur. The provider had an emergency plan in place to reduce the risk to people in the event of a major incident.

Is the service effective?

Our findings

People told us that staff supported them when they needed it. One person told us, "The staff are good here." People told us that they enjoyed the food and commented, "The meals are a good size here."

People received effective care from staff who were trained in their roles. New staff completed an induction training programme in line with the Care Certificate and included competency assessments and shadowing established staff. The registered manager told us, "Each month I have one day when I work with new staff to complete the Care Certificate and ensure they understand their role." The Care Certificate is a nationally recognised set of standards that social care workers adhere to provide people with safe, effective, compassionate and quality care.

Staff completed regular training to keep them up to date with current best practice. There was an on-going programme of training which included recognised qualifications in care and training to meet people's needs. Completed training was recorded and further training was booked when needed. Staff were able to access policies and procedures including a care manual and dementia manual developed by the provider to give guidance on best practice.

We observed staff putting their training into practice. During the lunch time meal, staff supporting people with their meal, took time to enable people to eat at their own pace and offering drinks when needed.

The registered and deputy manager coached and mentored staff through regular one to one supervisions. Staff told us that they felt supported by the management team and were able to discuss matters of concern and interest to them on these occasions. Staff had an annual appraisal to look at their performance and to look at their development over the next year. Staff told us they all worked closely as a team and that if they had any concerns they could talk to the management team at any time.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were encouraged to have as much choice as possible. We observed people being offered the choice of how they spent their time and what they would like to eat and drink. People were offered choices in ways that were appropriate to them; for example, people were shown pictures of the choice of meals for lunch. Staff allowed people time to make choices and respected the choices they made.

People's capacity had been assessed and recorded in their care plans. People who were able made decisions about their care had signed to consent to their photograph being taken. When people did not have capacity to make this decision it was discussed with their relatives and the decision had been made in the person's best interests. One relative confirmed that they had discussed about when photographs would

be taken with staff, these discussions had not been recorded to show the decision had been in the person's best interests. This was an area for improvement.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was aware of their responsibilities under DoLS. Applications had been processed and some applications had been authorised. The registered manager constantly reviewed if people required an application to made, for example, one person had become unwell and this had affected their ability to consent to living at the service, the registered manager had completed an application in line with current guidance.

People were offered a choice of healthy food and drinks which they enjoyed. People were given a choice for all their meals, these changed if people were not keen on the options. On the day of the inspection nobody chose the pie option so this was changed to an omelette, which several people chose. People had access to fresh fruit in the lounge, we observed people enjoying satsumas and grapes during the afternoon. People were offered a choice of drinks and were encouraged to have a drink regularly as it was a warm day. Staff supported people with their meals as needed, we observed people chatting and enjoying their meals, one person had a second helping as he had enjoyed it so much. The cook had a good understanding of people's preferences and any specialist diets that needed to be catered for.

People were supported to remain as healthy as possible. Health care professionals told us that staff informed them of any changes in people's health and followed the guidance given to them. Staff knew people well and if a treatment was not effective the staff would inform them so that any changes could be made.

People told us that they saw the doctor if they needed to. They said staff always noticed if they were unwell and knew how to support them. The advice and guidance given by healthcare professionals was recorded in the care plans and followed by staff to keep people as healthy as possible. People were encouraged to see the optician, dentist and chiropodist. Staff referred people to the dietician and speech and language therapist when needed.

Is the service caring?

Our findings

People and relatives told us that staff were kind and caring. One person told us, "The staff are kind, they try their best." One relative told us, "They know (my relative) really well and treat them with dignity and respect." Another commented on the relative survey, "I am very pleased the way my (relative) is looked after. Thank you all so much, keep up the good work!"

Staff spoke with people and each other, with kindness, respect and patience and showed genuine interest in what people had to say and their well being. Staff knew people well and were able to tell us about people and their families including people's background and preferences. Staff spoke with people about people and things that were important to them. Staff knew how to support people and meet their needs.

Relatives told us they were able to visit whenever they wanted, they were always made to feel welcome and offered refreshments. Staff and relatives had built up warm relationships, staff told us they treated people and their relatives like they were their own family. One relative commented, "The care and love given by staff at the home is second to none. My (relative) can be difficult at times but the staff deal with them impeccably."

Staff knew people's preferences and choices. We observed people being supported in the way they preferred. One person liked to organise the staff when they were going to their room from the lounge, staff followed their instructions as they followed them up the hall.

Staff encouraged people to remain as independent as possible. One relative told us, "My (relative) is not able to do much but staff take the time to support them to walk to their room using the frame." Staff encouraged people to make decisions about what they wanted to do and what they wanted to eat and drink, respecting the decisions they made. Staff showed people objects or pictures to help them make choices and returned to people if they had been unsure, so they had an opportunity to change their mind.

We observed people being treated with dignity and respect. For example, staff knocked on people's doors and waited to be invited in before entering. When staff had to assist people in the communal lounge being transferred using the hoist, a screen was placed around the person, to maintain their dignity. Staff spoke to people discreetly when offering support if they needed to use the bathroom.

During the morning of the inspection in the communal lounge, an outside entertainer was playing music and singing. People in the lounge were enjoying the music, they were smiling, singing and clapping along to the music. Staff asked people if they wanted to get up and dance, several people got up to dance with the staff. One person told us, that they had worn themselves out dancing and were going to lie down, "But I love dancing!"

People's rooms were personalised in the way they had chosen and many had personal items such as photographs, to help them feel at home. People who wanted to spend time in their room were checked regularly by staff to see if they needed anything.

People were asked about their choice and preferences for end of life care; these were recorded and kept under review to make sure their care and support was provided in the way they had chosen. The GP and practice nurses had, where necessary, completed an advanced care plan incorporating these wishes, to give staff guidance about when the person wished to go into hospital or stay at the service.

Conversations about people's care and support were held in private and people's records were stored securely to protect confidentiality. Records were located promptly when we asked to see them.

People were supported to follow their chosen religion when they wanted to and people from the local church visited the service regularly. People were supported to keep in touch with their family and friends, through telephone calls and social media.

Is the service responsive?

Our findings

Relatives told us their loved ones were well cared for, staff responded to people's needs and came quickly when they asked for support.

When people were thinking of moving to Brambling House a pre admission assessment was completed so the registered manager could check that they could meet the person's needs. From this information a care plan was developed, with people and their family, to give staff the guidance they needed to look after the person in their preferred way.

Each person had a care plan written with them and their relatives which centred on them, their preferences and wishes. Care plans included details about people's health needs and risk assessments were in place and applicable for each person. Records were regularly reviewed and updated. When people's health declined or their needs changed the care plans and risk assessments were amended to make sure staff had up to date guidance on how to provide care appropriate to people's needs.

The care plans contained detail about how people liked to be supported, for example, one person's care plan explained that they may become anxious during personal care. The person may cry and refuse personal care, to relieve the person's anxiety staff were told to sing the person's favourite songs and then talk about their family. This calmed the person and enabled staff to give personal care as the person had always been proud of their appearance.

When people's health care needs changed, their care plans were up dated. For example, one person's mental health had deteriorated and their behaviour had changed. The care plan had been updated to give staff guidance on how to respond to the person and manage their care. The person had been referred to specialist healthcare professionals for urgent assessment and their guidance had been incorporated into the care plan.

People were supported to follow their interests and take part in social activities. There was an activities organiser each afternoon, including weekends. There were examples of people's creative work around the lounge and conservatory, people were proud of their achievements and wanted to show visitors what they had created.

During the inspection, we observed the activities organiser spend time with people in the lounges. People had chosen where they liked to sit and the activities organiser had an understanding about how long people were able to concentrate before they became tired. The activities organiser went between lounges spending 10 to 15 minutes completing an activity such as chair exercises and snakes and ladders. This meant that everyone was able to take part and didn't become tired or agitated, people were competitive when playing games and there was a sense of pride when they won a game.

During the morning of the inspection, an outside entertainer played the guitar and sang, this was very popular with people. We observed people get up to dance with staff or by themselves, if they couldn't dance

they were clapping and singing along.

There had been one complaint since the last inspection, the registered manager had responded and investigated the complaint following the providers complaints policy. The complaint had been used as a learning experience for staff. The provider's complaints policy was displayed within the service. People and relatives told us they would not hesitate to speak to the registered manager or staff if they had any complaints. They were confident that they would be listened to and any concerns would be dealt with appropriately.

Is the service well-led?

Our findings

People appeared happy living at the service. Relatives told us that they spoke regularly to the registered manager and felt that the service was well led. A visiting professional told us that the registered manager was approachable and visible within the service.

At the last inspection, the systems in place to monitor, identify and assess risks to the health and safety of people were not sufficiently effective to ensure that people's care and support was managed safely and records were not completed accurately. At this inspection improvements had been made. Records were accurately completed and reflected the support that people needed and received. The systems to identify and assess risk had been effective in providing staff with clear detailed guidance to mitigate risks to people.

Staff told us that they felt supported by the registered and deputy manager. The registered manager worked with the staff team to provide support and guidance. The service had an open and inclusive atmosphere. The registered manager had an open door policy, during the inspection people, staff and relatives stopped at the office and discussed any concerns or just passed the time of day. The registered manager made them feel welcome and gave them the time they needed to address any concerns and reassure them.

At the last inspection the deputy manager had not received supernumerary hours to be able to develop their role and an understanding of their responsibilities when covering for the registered manager. At this inspection the deputy manager had a good understanding about their role and felt confident that they were now able to fulfil their responsibilities when the registered manager was not available.

The registered manager told us that the service had benefited from an administrator being appointed; this had enabled the registered manager to focus on the quality assurance of the service and supporting staff. Regular staff meetings had been held, staff were given the opportunity to raise any concerns or make suggestions. The manager attended management meetings organised by the provider to share information.

People and relatives were encouraged to be part of the service and were involved in deciding what happened within the service. There were regular resident meetings and a monthly newsletter that kept people informed of what was happening. Any concerns raised at the residents meetings were addressed at the meeting or immediately afterwards. Feedback from people, their relatives and staff was regularly obtained through quality questionnaires. The information from these surveys had been used to improve the service.

Staff understood the culture and values of the service, 'To do the best for people living here and to be their home from home.' One relative told us, "I feel they actually love (my relative)." Staff and relatives told us that the increase in staffing levels had meant that there was always someone about and the atmosphere within the service was calm.

Staff understood what was expected of them and their roles and responsibilities. The provider had a range

of policies and procedures in place that gave guidance to staff about how to carry out their role safely including guidance on dementia care. Staff knew where to access the information they needed.

At the monthly staff meetings an employee of the month was announced, this recognised members of staff who had 'gone the extra mile' in their role. The provider recognised the long service of staff with a gift and certificate after 10 years. Staff also had access to a 'Perk box' a reward scheme that enabled them to take advantage of special offers at shops and cafes.

Regular quality checks and audits were completed on key things, such as, health and safety, infection control and the environment. These were recorded and action was taken to address any shortfalls. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This meant we could check that the appropriate action had been taken. At the last inspection, the registered manager had not informed us that an authorisation to deprive someone of their liberty had been granted. At this inspection, improvements had been made, the registered manager had told CQC when Deprivation of Liberty Safeguards (DoLS) authorisations had been granted.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception and on their website.