Home from Home Care Limited

Brambles

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

We carried out this unannounced inspection on 20 and 21 September 2017.

The Brambles is registered to provide accommodation and personal care for six people who have a learning disability and/or a sensory disability. At the time of our inspection visit there were six people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At our previous inspection we found this service to be Good. At this inspection we also found the overall quality rating for the service was Good.

People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe from the risk of abuse. Accidents and incidents were recorded and investigated. Medicines were safely managed, however m medicine administration records were not always completed according to the provider's medicine policy.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people. Background checks had been completed before new care staff had been appointed.

Staff had received training and support and they knew how to care for people in the right way. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received supervision. This included knowing how to communicate with people who did not use verbal communication.

People enjoyed their meals and had choices about what they wanted to eat. People had access to drinks and snacks during the day. Where people had special dietary requirements we saw that these were provided for. People had access to healthcare and were supported to access these.

People were supported to make choices and be involved in decisions about their lives. Care staff supported them in the least restrictive way possible. The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. There were arrangements to help people access independent lay advocates if necessary and confidential information was kept private.

People were supported to pursue their hobbies and interests. They were supported to maintain relationships that were important to them. There were arrangements in place for dealing with complaints. People were supported to make complaints.

People had been consulted about the development of their home and quality checks had been completed. Good team work was promoted and care staff were supported to speak out if they had any concerns.

The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

Further information is in the detailed findings below.

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. Medicines were administered and managed safely. Risk assessments were completed. There were sufficient staff to provide safe care. Staff were aware of how to keep people safe. People felt safe living at the home.	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service was well led and was rated as outstanding	**Outstanding** ☆

Brambles

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 registered persons continued to meet 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.

We visited the service on 20 and 21 September 2017. The inspection team consisted of two inspectors and the inspection was announced. In addition an Expert by experience (Ex by ex) was available to speak by telephone with relatives of people who lived at homes run by the provider. Unfortunately they were unable to speak with anyone from the Brambles within the timescales for inspection. An Ex by ex is a person who has experience of the type of service being inspected.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and the improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection visit we spoke with two care staff, the registered manager and a senior manager. We observed care that was provided in communal areas and looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

The provider had a system in place which ensured people received their medicines in a timely manner. Where people required their medicines to be given to them in food, the provider had put appropriate arrangements in place. However, the medicine policy did not include guidance about contacting a pharmacist which is recommended in national guidance about managing medicines (NICE). We spoke with the registered manager who agreed to discuss this with the provider and make appropriate amendments.

Staff had received training and been observed by senior staff to ensure they administered medicines correctly and safely. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

People who lived in the home were cared for safely. Although most people were unable to tell us verbally if they felt safe we observed care and saw people were happy with the support staff provided. Relatives were satisfied that their family members were safe in the service.

Arrangements were in place to ensure that restraint and restrictions were provided safely. The Positive Behavioural Support team worked across the provider's locations supporting people and staff on an individual basis. We observed two occasions where incidents of challenging behaviour had decreased significantly with their support.

Records showed that care staff had completed training in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff knew how to contact external agencies such as the Local Authority. They said they would do so if they had any concerns that remained unresolved.

Individual risk assessments were completed. Where people had specific health needs, such as epilepsy risk assessments had been completed to ensure staff were aware of how to keep people safe from harm. In addition, records showed that processes were in place to support people to manage their personal spending money. Individual risk assessments and plans were also in place to support people in the event of an emergency such as fire or flood. Accidents and incidents were recorded and investigated to help prevent them happening again.

Staff told us there was usually sufficient care staff on duty to provide people with safe care. The provider had systems in place to ensure sufficient staff were available to support people safely. The system also ensured staff did not work long hours and had regular time off so that staff were not overworked and able to provide safe care. The staffing rota was organised in a flexible manner to ensure when people required most support staff were available. The registered manager told us in the event of staff being sick or unavailable they used bank staff who were familiar with the home to ensure continuity for people. We observed staff responded promptly to people.

Records showed that the registered person had completed a number of recruitment checks on new care staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. They also included obtaining references from previous employers. These measures helped to establish that only suitable people were employed to work in the service.

Good

Is the service effective?

Our findings

People were unable to tell us if they felt staff had the skills to meet their needs. However we observed that staff cared for people appropriately and were aware of how to support people to meet their needs. Relatives told us they thought staff had the skills to care for their relative safely. A member of staff told us, they only had to ask for training and it was provided.

Staff said they had received specific training which helped them to understand people's needs. For example, training had been delivered on how to support people who experienced seizures.

Staff had also received training on a range of other issues relevant to people's care. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff were happy with the support they received from other staff and the registered manager of the service and told us they felt they had appropriate skills to carry out their role. They told us that they had received support and supervision and that supervision provided an opportunity to review their skills and experience. Staff also had access to nationally recognised qualifications.

New staff received an induction and when we spoke with established staff they told us that they had received an induction and found this useful. As part of the induction staff were supported by a more experienced staff member until they felt confident to provide care to people. The induction was in line with the National Care Certificate which sets out common induction standards for social care staff. Staff were supported through regular one to ones and this was monitored on the computer systems, the provider expected 81% of staff to have a one to one each month and if this was not achieved an action would appear on the registered managers monthly compliance audit.

People were supported to make choices and were involved in planning meals and shopping for ingredients. Staff ensured that people had enough nutrition and hydration. In addition, people were being helped to promote their health by having a balanced diet. People had been assessed with regard to their nutritional needs and where additional support was required appropriate care and equipment had been put in place. For example, where people had allergies or particular dislikes these were highlighted in their care plans. Snacks and drinks were available to people throughout the day.

Records showed that staff supported people to safely manage and live with particular health care conditions. We also noted that people had been supported to see their doctor and other healthcare professionals such as dentists, psychologists and opticians.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained

information to them and sought their informed consent. However we observed that although best interests decisions had been completed they did not always specify the issues a decision was required for. For example, where people required specialist equipment to keep them safe such as a night sensor this was not detailed in the best interests assessment.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had obtained the necessary authorisations and so had ensured that people only received lawful care. At the time of our inspection there were six people subject to a DoLS.

Good

Is the service caring?

Our findings

We observed care and saw people appeared happy with the care they received. The registered manager told us staff cared about people and were prepared to provide additional care and support if required. For example a person had spent a long period of time in hospital and staff had attended on a regular basis to ensure their needs were met. The registered manager told us, "We are a family." A comment in a quality survey stated, "I could not have wished my [family member] to go to a better home, they [family member] love it there."

We observed positive social interactions with people and staff taking time to engage with people. For example, we observed a member of staff supporting a person to read a book. We saw that before staff assisted people they asked if that assistance was wanted and asked permission before carrying out tasks for people. When we spoke with staff we found they were aware of people's care needs and how to respond appropriately. For example they were able to tell us about people's preferences.

People were supported to maintain as much of their independence as they wished and were able to. Staff told us how one person who was living with a visual
impairment was able to make themselves a drink. They explained how they made sure that items in both the person's room and communal areas were kept in the same spot so the person could manoeuvre themselves around the environment safely. Another person was supported to maintain their prosthetics which helped to maintain their dignity. In addition the provider had purchased specialist equipment which assisted people to maintain independence such as speaking weighing scales for cooking.

We saw care records included information about people's choices and how they liked to be supported. For example, a record explained how a person preferred to receive support with personal care. Staff supported people to make choices and used aids such as pictures and electronic devices to assist people with this. For example, a record stated, "I will take hold of staff's hands and put it on the iPad if I want the video changing."

We saw that people were treated in a kind and respectful way. People were addressed by their preferred name and staff took time to speak with people. A member of staff had been appointed as a 'Dignity Champion' in order to support staff and ensure people were treated with respect.

People had their own bedroom, sitting and garden area which was their own personal space that they could use whenever they wished. Rooms and gardens were personalised and reflected people's interests. For example, one person's room was decorated to reflect a character from their favourite book. We saw care staff knocked and waited for permission before going into bedrooms, toilets and bathrooms.

Staff were aware of the need to ensure information was treated confidentially. Written records that contained private information were stored securely.

Records showed that most people had family and friends to support them. However, for other people there was access to a local lay advocacy services that could provide guidance and assistance. Lay advocates are

people who are independent of the service and who can support people to make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

Before people came to live at the home they were assessed by the registered manager. In addition people spent time visiting the home to ensure it was the appropriate place for them to live. Each person had a written care plan that described the care they needed. At the time of our inspection the format for care records was being revised. We observed care records written in the new format were personalised and included detail so that staff could understand what things were important to people and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. Care plans had been reviewed and updated to ensure they reflected people's current needs. Staff told us they regularly updated care records. However care records were only available in words which meant they were not always accessible to people.

Staff responded to people's changing needs and ensured these were documented. They told us where people were unable to communicate verbally they used observations to ensure the care people received was what they wanted. Where people had difficulties communicating verbally we saw staff were aware of this and ensured they understood people's needs. Care records included guidance about how to support people with communication, for example a record stated, "When I am in pain I will touch where it hurts."

The provider employed staff with specialisms in supporting people with complex needs and behaviour that puts either themselves or others at risk of harm, (positive behaviour support team). They advised care staff in how to support people in the least restrictive way and as a result enhancing people's quality of life. The positive behaviour support team met weekly to discuss any concerns that had been raised by staff or observed in people's behaviours. They reviewed the support that was in place and made recommendations for changes in strategies or additional measures to be implemented to help people remain safe and manage their anxieties. This support meant that people were experiencing less anxiety. Records showed that staff used less physical intervention to keep people safe and some people were taking less medication as a result. This had resulted in people having greater access to the community and vocational and social activities.

Records and photographs showed us that people were offered the opportunity to participate in a range of occupational and social activities. The registered manager told us people had a programme of activities available to them on an individual basis but this often changed according to people's choices on the day. The arrangements for activities meant people had access to group, individual and relaxation sessions according to their needs. Social activities included swimming, and visits to the beach and local attractions. On the day of our inspection we observed a group of people were going out for a boat trip. Holidays had also been arranged for people including a short break at Alton Towers and a horse riding holiday.

Care staff understood the importance of promoting equality and diversity. An example of this was supporting people to maintain friendships. Where people preferred staff of a specific gender to support them we observed this was respected. Staff assisted people to keep in touch with their relatives by telephone and also by using the internet. Relatives told us they felt welcomed at the home. They also told us that staff were open and kept them updated about their relative. We observed staff greeted a family member

warmly and chatted with them about their family member.

People had been given an easy-to-use document that described how they could make a complaint about the service they received. Relatives told us that they had not made any complaints but they also said that they would feel free to do so if the need arose. At the time of our inspection there were no complaints. Previous complaints had been responded to in line with the provider's policy. Easy read complaints posters were on display and relatives received a brochure with information about how to complain.

Outstanding ☆

Is the service well-led?

Our findings

The provider had restructured their workforce to introduce more stability to each home and to support person centred care. They had introduced a post below the assistant managers called Transparent Care Partners (TRACS). TRACS were there to support people's day to day needs and worked with people providing care for a large part of the week so that they understood people's needs. They were responsible for ensuring people's care plans reflected the care they needed.

Each person living at the home were allocated a team of people who supported them. The team was led by the TRACS, but other members of the team were also given key roles in which they supported the person. For example, with activities or their general wellbeing. This gave the provider a line of accountability to follow if something was not done correctly and ensured that they could take prompt action to resolve issues. Furthermore, the TRACS were given the responsibility to take immediate action to resolve problems for the person they supported. An example of this was that they were able to arrange for a vehicle to have immediate attention when there was a problem. This was important as the vehicle was used as the part of one person's personal evacuation plan in an emergency such as a fire.

Staff felt supported. Staff and relatives also told us that the registered manager was approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager. We observed people recognised the registered manager and they made themselves available to people and staff throughout the day.

Staff surveys had been completed and the results analysed. The changes made from the staff survey had been fed back to staff in a newsletter. This showed that the provider had reviewed the induction process for people and developed a framework to ensure all staff were able to access coaching and mentoring to help with career progression as part of the actions from last year's survey.

Staff told us that they had two staff meetings each month. One was a general meeting to update them on any changes within the home. The second meeting was for the core team of staff who supported a person to discuss if they felt the care was meeting the person's needs or if any changes were needed.

Staff spoke positively about working for the provider and how they were supported to develop their career. The provider had put in place supervision meetings for key members of staff with external experts including clinical consultants to ensure that staff stayed up to date with changes in best practice.

The provider was working to develop a no blame culture which supported staff to identify issues with the systems and raise concerns in a non confrontational way. They used data collated on the computer system to show why they were concerned. This removed the subjective element of the challenge and allowed staff to focus on what needed to change as opposed to the personalities raising concerns. This resulted in a framework of continuous improvement.
Where people were able they were encouraged to engage with the running of the home. The Positive Behavioural Support (PBS) team had developed training and processes for some people who lived at the

provider's homes to become recruitment partners. This had included working with the people to identify what they wanted from staff and mock interviews to help people understand if they wanted to be part of the interview process. At the end of the six weeks people had been provided with awards to show that they had completed the training and were offered the opportunity to sit in on interviews when recruiting staff. They had developed 10 qualities that they wanted to see in staff employed to support them. These included someone who makes me feel safe, someone who talks to me and listens and someone who doesn't sit on their bum. In addition these outcomes had been developed onto easy read questions so that people who chose to take part in the interviews had their own questions and were able to record their thoughts.

People were also supported to input into the development of the service through residents' meetings called our voice. These were held at provider and home level. During these meetings people were able to offer suggestions and comment on aspects of the service.

The provider had just started to develop the provider level meetings using the positive outcomes from the recruitment partner's initiative as a format for the meetings. The meetings were now being led by the PBS manager and they told us, "The people we support are the experts. We need to provide a forum for them to be heard and use the 10 qualities identified at recruitment to look at how we are doing and what we can do better." They were looking at identifying Our Voice partners to work alongside the recruitment partners. In addition they had scheduled the Our Voice meetings the day before the senior staff meetings so that the outcomes could be included in the overall monitoring of the homes.

People living at the home had a survey to complete. The provider had produced this in a format which was accessible to them. In addition families were also contacted to gather their views about the care provided. All the information was analysed and used to drive improvements in the quality of care provided. Relatives told us that they thought the home was well managed. People, relatives and staff were encouraged to influence the running of the home.
The registered manager told us how they only worked two days a week in the office and then worked supporting people the other three days. They explained how this supported them to know all the people in the home and their care needs. This was possible due to the way the provider had structured their staff teams to support the registered manager and remove tasks such as the completion of the rota to head office staff. For example, the registered manager had a dedicated contact in the human resources department. They supported the registered manager with fact finding for incidents and performance monitoring of staff. In addition the registered manager told us that they were supported by the locality and operations manager to monitor the quality of care provided. They said, "It's good as we have access to everyone and get advice."

The registered manager monitored the quality of the environment and identified any areas where action was needed. In addition there was a weekly medicines audit and a compliance audit to be completed. The company have designed and invested heavily into systems and programmes. This enabled them to really understand how the service runs, what it needs to run. It offered up to the minute on incidents, staffing issues, care plans, rota systems and basically every other considered function of the day to day running of a care home. The registered manager was able to access all the information needed to monitor the quality of care and staffing in their home on the provider's computer system. For example, the registered manager was able to see how many staff had received supervisions in line with the provider's policy.

Once a month the nominated individual visited each home to complete an audit and compare their findings with that of the registered manager. Any differences were discussed and this process was used to develop the skills of the registered manager to identify areas which needed action. In addition there was a planned audit process for the year around infection control, health and safety, fire and medicines. There were completed on a rolling cycle throughout the year and so improvements in each area could be noted.

We saw that all issues identified in audits had been included on an action plan along with timescales for when the action needed to be completed. Records showed that appropriate action shad been completed within identified timescales. The provider also took proactive action when needed, for example, some fire reports had shown similar issues at some of the provider's homes and so instead of waiting for the reports for all the homes the provider arranged for the same issues to be fixed in all their homes.

There was also two incident monitoring group meetings a month. They discussed the incidents reported and any trends within or between homes. They identified where the PBS team needed to provide support and any other actions needed at home or provider level to improve the quality of support people received.

The provider had recently been awarded an Investors in People Gold award and were looking at ways they could share best practice with other Gold award winners. They were also working towards the platinum award. The provider was also looking at other ways they could share best practice with other providers. They were working to create an academy of care excellence and an internet resource of planned activities and how they could be broken down into steps people living at the home could engage with.