

Only Care Limited

Bramble Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bramble Lodge Care Home is a residential care home providing personal and nursing care to 51 people aged 65 and over at the time of the inspection. The service can support up to 63 people. The home is split onto separate floors, each of which has communal lounges and dining spaces. There are also large accessible outdoor spaces.

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

Overall medicines were managed well, however we have made a recommendation about the management of some medicines.

Systems were in place to protect people from abuse. People's risks had been assessed and reviewed regularly. There were enough safely recruited staff to meet people's needs. Infection control measures were in place to keep people protected.

Staff were knowledgeable about people's healthcare needs and appropriate monitoring was in place using nationally recognised tools. The home worked in partnership with healthcare professionals and ensured timely referrals when appropriate.

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 kind and caring and respectful of people's privacy, dignity and independence. Staff knew people's needs well and what was important to them. People and relatives were involved in, and supported to understand, decisions about their care.

Care was personalised and considered people's personal preferences. There was a range of different activities for people living there to get involved in and people were supported to have contact with friends and relatives.

There was a positive culture within the home and staff were passionate about providing high quality care. People had opportunities to give feedback and felt listened to. There was a governance system in place that monitored the quality of the service and the provider had plans in place to drive forward improvements.

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

Rating at last inspection

This service was registered with us on 4 November 2019 and this is the first comprehensive inspection. We completed an infection prevention and control (IPC) inspection which was not rated, this report was

published on [23 May 2021] and we issued a warning notice. We inspected the service again in relation to IPC and found the provider had met the warning notice, again we did not provide a rating and published the report [4 September 2021]. The last rating for the service under the previous provider was requires improvement published on [1 May 2019].

Why we inspected

This was a planned inspection based on the provider not having received a comprehensive inspection since registration. It was also prompted in due to concerns received about staffing levels and the care support people received.

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.

We found no evidence during this inspection that people were at risk of harm from this concern.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bramble Lodge Care Home 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 ●

Bramble Lodge

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 completed by two inspectors, a nurse specialist 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.

Service and service type

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

The service had a registered manager registered with the Care Quality Commission in addition to a nominated individual. 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We spoke with local commissioners and health care professionals and used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with 17 members of staff including the provider, registered manager, senior care workers, care workers, domestic staff, maintenance staff and the chef.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at three 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

Our Expert by Experience contacted relatives and representative of eight people using the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and further quality assurance records. We requested policies and additional information from the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed well overall. We found some minor errors in relation to covert medicines. This is when medicine is given to a person without their knowledge. After the inspection the registered manager contacted the pharmacy and ensured all the required safety measures were in place.
- People were provided with their medicine and consulted about 'as required' medicine. Where people lacked capacity, protocols for 'as required' medicine required further detail. This was added directly after the inspection to ensure staff had the required guidance.
- We saw that a stock of medicines was maintained and regular checks were completed to ensure consistency with administration records.
- Staff had received training in medicines and competencies had been completed. The registered manager confirmed they would review competencies following the minor errors we found to ensure staff were clear about their role and recording requirements.

We recommend the provider consider current guidance on medicine management and to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding was well managed to protect people from harm. We saw staff had received training in safeguarding and were able to share with us what should be reported and how they would raise concerns.
- When safeguarding concerns had been raised internally or through the local authority, we saw investigations were completed and any required actions were taken to protect people from any harm.
- Lessons had been learnt from the safeguarding concerns and were shared with the staff team. Changes in practice, additional spot checks and any required training had been made to clarify processes.
- Other lessons had been learnt in relation to falls. We saw how measures had been put in place to reduce the risk of falls reoccurring. A combination of using sensor equipment and referrals to other health care professionals for advice were put in place.

Assessing risk, safety monitoring and management

- Risks to people were managed effectively in order to keep people safe. We saw that risk assessments had been completed for physical needs and any long-term health conditions; for example people who were a high risk of falls or who had diabetes.
- Where risks had been raised as a concern in relation to falls, we saw equipment had been used to alert staff to the person to enable them to respond swiftly.
- Staff had been provided with information about people's levels of risk and were able to use this when supporting people with their daily needs. One relative told us "there is good communication with home

around risk for [family member] and these are well managed without taking away his independence"

- The home was well maintained, and the required safety checks had been completed to ensure the provider was compliant with servicing appliances and best practice in relation to the environment.
- Fire procedures were up to date and this meant evacuation plans were available should there be a need to leave the building in an emergency.

Staffing and recruitment

- There were sufficient staff to meet the needs of the people using the service.
- We saw people's care needs were being met and these were in line with their choices. Staff did not seem rushed; they were organised, and task focused.
- The registered manager and staff told us that they plan to increase the staffing in the new year, this was to enable more individual time to be spent with people in addition to meeting their personal needs.
- The provider had a dependency tool which reflected each person's level of need and this was used to support the required staffing levels.
- The provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Preventing and controlling infection

- Measures were in place to ensure infection prevention was managed to reduce the risks associated with infections including COVID-19.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment 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's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the staff had all been vaccinated as required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were encouraged to have daily choices and we saw they spent the day in line with these; for example, the time they chose to get up or accessing different areas of the home.
- The registered manager completed a detailed pre-admission assessment before a person was admitted to the home. This ensured the home was a suitable setting for the person and could provide appropriate support to meet their needs.
- Care plans were person-centred and up to date. We saw evidence of regular reviews including when people's needs changed. Staff used a range of nationally recognised tools to monitor people's health.

Staff support: induction, training, skills and experience

- Staff had received training to support their role. We saw the provider had introduced new training which was online.
- There were mixed feelings about the new training being online and its accessibility for all staff. One staff member said, "I struggle with online; I prefer face to face as you can ask questions." We discussed this with the registered manager who was in the process of arranging a training space within the home for staff to access the training and any additional support they may require.
- Some staff told us about some 'dementia virtual experience training' they had received. This was where staff were given the experience of how some aspect of dementia feel. One staff member said, "It was a real eye opener and made you have more empathy and a greater understanding."
- The registered manager was planning further training for new and existing staff to enable them to have the opportunity to experience this training to promote their knowledge and understanding of caring for people living with dementia.

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

- People were supported to meet their nutritional needs. People told us they enjoyed the meals.
- We saw that there was a choice of meals and snacks available and that staff encouraged people who were reluctant to eat or offered an alternative. For people who were living with dementia we saw red plates and bowls were used. This supported people with dementia to see their food better and promoted their nutritional intake.
- The menu had been developed to consider people's preferences and dietary needs. For example, to accommodate different consistencies of food, choice of meat-free diet or a diet to support a health condition. The cook told us, "We speak to people and get their views on the menu, then with 'resident of the day' we aim to incorporate their choices."
- People's weights were monitored and when required professional guidance was obtained and shared with

the cook to help promote the persons appetite or meal texture.

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

- There was a programme of redecoration and refurbishment within the home. We saw one dinning space had been completed with redecoration and new furniture. There were plans for the bedrooms in the new year.
- There were several communal spaces within the home and a secure accessible garden.
- Specialist equipment was available and in good working condition for people that required it.
- People were able to personalise their space and we saw photographic memories were on display in their bedrooms.

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

- People received prompt health care support. Urgent health care needs were addressed daily to ensure a swift response to needs. A visiting professional told us staff always raise any concerns with them and would deal with any issues early, such as a mark on the skin.
- We saw regular communication with health care professionals about people's health. There was a weekly review with the GP to address any needs and any advice was documented and shared at staff handovers to ensure it was followed.
- Relatives and representatives we spoke with felt assured by the approach to health care. One relative told us, "If they feel that the district nurse is needed the staff would insist that they made a visit."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider worked in line with the MCA and people were not deprived of their liberty without legal authorisation.
- Staff understood the important of providing choices and we saw this during the inspection. Where people lacked the capacity to make choices, staff did this for them and considered the person's best interests and their knowledge of the person.
- Care plans contained mental capacity assessments and records of decisions made in people's best interests. People and their representatives, along with any required professional were involved in this process.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs had been considered in relation to their sexuality or any religious choices. We saw this was detailed in a respectful manner and staff understood people's needs within these areas.
- Staff knew people's needs and considered these when offering them choices or when making them comfortable; for example, the choice of film or the use of a blanket.
- We observed positive interactions with people from staff who knew them well; this included topics of interest in conversation to gentle encouragement to use items of importance, such as walking aids.
- Staff were compassionate and took the time to meet people's emotional needs. One relative told us "My [relative] cries a lot, the staff will sit down with her and put an arm around her, if she wants hug they'll give her a hug, really nice and patience of a saint".
- Staff spoke about people warmly and respectfully. This was also reflected in people's care records. One staff member we spoke with said, "I love it when they smile at me, it just gets your heart."

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

- Care plans set out how people preferred to receive their care and their regular routines.
- People, relatives and their representatives were consulted with during care planning. A relative told us "I've certainly been involved [in care planning] and if anything changes, they will ring me to discuss."
- We observed staff asking people questions about what they wanted to do, or where they wanted to go. Staff gave people time to answer and make their own decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. We saw how daily choices had been considered and responded to in relation to the times people received their care, the gender of care staff providing their care and where they wished to spend their time. For example, some people chose to get up later and stay in their room whilst others were early risers and enjoyed the more communal spaces.
- We saw how one person had chosen to change bedrooms as it placed them closer to the communal spaces. This meant they could be more independent when accessing these spaces.
- People's care records also prompted staff to ensure they promoted people's privacy, dignity and independence.
- We observed staff promote privacy and dignity whilst delivering care, for example by knocking on doors before entering and closing them when giving personal care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 care plans were personalised to ensure staff knew about their lives and their current needs.
- Handovers were completed before each shift. A night staff member told us, "They are done every day and include management. This means we can ensure that important information makes its way to the day shift."
- A key worker system had been implemented to ensure individual needs were met. A member of staff explained "we have 'K-days' where we strictly are on shift to look after the people we are keyworkers for and spend one to one time with them". This also included updating care records.
- Some people had behaviours which challenged. We saw they had a detailed plan to support staff to understand any possible triggers or interventions which could reduce the persons anxiety. When the persons needs increased, we saw the registered manager had liaised with family and professionals to consider ongoing needs to ensure the persons safety and the safety of others.

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 provider had recognised areas for improvement in relation to AIS and has planned to implement additional signage to support people navigating around the home in the planned refurbishment.
- People's communication needs were considered in care planning and we observed staff to follow this guidance when delivering care.

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 were able to access a range of activities. There was a dedicated activity room and activity staff members. There was a detailed programme of events which was developed following people's feedback.
- Interests and hobbies were explored when people first moved into the home and people were encouraged to maintain them. For example, a person using the service enjoyed darts so the home purchased a magnetic dart board for them.
- People were supported to maintain relationships with friends and family. Visits were facilitated in line with COVID-19 guidance and for loved ones that could not visit, staff supported people to use video calls.

Improving care quality in response to complaints or concerns

- Complaints were addressed in a timely manner. The provider had a complaints policy which was followed and reflected duty of candour in responses along with any outcomes or ongoing actions.
- The registered manager was able to demonstrate learning from complaints. For example, we reviewed the complaints record which showed how the service improved the experience of video calls for relatives by implementing a dedicated space for people. We saw people were satisfied with responses and actions taken in response to their complaints.
- People and relatives felt able to raise complaints. Guidance on how to make a complaint was clearly visible in the home. One relative told us "I've never had cause to worry or make a complaint, but I would feel confident to if needed". People felt their concerns would be listened to and acted on.

End of life care and support

- People's needs were responded to when they required end of life care.
- End of life care plans were being developed to be more personalised and ensure people's end of life wishes were fully explored.
- Staff reflected empathy when caring for people. One staff said, "We try to make sure that people who are at the end of their lives have extra attention, to have someone sit with them if families cannot be with them. We sit and chat with them, provide emotional support, play music or have aromatherapy."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture in the home and a warm and welcoming atmosphere. A visiting professional told us they felt the home had an open culture and was always welcoming.
- People were calm and relaxed, they enjoyed friendly conversations with staff who showed knowledge about people's lives and family. One relative described the atmosphere as "a homely environment with an air of professionalism".
- The registered manager and provider had a shared vision of providing high quality care. Staff understood the visions and values of the service and this was reflected in their care.
- Staff were proud to work at Bramble Lodge and promoted a positive culture in the workplace. One member of staff said "I like working here. Were a good team, whenever anyone starts we say welcome to our family."

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

- People and their relatives knew who the registered manager was and felt able to approach them. One relative said, "[the home] it's well run, you can always speak to someone like [registered manager] if you need to, the access to management is good."
- All required notifications were provided as required under the registration. Notifications provide details of events at the service and the action the registered manager has taken, which assists us to monitor the service.

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

- Oversight and governance arrangements were in place. We saw that regular audits had been completed across a range of areas within the home.
- Audits had been used to drive improvements. Falls in the home were audited each month and analysed to identify themes and trends. This information was then used to implement strategies to mitigate further risk of falls. We saw actions such as an increase in checks, referrals to local falls team and specialist equipment implemented as a result of these audits.
- The provider and the registered manager held regular meetings to discuss all aspects of the home, including issues identified and any action to address them. The provider also completed monthly reports to monitor ongoing actions at the home.

- The provider was keen to make investments and to drive improvements. They were introducing electronic care planning and this process had commenced with staff receiving training.

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

- People and staff were involved in the development of the service. For example, people had been consulted on the menu planning. The cook told us, "Although it is winter lots of people still requested salad and whilst we can get it fresh, it is on the menu."
- People and relatives were regularly asked for their feedback on the service. Feedback was obtained through resident's meetings or questionnaires. One relative said, "I've had a survey and felt comfortable giving my views."
- Staff felt involved in the running of the home. One staff member said, "The manager is really responsive, they are on it straight away." We saw how staff comments had been reflected in the need for more staffing and the provider had responded to agree to an increase.
- People, relatives and staff all reflected positively about the registered manager. One staff said, "They are a very caring person. They like person-centred approaches to people's care and have stressed this with staff. They like things to be done right and aren't afraid to challenge staff when needed." A relative told us "The manager appears committed to running a good home."

Working in partnership with others

- Partnerships had been developed with health and social care professionals. We saw a range of referrals were made to different health care professionals and when they provided guidance this was included in care plans and shared with staff during handover.
- Infection prevention and control professionals had supported the provider in improving practices and cleaning regimes within the home. This meant measures were in place to reduce the risks of infections.
- The provider had also worked with the local authority in considering admissions and the ongoing of care of people commissioned by them.