

Bramble Care Homes Limited

# Bramble Cottage Retirement Home

## 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 Cottage is a residential care home providing personal care to 19 older people at the time of the inspection. The service can support up to 28 people.

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

People living at Bramble Cottage told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place. There were sufficient staff deployed to meet people's needs and staff recruitment was on-going. Medicines were managed safely, and people received their medicines as prescribed.

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. Risks associated with to people's safety, well-being and care were managed through a risk management process.

People told us staff were caring. This ethos consistently enabled people to receive good care from staff who knew them well. Staff promoted independence and we saw examples of such practices. People were supported to maintain good health and to meet their nutritional needs.

People had access to a range of activities and where appropriate were supported to avoid social isolation. The registered manager successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people. Without exception staff and people told us the service was well managed.

### Rating at last inspection and update

The last rating for this service was good (published 11 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 Cottage Retirement Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted 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.

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

The service had a manager registered with the Care Quality Commission. 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:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our

inspection.

During the inspection

We observed how staff interacted with people. We spoke with eight people to gather their views. We looked at records, which included seven people's care and medicines records. We checked recruitment records for seven staff. We looked at a range of records about how the service was managed. We also spoke with the provider, the registered manager, the deputy manager, the chef and three care staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "I feel very safe here. My walking is limited as a result of my previous injuries, so I use a wheeled walker. I have an alarm that I carry in case I need them, I press it once and someone comes, but if I fall or I need help urgently they say push it twice. The last time I fell I did that and three of them came running. I was laughing but they got me up and checked me over to make sure I was okay. That shows they take safety very seriously."
- People were protected from the risk of abuse and avoidable harm because staff knew how to identify and respond to allegations of abuse
- The provider had safeguarding policies in place and the registered manager and staff reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as mobility and malnutrition. Staff were familiar with and followed people's risk management plans. Appropriate action had been taken where necessary.
- People's safety was maintained through the maintenance and monitoring of systems.

Learning lessons when things go wrong

- The registered manager ensured they reflected on occurrences where lessons could be learnt.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents, both on an individual basis and as a team.
- We saw an example where a person had experienced a fall. In response, the registered manager made a referral to the person's G.P., the person's quality of life improved and they did not have any further falls.

Staffing and recruitment

- People told us there were enough staff. One person told us "The staff are amazing, ever so polite and helpful, nothing is too much trouble and they've always got time to chat to you. They seem to sense if I'm feeling a bit down and spend extra time with me. They are really on the ball". We observed, and staffing rotas showed, that planned staffing levels were being achieved.
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- Staff were recruited in a way that ensured they were suitable to work in a care setting.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.

#### Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were exceptionally clean and free from malodour.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People's rights to make their own decisions were respected and people were in control of their support.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "Just because a decision may be unwise it doesn't mean it's an unsafe decision."
- At the time of our inspection everyone had the capacity to make their own decisions and had consented to their care.

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

- People's needs were assessed prior to them using the service to ensure their needs could be met. Assessments took account of current guidance. One person told us "When I came here they went through everything that I could do and what I needed help with, it was all very thorough. It was all about what I wanted and what was right for me."
- Care interventions were carried out consistently and in line with nationally recognised best practice, for example people who had been assessed as at risk of malnutrition. This was managed through a nationally recognised approach.
- Staff used nationally recognised tools to assess risks of pressure ulcers. We observed information on best practice guidance was available for staff in areas of the service.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A person we spoke with told us "The staff are very well trained, you don't always get the same person to help you, but they are all good and very positive. They always come in with a smile and that makes you feel better straight away".
- Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff told us they felt supported and had regular supervisions. These meetings provided an opportunity for staff to meet with the registered manager to speak freely about the running of the service and to discuss their performance.

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

- There were enough staff to support and meet people's nutritional needs. We saw people were supported with meals in a dignified way.
- People told us they enjoyed the food and said, "The food is never going to win any awards, but it is quite good. You never go hungry and there's always choices. The chef knows I don't eat green veg and so he always makes sure there are carrots instead. They top you up with drinks all day long". People had a choice of two meal options, however people were encouraged to ask the chef for whatever they felt like. One person said, "The food is good, if on the day you don't feel like the meal that is on offer there are always options such as jacket potatoes or omelettes. The chef is quite happy to whip something up for you."
- The chef was aware of people's dietary preferences and ensured special diets were catered for.

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

- The home had clear systems and processes for referring people to external services. These were applied consistently to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.
- People were supported to live healthier lives through regular access to health care professionals such as their GP's or opticians.
- Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments. Guidance was followed by staff.

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

- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet people's individual needs and preferences.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were positive about the care they received and told us staff were caring. One person said, "The staff are very kind, and they've always got a smile for you. We've got to know each other since I came, and they tell me about their families and what they've been doing, and they ask about my family too. It's nice, it's like being part of a family". Another person said "I think they are lovely. They listen to you I think that's important. I think it's a very special place to live, it's warm, clean and friendly. I couldn't be happier".
- Records clearly showed that people's views and needs were considered. In particular, what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. We saw staff offered sensitive and respectful support and care.

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

- People were treated as individuals and their differing communication needs were clearly documented and known by staff.
- Staff were skilled in helping people to express their wishes and were constantly observed what made people happy and adapted their care in response to increase these experiences.
- People we spoke with were familiar with a care plan and told us that they felt involved in their care. One person told us "They involve me in everything".

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. We observed staff talking with them in a respectful way and showing genuine warmth toward people.
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. One person we spoke with told us "They are very kind and understanding, very amiable. They know I like to do things for myself and they let me, so I still feel I have my independence. At the same time, I know if I need something I just have to ask nothing is too much trouble."
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept locked away and only accessible to authorised persons.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

### 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.

- People's initial assessments captured people's communication and sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.

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

- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care was delivered. People's care plans were regularly updated to reflect their changing needs.
- People's care records held information on their current health and support needs in all areas of daily living, such as eating and drinking. This included information and guidance for staff on how best to support people and meet their needs.
- The leadership team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress

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 supported to live as full a life as possible and were enabled to participate in activities which interested them.
- People had opportunities to join in with activities that were flexible and tailored to what people wanted on the day. One person told us "I think they genuinely want people to be happy here. I certainly am. I join in all the activities, quizzes, exercises, painting the lot, it's great fun." Another person said "They put on something every day by way of activity. I like the singing and I go to the quizzes. They're great fun. In the summer we have barbecues in the garden and sometimes we go out. You're never short of things to do if you want to join in".
- Staff supported people to maintain relationships with those important to them.

#### Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.
- People told us they knew how to make a complaint. There had been no complaints since our last inspection. One person we spoke with told us "I've never needed to complain about anything. If someone was doing something I didn't want I would just ask them to stop and they would I'm sure. I see the manager every day when she does the medicines and she always checks to see if everything is okay".

#### End of life care and support

- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.
- At the time of our inspection no one was receiving end of life care (EOLC). However, records confirmed that staff had received appropriate training in EOLC. Staff told us when needed, they would involve professionals to ensure people had a dignified and a pain free death.

## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff were extremely complimentary of the support they received from the registered manager. One staff member told us "[Registered manager] is great, she's firm and fair. You can have a laugh but she's definitely our manager. In supervision you can put your point across, we have a very open door culture". Another staff member said "[Registered Manager] is amazing, she's the best manager I have ever had".
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.
- From our observations and speaking with staff, the registered manager and provider it was clear there was a very positive culture at Bramble Cottage.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- There was a registered manager in post. The registered manager was supported by a director, senior carer and a deputy manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place and had further plans to improve them. These included, audits of care plans, medicine records and infection control. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning, they held meetings with staff to discuss work practices, training, development needs and staff well-being.

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

- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and handovers.

- People and their relatives had opportunities to provide feedback through surveys, people and their relatives had opportunities to attend meetings and raise any comments via an open door policy at any time.
- From our observations and speaking with staff, the registered manager and provider demonstrated a commitment to providing consideration to peoples protected characteristics.

#### Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The service communicated in a transparent way, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.