

Bramblings 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

About the service

Brambling House is a residential care home providing personal care to 17 older people who may be living with dementia at the time of the inspection. The service can support up to 20 people in one large adapted house.

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

People indicated they were happy living at the service. They were smiling and laughing, they spent time with staff and gave them hugs.

Potential risks to people's health, welfare and safety had been assessed and there was guidance in place to reduce risks. Accidents and incidents had been recorded and analysed, action had been taken to reduce the risk of them happening again. There were systems in place to protect people from the risk of discrimination and abuse.

People's medicines were managed safely. Staff monitored people's health and referred people to relevant health professionals and followed the advice given to keep people as healthy as possible.

Staff had been recruited safely and received training appropriate to their role. Staff received supervision and appraisal to develop their knowledge and skills.

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.

People met with the registered manager before they moved into the service to check staff could meet their needs. People had care plans detailing their choices and preferences and had been reviewed regularly.

People were supported to eat a balanced diet, people had a choice of meals. People had access to activities they enjoyed. People received information in ways they could understand.

People were treated with dignity and respect. People were supported to be as independent as possible. When expressed people's end of life wishes were recorded. Staff worked with the GP and district nurses to support people at the end of their lives.

The registered manager completed checks and audits on the quality of the service and acted when shortfalls were found. There was an open and transparent culture within the service. Relatives told us they knew how to complain and were confident the registered manager would take action.

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

Rating at last inspection

The last rating for this service was Good (published 5 August 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 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 ●

Brambling House

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 was completed by one inspector.

Service and service type

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

The service had a manager registered with 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

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 reviewed the information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager,

senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and policies in place to protect people from discrimination and abuse. Staff had received safeguarding training. They were able to describe how they would recognise signs of abuse and the action they would take. They were confident the registered manager would act on any concerns they may have.
- The registered manager understood their responsibilities to report any safeguarding concerns to the local safeguarding authority. Records confirmed the registered manager had referred concerns to the local safeguarding authority as required.
- There were systems in place to protect people's finances. The registered manager held some money for people to buy any extras they wanted. Receipts were kept for any purchases and the balances were checked monthly with the administrator.

Assessing risk, safety monitoring and management

- People told us and indicated by smiling and moving around the service confidently, they felt safe living at the service. Potential risks to people's health had been assessed and there was guidance in place to mitigate the risk. Some people were living with diabetes. There were detailed instructions for staff about how people presented when they were unwell. Staff had guidance about the action to take if people became unwell.
- When people required equipment to move around the service, there was guidance for staff in place. Staff were observed moving people safely using the appropriate equipment. Some people displayed behaviours that may be challenging. Staff had information about the triggers for people's behaviour. There were clear instructions to support people when they were displayed these behaviours and how to reduce the risk of them happening.
- Checks had been completed on the environment and equipment to keep people as safe as possible. Regular checks were completed on the fire alarm system, staff took part in regular fire drills. Water temperatures were recorded to check they were under 44 degrees to reduce the risk of scalding.

Staffing and recruitment

- Relatives and staff told us there were enough staff to meet people's needs. Duty rotas confirmed there were constant staffing levels. Permanent staff covered any sickness and annual leave. One relative told us, "They work very hard, but they are always there when you need them."
- The registered manager used a dependency tool to calculate how many staff were needed to meet people's needs. During busy times such as meal times, staff including the administrator assisted people with their meals.
- Staff were recruited safely following the provider's policy. Checks were completed before staff started work to make sure they of good character to work with people.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. There were systems in place to order, record and dispose of medicines safely. Records were accurate.
- The temperature of the room where medicines were stored was recorded, to make sure medicines remained effective. Some liquid medicines had limited time when they were effective once opened. Staff recorded when the bottles had been opened to make sure they were destroyed when they were no longer effective.
- Some people were prescribed medicines 'when required' such as pain relief. There was guidance for staff about when to give the medicines, how often and what to do if they were not effective.

Preventing and controlling infection

- The service was clean and odour free. Flooring in the corridors could be easily cleaned and washed. There were enough domestic staff to keep the service clean.
- Staff had access to gloves and aprons and these were used appropriately.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to identify patterns and trends. Accidents had been reviewed by the registered manager to identify the action required.
- People were referred to health professionals when required. Action had been taken to reduce the risk of accidents happening again. One person's room had been moved around to reduce the risk of them falling again.

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.

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

- People met with the registered manager before they moved into the service to make sure staff were able to meet their needs. The pre-admission assessment reviewed all areas of people's lives. This included people's protected characteristics under the Equalities Act 2010, such as people's sexual orientation.
- People's needs were assessed using recognised tools following national guidelines such as skin integrity and nutritional needs. Staff followed the recommendations from the assessment tools.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. Staff told us they were supported to completed refresher training regularly. Training covered a wide range of topics including moving and handling, mental capacity and safeguarding. Staff received training to support people with health conditions such as diabetes, epilepsy and sepsis awareness.
- New staff completed a competency based induction. They worked with more experienced staff to learn about people's choices and preferences.
- Staff received regular supervision and appraisals to develop their practice. Staff told us they felt supported by the registered manager, they could talk to them about any concerns they had. The registered manager had created a staff development plan, to make sure staff skills were supporting people's needs.

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

- People were supported to eat a balanced diet. Snacks and drinks were offered through the day. People's views had been used to develop the menu. People had asked for a 'fry-up' and there was a 'fry-up' Friday each month, including during the inspection. People appeared to enjoy the meal. Comments included how good it was and how they were enjoying it especially having tomato sauce. A relative told us, "The food is brilliant, it is really good."
- People were supported to eat their meals when required. Staff did not rush people and enabled them the time they needed to enjoy the meal. They chatted to them, making sure they were enjoying their meal.
- Staff knew people's dietary choices and preferences were catered for. When people had been assessed as requiring a puree or soft diet these 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

- Staff monitored people's health including their weight and referred them to relevant professionals when their needs changed. Staff followed the healthcare professional's guidance including thickening fluids and giving dietary supplements.

- People had access to a GP, optician and dentist. Where possible people were supported to express their views during appointments.
- People were supported to live as healthy lives as possible. People were supported to exercise in their chairs and walk safely around the service.

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

- The service had been adapted to meet people's needs. There was an improvement plan in place for the environment. Communal areas had been decorated and flooring had been changed so the area could be cleaned easily.
- There was a passenger lift to all floors, so people could move around the service safely. Bathrooms had been adapted to enable people requiring assistance to use them safely. There were pictorial signs around the building showing people where the communal rooms were.

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.

- Some people had DoLS authorisations in place. When there were conditions on the authorisations, these had been met.
- Staff supported people to make decisions about how they spent their time, what to eat and wear. People's care plans contained guidance for staff about how to support people to make decisions. This included asking people closed questions and showing people different options.
- When people had been assessed as not being able to make decisions a best interest discussion was held. These included people such as relatives and GP who knew the person well. These had been recorded to show how the decision had been made.

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 treated with kindness and compassion. Staff knew people well including their choices and preferences. When people appeared to be anxious, staff understood how to calm them. People were encouraged to do things they enjoyed such as artwork. One person was given their colouring book, they smiled and started to colour a new picture.
- We observed people being supported discreetly in the communal areas. Staff anticipated people's needs and were discreet when offering support. A relative told us, "The staff are great. It is like one big family, they look after me as well."
- People's religious choices were met. People were supported to follow the religion of their choice. People's sexual orientation had been discussed.

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

- People were not always able to verbally express their views about their care. Staff observed people for non-verbal communication of their choices and preferences. Staff knew when people were happy or not while being supported. This information had been used to develop their care plan.
- Staff involved people's relatives to develop their care. They were included in any decisions made about people's care and support.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. People were supported to use walking aids to walk around the service. People were given special cutlery and plates, so they could eat their meals independently.
- We observed staff respecting people's privacy. Staff knocked on people's doors and waited to be asked in. Staff waited outside of their room or the toilet if they did not need support and returned when asked.
- People's records were kept securely, and staff understood their role to maintain people's confidentiality.

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.

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

- Each person had a care plan that had been developed with people or their families. These included information about their lives before they moved into the service and the people who were important to them.
- People's care plans included details about people's choices and preferences. They included when they liked to go to bed and get up. One relative told us, "Staff know (Name) really well and what she likes, and they make sure that happens." One person told us, "I do get up when I like and ask when I want to go to bed."
- Staff were observed supporting people in the way they preferred and asking them if they were happy. Staff anticipated people's needs and made sure they had the items they liked around them when sitting in the lounge.

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 received information in the way they could understand. Information around the service was in pictorial format.
- Picture cards were used when people were choosing their meals.

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 maintain relationships that were important to them. A relative told us, "I come in every day, I am always made to feel welcome and offered lunch if I want it."
- People were supported to take part in activities they enjoyed. The service was a member of NAPA (National Activity Provider Association). NAPA specialises in developing activities for people living with dementia. They had developed an activity programme following these principles. The activities co-ordinator used the 'Daily Sparkle', resource pack to give ideas for activities for people living with dementia.
- People took part in arts and crafts; their art work was displayed around the service and at a local art festival. At Christmas people had been supported to sing as a group. The service had singers and bands come in, staff told us how much people enjoyed singing along.
- When people had expressed a wish to take part in an activity this was supported. Staff had organised two people to go on a boat trip, one of them was encouraged to take charge of the boat supervised by the

owner. Pictures of the outing showed how excited the people were and how much they had enjoyed being able to charge of the boat.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. This was displayed around the service in both written and pictorial form.
- Complaints had had been recorded and investigated by the registered manager. The registered manager had referred issues to the local safeguarding team when required. Complaints had been resolved and not reoccurred.

End of life care and support

- People were asked about their end of life wishes and this was recorded. When people or their families did not want to discuss the subject, this was also recorded. People were reviewed by their GP when they were becoming frail. A plan was agreed with them or their families about where people wanted to spend the end of their lives.
- Medicines were available as soon as someone was known to be coming to the end of their life. Staff worked with district nurses and other professionals to keep people comfortable. A relative had written, "Your kindness, patience and understanding were much appreciated."

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 promoted a person-centred approach to people's care and support. People's relatives and where possible people were involved as much as possible in developing their care. As staff got to know people they changed how they approached people and supported them.
- There was an open and transparent culture within the service. Relatives told us they thought the service was well led. They told us the registered manager and staff always put people first and developed their support to maintain their interests.

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

- The registered manager had an 'open door' policy. Relatives told us they knew the registered manager well. They had been informed of any incidents and were confident any concerns would be investigated.
- 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. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance and duty of candour.

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

- Checks and audits were completed on all aspects of the service, including recruitment, care plans and medicines. The provider employed external consultants to complete monthly and quarterly audits. When shortfalls had been found an action plan had been put in place and signed off when completed.
- The registered manager completed spot checks on staff. They checked staff were supporting people in a person-centred way. When the registered manager identified issues, they worked with staff to rectify these. Staff understood their roles and responsibilities. They had access to policies and procedures to guide their practice.
- 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 entrance of the service and on the provider's website.

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

characteristics

- People, staff, relatives and professionals were asked their opinions on the service. Quality assurance surveys had been completed. When concerns had been raised an action plan had been put in place. Concerns about the decoration had been added to the improvement plan and were in progress.
- Regular meetings were held. Staff discussed people and their practice, any concerns were discussed. Staff could raise any issues they had, and these were addressed. People and relatives were kept informed of any changes within the service. They were encouraged to express their views on items such as menus.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended local forums and received updates from national organisations to keep up to date. They organised regular meetings for local registered managers at the service. This was to discuss local issues and find solutions.
- The service had developed links with the community. The service takes part in the police learning programme to promote the needs of people living with dementia. Police spent time at the service observing how people are supported and what living with dementia is like.
- The service worked with other agencies such as the local commissioning group to improve staff skills and provide the support people need.