

Bramblings (Kent) Limited

Bramblings Residential Home

Inspection report

Bramblefield Close
Hartley
Kent
DA3 7PE

Tel: 01474702332
Website: www.bramblings-care.com

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bramblings Residential Home is a care home accommodating up to 42 people in one building. The service had an old wing and a new wing and was arranged across two floors with lift access. At the time of our inspection there were 29 people living in the service. People had a variety of care needs including Parkinson's disease, epilepsy and people living with dementia. Very few people were able to walk around the service independently.

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

People told us they felt safe and were happy living in Bramblings. One person said, "I am very well looked after. I choose to stay in my room." Relatives agreed people were safe and happy. One relative said, "We are very happy with it. Kindness and care are most important to us and that is what they get." Another relative said of the management team, "They have done a fantastic job of bringing this care home to life, and making it a secure, safe place for the people."

People received safe care and treatment from staff who knew them well. Medicines were managed safely, and lessons were learned when things went wrong. Enough staff were deployed to meet peoples' needs.

People enjoyed the food and their dietary needs and preferences were met, for example gluten free. People had choices and could ask if they wanted something not on the menu. Cold and hot drinks were offered to people throughout the day.

Quality assurance processes were in place to monitor the service and regular audits were undertaken. Staff had received appropriate training. Staff told us they found the registered manager approachable and supportive.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 July 2019) and there were breaches of regulation. The provider completed an action plan after the inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, there were areas in need of improvement identified at this inspection.

Why we inspected

We received concerns in relation to staffing levels, training and incident reporting. As a result, we undertook

a focused inspection to review the key questions of safe, effective and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection people were at risk of harm from the concerns raised. Please see the safe and effective sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bramblings Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Bramblings Residential 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 Health and Social Care Act 2008.

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 carried out by two inspectors.

Service and service type

Bramblings Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bramblings Residential Home is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and what improvement they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who use the service and one relative about their experience of the care provided. We received feedback from three more relatives. We spoke with seven members of staff including the registered manager, care workers, kitchen staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including six peoples' care records and multiple medicine administration records. We looked at five staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including audits, monitoring and training 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure risk were robustly identified and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risk assessments were clear and up to date. The provider used recognised tools for assessing risks such as skin damage or nutrition. Risk assessments contained enough information for care staff to provide safe care and manage any risks, such as falls, skin damage or choking. People received safe care from staff who knew them well. One relative said, "Every member of staff knows [relative]."
- Where people required monitoring charts such as weight, fluids or repositioning, these were in place and had been completed correctly.
- The provider had a system in place for regularly reviewing the care plans and risk assessments and these were up to date. Risk assessments had been updated following incidents, such as a fall, and new measures put in place to minimise the risk of reoccurrence. Any changes in a persons' needs were shared with staff during handover meetings which were documented. Relatives told us they were updated if there were any changes to their relative's care. One relative said, "A senior always calls me when my [relative] isn't well or if they have called an ambulance."
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. The service had a maintenance folder which was checked daily so faults could be rectified without delay. Entries were prioritised into low, medium and high to help manage the workload. Staff had been trained in fire safety and knew how to move people safely if the alarm sounded.

Using medicines safely

At our last inspection the provider had failed to ensure peoples' prescribed medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were managed safely in line with national guidance. Medicines were stored securely in clean,

temperature-controlled conditions. Medicine administration records were completed accurately. Medicines were audited regularly by the deputy manager.

- Where people had medicine through a skin patch, body maps were used to mark where these were placed to ensure these were rotated to prevent skin irritation. Creams and bottles had dates of opening on them and sites where creams were to be applied were documented. Some medicine is given as required, for example, medicine for pain; there were clear protocols in place for staff to follow.
- Medicines were administered by staff who had been trained and assessed as competent. After training, staff had a period of supervised practice before their final competency assessment. Training and competency records were comprehensive and up to date.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident actions would be taken if they were to report something. Staff told us and records confirmed safeguarding training was up to date.
- Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations. Lessons learned were shared. Safety plans had been put in place after incidents, including measures such as sensor mats and increased monitoring.
- People and their relatives told us they felt safe living in Bramblings. One person said, "I feel very safe." A relative said, "We feel we can leave [relative] there without any worries."

Staffing and recruitment

We had received concerns about staffing levels before this inspection.

- There were enough staff deployed to meet peoples' needs. The service used a dependency tool, updated monthly, which helped the registered manager to calculate the number of staff needed. Rotas showed planned shifts were filled. Staff told us there were enough staff. One staff member said, "There are plenty of staff. We have two small breaks and a lunch break, so we don't feel tired."
- People and their relatives told us there were enough staff. One person said, "The staff are okay, there is usually someone about." Another person told us the staff were, "Pretty pushed at times." A relative said, "They seem to have addressed the staff shortage which they struggled with for some months." The service had recruited new care workers recently.
- Staff had been recruited safely. Records were maintained to show checks had been made on employment history, references and the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were not always assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured the provider's infection prevention and control policy was up to date.

We have signposted the provider to resources to develop their approach.

Visiting was by appointment and visitors were required to do lateral flow tests on arrival. However, the provider had communicated with relatives to advise of the new guidance and to set out their own proposals. Relatives told us they were happy the service kept the measures in place to keep people safe.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received training and support to provide effective care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18.

We had received concerns about staff training before this inspection.

- Staff had received training and had the knowledge and skills they needed to safely provide care. All staff had an induction check sheet initially and then completed the mandatory training. Non care staff had also received appropriate training to undertake their role. Staff told us they had received training and records showed training was up to date.
- Peoples' relatives agreed staff were trained well. One relative told us they felt staff knew what they were doing. Feedback from relatives from a recent survey included positive comments about staff training.
- Staff told us they had regular supervisions with a member of the management team. Supervisions were comprehensive and included any resulting actions and development plans. Staff said the management team were approachable and supportive.

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

At our last inspection the provider had failed to ensure the premises was suitable for the purpose it was being used. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 15.

- The service was arranged on two levels with ease of access for people with all abilities. Since our last inspection floor coverings had been renewed to make them safer for people to move around the service. The garden area looked tidy and there was a garden maintenance plan in place.

- There was signage in place to identify bathrooms and other communal areas. The service had installed a shower room since our last inspection so people could have a choice of a bath or shower.
- Peoples' rooms were personalised and homely. Relatives said the rooms were nice and they were kept clean and tidy.

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

- Peoples' care plans contained enough information for staff to know about peoples' individual choices and wishes. Care plans were reviewed and updated regularly.
- Care delivery was person focused and responsive to peoples' needs. Peoples' assessments included needs relating to their culture and spiritual needs. The service used recognised tools for assessing some risks, such as potential skin damage and nutrition. Staff had a good knowledge of people and their individual preferences and choices, for example, their dietary needs. Peoples' personal choices were being respected. Staff understood risks, for example, choking or falls, and knew what to do to keep people safe.

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

- People were supported to eat and drink safely in line with recommendations received from Speech and Language Therapists (SaLT) and dieticians. People were protected from risks of choking with modified food and fluids following assessments by SaLT. Kitchen staff were aware of peoples' individual dietary needs and confirmed they had received appropriate training.
- There were enough staff to support people to eat and drink, either in the dining room or in their own rooms. People who needed help with their meals were supported patiently by staff, although there was little interaction between them during their meal. Staff knew peoples' preferences and needs, for example, what type of cup a person liked or if they required plate guards to support them to be independent. Cold drinks were topped up regularly and hot drinks were offered.
- People chose their meals during the morning, but kitchen staff told us if they didn't like either of the choices they could choose something different. Peoples' individual food preferences and food intolerances were respected and catered for. One person told us, "The food is generally pretty good."

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

- Assessments and care plans included peoples' health care needs and there were details of healthcare professional's visits in individual's records. For example, people had been visited by chiropodists or district nurses. Information was shared with others, such as hospitals, if people needed to access these services.
- Staff had good knowledge of peoples' healthcare needs and knew how to support them to achieve good outcomes. There was input from health care professionals such as GPs, district nurses and paramedics. We saw care being provided in accordance with the plans.
- People told us they could see a doctor if they needed to. One person said, "I've seen the GP when I've needed to." Relatives confirmed staff were proactive in seeking advice. One relative told us staff had noticed signs of an infection and reported to the doctor to get the medicine required. Another relative said, "[Relative's] physical and mental well-being has improved through the care they have received at Bramblings."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager had made appropriate DoLS applications and held a tracker to ensure these were kept up to date.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent, although improvements had been made since our last inspection.

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

At our last inspection the provider had failed to keep accurate records to evidence the care people had received. The provider had failed to establish systems to demonstrate quality and safety was effectively managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- There was a management structure in place and staff understood their responsibilities to meet regulatory requirements. Staff told us the management team were supportive and approachable and were confident in reporting any concerns. Staff told us they enjoyed working in the service.
- There were two documented handover meetings each day, so staff were aware of any changes in peoples' needs. The registered manager met regularly with care staff and kitchen staff to discuss any issues, new developments or any concerns.
- The provider had a new care planning system in place and daily care notes were recorded using a handheld device. The system had a facility for accepting verbal notes which meant entries could be made at the point of care delivery.
- The provider had a quality monitoring process in place. A range of audits were undertaken regularly, for example, infection control, medicines, care plans and health and safety. Any actions required following audits were clearly documented. However, there were some shortfalls identified with the oversight of the service.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. This is so we can check appropriate action has been taken. We saw CQC notifications had been made, but one recent incident had not been notified to the CQC. This was an area that requires improvement. We discussed this with the registered manager during the inspection and measures were taken to rectify this.
- The provider was committed to continuous improvement and had an active service improvement plan in place. Most accidents and incidents were reported and investigated, and lessons learned shared with staff. However, a recent incident where a person had a delay with medicines due to a pharmacy issue had not been recorded using the providers internal systems. This was an area that requires improvement.

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

- Staff were invited to meetings and encouraged to contribute. An action plan had been developed following the most recent staff meeting; this enabled the registered manager to monitor actions required. A group communication portal was used for relaying messages to staff.
- A recent survey had been sent to relatives and the provider was in the process of collating the responses. All the responses received so far were positive about the service and about the care. One person wrote, "I am extremely happy with this home and visiting is a pleasure. [Relative] is much happier than they were at the previous service."

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

- The registered manager and the provider promoted a positive culture within the service and had an open-door policy. Staff were invited to meetings and encouraged to share their views. Staff worked well as a team.
- Relatives were positive about the culture of the service and said the management team were approachable and quick to resolve any issues that may arise. One relative said, "I honestly have good feedback about what [provider] and [registered manager] are achieving there." Another relative said, "I always feel welcome when I visit the home and know I can ring at any time to check how [relative] is."

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 Care Quality Commission (CQC) sets out specific requirements providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives told us, and records confirmed staff were in regular contact with them, particularly during the COVID-19 pandemic. Relatives said the communication and social media updates were a comfort to them at a time when they were unable to visit their relatives.

Working in partnership with others

- The registered manager worked in partnership with local health and social care teams and had a good working relationship with safeguarding teams.
- Managers and care staff liaised regularly with other health professionals, such as GPs, dieticians, speech and language therapists and district nurses.
- The registered manager was a member of a local registered manager support group. This was a useful resource for sharing ideas and best practice.