

Sanctuary Care Property (1) Limited

Brambles Residential Care Home

Inspection report

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16 November 2023

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13 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brambles Residential Care Home is a residential care home providing personal care and accommodation for up to 64 people. The service provides support to older people, including some people living with dementia. The care home provides support to people over 3 floors, all of which have adapted facilities. At the time of our inspection there were 50 people using the service.

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

Some minor improvements were needed in relation to medicines management to ensure practices reflected National Institute for Health and Care Excellence (NICE) guidance. Parts of the environment were worn and tired, the provider had identified this, and plans were in place for a refurbishment of the service.

Risk assessments and care plans had been developed to meet people's needs and were reviewed regularly. Recruitment processes were in place and there was enough staff on duty to meet people's needs.

There was a culture of continuous learning and improvement and systems were in place to monitor the quality and safety of the service.

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

The last rating for this service was good (published 6 June 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brambles Residential Care 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brambles Residential Care 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

The first day of inspection was carried out by 2 inspectors and 1 inspector on the second day.

Service and service type

Brambles Residential Care 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. Brambles Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. The provider was made aware we would be returning the following week for a second visit.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people about their experience of the care provided and 2 relatives. We spoke with 9 members of staff including the registered manager, deputy manager, and regional manager.

We looked at a range of records including 5 people's care records, medication records and staff files. After the inspection site visit, we reviewed further records relating to the safety, quality, and management of the service.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider had medicines systems and processes in place however, these were not always effective.
- Medicinal creams were not always dated when opened. This meant staff were not aware of the date the medicine should be disposed of and risked people receiving medicines which were no longer effective.
- Where people were prescribed pain relief patches regular checks were not made to ensure these remained in place. This increased the risk of people not receiving effective pain relief.
- The provider acted following our feedback to address the concerns identified.
- People had their medicines regularly reviewed by their GP.
- One person told us, "I have pain relief when I need it. Staff ask every time if I need pain medication."
- Staff who administered medicines had received training and their competencies were regularly assessed. This helped to assure the registered manager staff continued to have the skills required to administer people's medicines safely.
- Stock levels of medicines corresponded with the records in place. This meant the manager had an accurate oversight of what medicines were in the home.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and monitored. However, we identified some environmental risks on the first day of our visit, for example, some toilet seats were loose, and a number of bathrooms were cluttered. We discussed this with the registered and regional manager and immediate action was taken.
- Care records provided staff with information on how to support people safely and effectively.
- People had emergency plans in place outlining how to support them should they need to evacuate the building in an emergency. However, we noted not all staff had participated in a fire drill within the last 12 months. This meant people may be at risk of delayed emergency response in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "The staff come very quickly if I call the bell."
- People were supported by staff who had received training in how to recognise signs of abuse. A member of staff told us, "I would have no hesitation in reporting any concerns if I felt people weren't being looked after as they should."
- The registered manager understood their safeguarding responsibilities. Where concerns had been identified these had been reported to the local authority and CQC.

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

- 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.

Staffing and recruitment

- Staff were recruited safely.
- We saw the provider's policy was followed when employing staff.
- Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service [DBS] checks, work history analysis and references. Disclosure and barring service check allows providers to obtain information, including details about convictions and caution, on the Police National computer. A decision is then made if the applicant is suitable.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, some surfaces in the home were worn and damaged which meant they could not be thoroughly cleaned. The provider informed us of plans for refurbishment which would address these concerns.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- At the time of our inspection there were no restrictions on visiting.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong.
- Staff recorded and reported any accidents or incidents that occurred in the home. The registered manager reviewed these to identify patterns or trends to mitigate future risks to people.
- The provider had taken action from our first day of inspection to ensure improvements had been made.

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 good. The rating for this key question has remained 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

- People and relatives spoke positively about the home and the care people received. Comments included "I can't fault the staff; they keep me clean and do my laundry" and, "This is my home and there is always someone here if I need them."
- Throughout our inspection, we observed caring and supportive interactions between people and staff.
- Staff were supported by the management team. One staff member told us "I really enjoy working for the service and feel that the staff are committed. The management team are very good. It is a really nice home, and people are happy".
- Another staff member told us, "I love it here, the staff and manager are very supportive, I need additional support with my training, and this is provided to me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had oversight of the service. Quality assurance systems were in place to monitor the quality and safety of the service and drive improvements. Actions identified were added to a service improvement plan. We saw evidence of actions taken to address some areas for improvement which had been identified.
- Daily and weekly meetings took place to discuss any changes in people's needs and other relevant information staff needed to be aware of.
- The registered manager knew they were required to be open and honest in the event of something going wrong with people's care.
- The latest CQC inspection rating was on display in the service and was also available on the provider's website.

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

- The provider had systems in place to gain feedback from people, their relatives, and staff. Regular meetings were held and used to share and receive information. One relative told us, "The relatives' meetings are once a month, one meeting we talked about the refurbishment, and we could give our input."
- Relatives told us they were happy with the care people received and found staff caring and approachable.
- People's care records included details of their cultural and religious preferences. The service celebrated

different faiths and cultures. Church services were scheduled every month and activities were planned to celebrate Diwali.

Continuous learning and improving care

- Throughout the inspection we found the registered manager and regional manager receptive to our feedback and they demonstrated their commitment to making any required improvements. Information was shared with staff and the provider so improvements could be implemented across the organisation.

Working in partnership with others

- The service worked with external stakeholders including health and social care professionals and the local authority.
- The manager told us the service was involved with the local college and university to support paramedic and health and social care students to spend time at the home. This benefitted people with their wellbeing.