Bucintoro Limited

Bramble Lodge

Inspection report

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13 April 2016

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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

Bramble Lodge provides accommodation for up to 65 older people, some who are living with dementia, who require personal care. There were 58 people using the service at the time of our inspection.

This inspection took place on 12 April and 13 April 2016. The inspection was unannounced.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments. The records had also been updated to reflect changes in people's care needs. Medicines were managed safely.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Legal requirements had been followed consistently where people were potentially being restricted.

People told us they enjoyed their food and we saw meals were nutritious. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. They were involved in the planning of their care and support. There was a wide range of activities available to enable people to take part in hobbies and interests of their choice. The provider had established a 'memory café' that was used by the community and had separate areas for quiet space.

Complaints were well managed. The leadership of the service was praised by external professionals and relatives and communication systems were effective. Systems to monitor the quality of the service Identified issues for improvement. These were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

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.

Staff were deployed effectively to ensure people were assisted in a timely manner. Staff followed the guidance in people's risk assessments and care plans. Medicines were managed safely. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable staff were employed.

Is the service effective?

Good

The service was effective.

The provider had established people's capacity to make decisions and ensured they had given their consent to their care. Staff had received training to provide them with the knowledge to meet people's individual needs. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

Is the service caring?

Good

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion.

Is the service well-led?

Good

The service was well-led.

Systems in place to monitor the quality of the service were effective. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities	

Bramble Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 April 2016. The inspection team was comprised of two inspectors and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at all of the key information we held about the service which included notifications. Notifications are changes, events or incidents that providers must tell us about.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with ten people who received personal care from the service and eight relatives. We looked at five people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and recruitment records. We spoke with the management team, including the registered manager, and eight staff. We also spoke with three health and social care professionals during the inspection and a further four by telephone following our visit.

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.

Good

Is the service safe?

Our findings

People we spoke with confirmed they felt safe when being supported. One person said "I feel perfectly safe" and a relative told us there was "A nice balance between security and freedom." Another relative told us they were happy with the way staff dealt with behaviour that could cause distress to others and said "Staff never raise their voices." Another relative told us they were pleased with how the service had managed a fall their relative had and the way they reassured them about the person's safety.

External health and social care professionals confirmed people were cared for safely. One told us they had no negative experiences in their contact with the service and all told us they had no concerns about people's welfare.

Our observation confirmed people were supported safely when care was offered, for example when moving around the building or relieving potential distress. We found the atmosphere was calm and tranquil.

Staff understood the procedures in to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. The provider was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care under the Public Interest Disclosure Act 1998 (PIDA) because they were aware of the provider's whistle-blowing policy. PIDA is a law that protects staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care. This helped to ensure any suspicions of abuse were reported and people were protected from unsafe care.

People's care plan records showed that risks to their safety associated with their health needs, environment and equipment were assessed before they received care and regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed to ensure the information was up to date and reflected people's current needs, for example, risks from falls or from skin sores because of poor mobility. We found there was clear guidance on how to safely support people in the records we looked at, for example, equipment used to support people's mobility needs. This helped to make sure that people received safe care and support.

Staff understood people's safety needs and we observed that they supported people safely when they provided care. For example, when they supported people with their medicines, to mobilise and eat and drink. Where people required equipment to assist them to mobilise, staff told us this care was planned involving other healthcare professionals, such as occupational therapists. One staff member said "The moving and handling training is thorough – theory then practical assessment – to make sure we actually understand the mechanisms and how to use equipment safely." Training was updated as people's needs

changed. Risks to people's health and well-being were well managed.

There were enough staff to meet people's care and support needs in a safe and consistent manner. People and their relatives told us staff were available at the times they needed them. A relative said "There's always staff around." All the staff we spoke with told us staffing numbers were adequate to meet people's needs. They told us that rotas were planned to provide sufficient number and skill mix of staff and that staffing arrangements were sufficient for them to perform their role and responsibilities.

External health and social care professionals also confirmed there were sufficient staff available to meet people's needs. One professional told there were "Always people around to assist" and another said there were "Plenty of staff".

We saw there were always staff available in communal areas and they responded to requests for assistance in a timely way. We looked at rotas for the day of the inspection. This showed us that were ten support staff available during the morning and nine in the afternoon. This included senor care staff. There were five staff available at night including a night car manage. We saw the number of staff available during the inspection was consistent with the rota seen Where any absences were identified, the rota showed that cover was obtained from within the existing staff group. The provider ensured there were sufficient staff available to work flexibly so people were safe.

People's medicines were safely managed and given to people in a way that met with recognised national practice standards issued by the Royal Pharmaceutical Society. People told us they received their medicines when needed. Staff were able to explain the procedures for managing medicines and we found these were followed; for example, staff knew what to do if an error was made. However, senior care staff spoken with were not aware of the whereabouts of a spare set of medicines keys should these be required in an emergency. We discussed this with the registered manager who agreed to address this to ensure ay emergency could be responded to quickly.

Staff approached people discreetly when they needed to consulted with them about their medicines. For example, we saw that staff checked whether people needed their pain relief medicines before they gave them. People were offered a drink of water with their medicines and staff responsible checked with each person to make sure they had taken their medicine before they recorded it had been given. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. This meant people received their medicines according to the prescriber's instructions.

Staff responsible for people's medicines received appropriate training, which was updated when required. This included an assessment of their competency to administer people's medicines safely.

Medicines were stored at the correct temperatures to ensure they were safe to use. However, we saw nutritional supplements were stored in an unlocked refrigerator in a communal area. This meant they were accessible to anyone in the area. We discussed this with the registered manager who said that the specified area was always staffed so there was a low risk of anyone taking them inadvertently.

We found the environment was free from hazards and able to move about safely. Electronic controls for entrances and exits were at a height that was accessible to everyone to ensure there was no restriction on people's movement round the home. The premises were clean, tidy and odour free. The provider therefore ensured the premises were safe for people living there and visitors.

Good

Is the service effective?

Our findings

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular training, supervision and support to carry out their duties. Staff spoke positively of the arrangements for their training and support. For example, one staff member said "Training stands out – it's importance is continuously emphasised" and another said "I've developed my caring skills so much since I came here; I'm well supported and funded to attend college to support my role." A third staff member told us "Staff development and training is well promoted well here; we understand its importance to our role."

New members of staff told us they received the right support to ensure they could fulfil their role. One told us "I am totally impressed with my induction and the training and support – supervision is actually done properly – reflective practice, personal development planning and constructive feedback about my performance via peers." They described the service as, "A brilliant learning environment with a real focus on personalised care."

All staff undertook 'resident experience' training as part of their induction to the service. This was an interactive training approach which helped staff to understand the sensory and mobility experiences of people receiving care. Staff felt this training was invaluable in enabling them to support people in a way that was meaningful to them. For example, one staff member told us this had positively changed the way they approached one person who had hearing difficulties because it helped them to understand the person's experience and what was helpful to them.

Staff also demonstrated a thorough and detailed knowledge of people's individual needs, preferences and choices. Staff described the access to training as good and said they had received training in areas relevant to the needs of people using the service, such as diabetes and dementia. Ancillary staff were also supported to undertake care related training to help them understand people and their needs, for example, dementia care training. We saw that staff were skilled in reassuring people and maintaining a calm atmosphere.

The provider was proactive in motivating staff and encouraging best practice. They told us they put a "High emphasis" on staff training. We found the management team had undertaken training in dementia to degree level and staff, including ancillary staff, undertook person centred training. Staff were enabled to keep up to date with best practice by having relevant accessible information from health publications and using research based practice from Bradford University on individualised care for people living with dementia. We saw this had been put into practice for one person and their care records demonstrated their level of agitation had reduced as a result.

Training records showed staff were up to date with health and safety training and they identified which staff needed refresher training. This meant staff were able to provide effective care based on the support and training they received.

People's care plans detailed their health need and related care requirements, which staff understood and followed. They showed that staff consulted with external health professionals and followed their

instructions for people's care when needed following any change in their health needs. For example, one person's care plan showed specific instructions from a speech and language therapist for staff to follow to ensure they receive adequate nutrition. We observed that staff followed this when they supported the person to eat and drink.

People were supported to access external health professionals when they needed to the purposes of routine health or specialist health screening; for example, for eye care and diabetic health screening. Health care professionals we spoke with confirmed their advice was sought and acted on. We saw positive written comments from one professional that said "Good practice being noted". A health professional we spoke with told us the service highlighted any issues appropriately and that they always ensured the correct equipment and products were available for the right person. Another told us that the person they were involved with had improved within a few weeks of using the service and had put weight on, which was important for them. . They also told us staff, including the manager, did what was requested to ensure a person's needs were met. For example, they were proactive in managing health needs associated with older people such as infections and falls. This ensured people's health needs were met.

We saw that staff communicated effectively to share information about people's changing needs. This included information about people's health status, general wellbeing and any related changes were recorded and handed over to incoming staff at each shift change. This helped to ensure that people's health needs and their related care requirements were consistently met. An external social care professional told us the person they were involved with had improved as a result of using the service and said the care team had a good grasp of dementia and worked well with people.

The needs of people living with dementia were managed effectively. We observed a range of equipment, sensory aids, picture aids, signing and other environmental aids that were provided and used to support people's dementia care needs. For example, there was a 'Memory Café', areas providing utensils and equipment from other eras such as wash boards, mangles, food containers and music systems. There was also a room used for sensory experiences with mood lighting, aromas and music. We saw the use of these helped lessen people's agitation and promoted their well being.

People were supported to make choices and asked for their consent whenever they were able. We saw staff asked for people's consent to care or support and records related to consent were signed by the person, if they were able to do so, dated and their purpose was clear.

The records of people who were not always able to consent to their care or make important decisions about their care and treatment because of their health conditions showed an appropriate assessment of their mental capacity. There was also a record of any decisions about their care and treatment made in their best interests.

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.

We checked whether the provider was working within the principles of the MCA. There was information in people's records regarding mental capacity assessments and whether decisions made were in the person's best interests. We saw specific decisions recorded, for example, in relation to people's finances. This indicated that consent to care and treatment was being sought consistently as outlined in the Mental

Capacity Act 2005.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted for their safety. They told us they had received training in this area and records we saw confirmed this. Information supplied by the provider stated that DoLS applications had been made to the appropriate authority for twenty people using the service. Seven standard authorisations had been granted but the outcomes for the rest were not yet known. The provider was therefore meeting the requirements of the MCA.

Some people's records showed that others were legally appointed to make important decisions on their behalf (e.g. finance) or where decisions were made about their care and treatment in their best interests. Staff knew and understood this. However, we saw one person's "Do not resuscitate" document completed by an external health professional did not give a valid reason for this. We discussed this with the registered manager who agreed to address this with the professional concerned. This ensured people were protected from the risk of receiving unsafe care or treatment.

People told us they saw a doctor or nurse when required. Relatives also confirmed that people's health needs were met. One told us they were "Very impressed" about the way their relative's health needs were met and said service had taken action in several areas to address health needs; for example, by providing hand exercises and pressure relieving equipment. We saw that these had been put in place by the service to meet the person's individual needs.

People's care plans were regularly reviewed and detailed any support provided from external health care professionals. This included chiropodists, specialist nurses and speech and language therapists. This was confirmed by an external health professional we spoke with. They told us there was a lot of co-operation and working with other professionals by the service to ensure people's health needs were met. They described the communication from the service as "Brilliant." People's health care needs were addressed effectively.

People were supported to eat healthily. We asked people about the food provided. People said they usually enjoyed their meals. One person said, "Meals are very good" and another said "They're very good cooks." One relative said their family member loved the food and another relative said "It always smells good." Another relative told us they had tried the meals and described them as good.

People received a balanced diet that was well presented, including table settings and condiments. Lunchtime was a happy, sociable affair, with people chatting and enjoying their meals. However, we saw people's preferences were not consistently met at mealtimes. For example, three people who were sat together said they didn't know what was for lunch or told us "Can't remember." There were no menus on the table to help. The daily menu was written on a white board in the corridor area outside the dining room where it was out of direct view from the dining room. We also saw people were not always offered choices for dessert or drinks. For example, we did not see anyone offered an alternative to the rice pudding for dessert. A few people refused the offer of rice pudding saying, for example, "No I don't fancy rice pudding today," or "No, I don't want that." The staff member continued to try to persuade them more them once to try it, but did not offer an alternative. We discussed alternatives with the catering staff who told us ice cream and fruit were always available as options. However, we did not see these offered routinely. This meant some people were not always given appropriate options. We saw that some people who required assistance had to wait over twenty minutes for help to eat their meal, which meant it would have been lukewarm

before they ate it. We also saw that although the food was plentiful and portion sizes generous, most people did not finish their meal. We discussed this with the registered manager, who agreed to look at how meal times were managed to ensure people were offered choices and their preferences were met.

People and their relatives told us drinks were "Extremely plentiful" and they were served with their preferred beverages. One person said they preferred coffee and always had Horlicks before bed. A relative said there were always jugs of cold drinks available in lounges. Our observation confirmed that drinks were available at all times.

An external health professional also told us drinks were plentiful. They said people were "Drinking better" since using the service and that this had "Helped massively with hydration." As a result, the health of people they were involved with had improved.

Staff were able to describe people's individual diet and nutritional needs. We saw there were food supplements available for those who required them and specialist food items available for medical diets such as diabetes. The menus we saw showed there were healthy options available and staff confirmed they encouraged people to choose wisely, for example, to avoid unnecessary weight gain. People received the right support to maintain a healthy diet.

Good

Is the service caring?

Our findings

People told us staff were caring and we found they were appreciative of staff and their helpfulness and friendly attitudes. Everyone said they had a good relationship with the staff. One person said, "Very good staff, lovely bunch" and another said, "I'm happy with it, they try very hard." Another person told us, "Brilliant home, brilliant staff." A relative said "They're brilliant, Mum is looked after so well. The staff are so caring, they look after people as if they were their own Mums and Dads." Another relative described staff as "So caring". A health professional we spoke with confirmed that staff knew people well and were able to accommodate their preferences. We saw written feedback form one professional that stated "Fantastic care staff – respectful." Another professional commented that the service was always welcoming and hospitable.

People and their relatives told us privacy and dignity was respected when receiving care and support. People told us they were treated with respect and approached in a kind and caring way. One relative said, "My [family member] is treated with respect at all times" and another said, "They [staff] really care."

External health and social care professionals praised the care provided and said staff were caring and compassionate. One told us "There is genuine concern for people" and said they were very pleased with the care provided to the person they were involved with. Another described staff as very approachable and said they were confident people were cared for properly.

Staff respected people's dignity, privacy and choice. Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights. All staff spoken with consistently showed they understood the importance of ensuring people's rights in care. They were able to give many examples of how they did this – closing curtains, approaching people quietly, covering people when they received personal care and supporting people to spend their time as they choose. At lunchtime people were supported to sit together in small friendship groups as they chose. Staff assisted people who needed help with eating and drinking in a discrete and dignified manner. This enabled people's choice, involvement and dignity. The service had received a recognition award for their participation in the local authorities dignity campaign to promote people's dignity in care. An action plan was in place to reapply for this award to ensure continued membership to the campaign. People's care was provided in a dignified manner.

People receiving end of life care received appropriate anticipatory medication when required to ensure they were comfortable and pain free. This enabled them to receive care in a familiar environment during the end stage of life, which met known wishes and best interests. It also helped to prevent any unnecessary distress from an avoidable hospital admission.

People and their relatives told us they were offered choices in their daily routines and that staff encouraged independence. They told us staff involved them in daily conversations about the support required. Staff were able to describe how they offered choices to people, for example, regarding what to wear and how they would like to spend their day. One staff member said, "We ask what activities they would like to do." When people refused options, such as joining in activities, their choice was respected. An external professional told us that the service enabled people to have choice and control in their lives.

People were listened to and were comfortable with staff. Relatives also told us their views were listened to and they were able to give examples of how people's personal choice was respected. For example, one relative told us staff always asked their family member what she wanted to wear and that she had her hair attended to in the way she liked. Another told us they were pleased with how staff respected their wishes and had allowed their family member to wake up of her own accord. An external professional told us the person they were involved with was happy with their care arrangements and confirmed the person was treated respectfully. People therefore received care and support from staff who were kind and that met their individual needs and preferences.

People and their relatives were involved in their care planning. Relatives we spoke with were aware of their care plan and confirmed they had a copy. People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. Records we saw showed reviews of people's care involved family and people important to the person. Where possible people had signed their care plan and one person's support plan showed relatives had advocated on their behalf. External health and social care professionals were complimentary about how the service involved people. One told us "They go out of their way to get as much information as possible" and another told us the planning of care was very supportive of families and the service was accommodating in arranging visits and discussion with families.

Good

Is the service responsive?

Our findings

People were supported to follow their interests and take part in social events. One person told us they liked knitting and another said they enjoyed going on outings. Two people told us that they preferred to opt out of organised activity and instead liked to spend time in quiet contemplation. We saw there was no pressure to attend organised activity. Relatives we spoke with confirmed this and one told us "They [staff] respond to what you say." We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms.

Staff knew people's likes and preferences and we saw these were recorded in people's care plans. This enabled staff to offer people activities and recreational opportunities that were more personal to them. We saw there were a wide range of hobbies and activities available throughout the day to suit a range of individual interests. The provider had dedicated staff to support people in both group and individual pursuits. For example, we saw people engaged in making decorations for a themed event planned for the service on St George's day. Others were pursuing their own interests such as dominoes and craft work. Throughout the inspection we saw people were actively involved in a range of interests of their choice. A relative told us they had been impressed with the service's involvement in the Tour of Britain cycle race. The route went by the home and the relative told us "Everyone was outside waving flags." They also described the service's garden parties as good and said "Plenty goes on." We received positive feedback from one person via our website about the opportunities available to fulfil people's interests.

External health and social care professionals praised the range of occupational opportunities available. One told us "The home values occupation" and another said
there was "A great programme of activities." They felt this contributed to people's well being and one told us it lifted people's mood. They also praised staff for being able to respond well to people's individual preferences. One said "They seem to know people well" Another told us that the service always responded "Very appropriately" to any issues raised by them.

The provider had established different spaces in the building for community activities, quiet time and sensory experiences. The cafe was open at set times during the week for the community and for friends and relatives to use when visiting. There was also a room available for sensory experiences with special lighting, tactile objects and music for people who were less able to engage with organised events. A room with reminiscence materials had also been established as a quiet space for people to use. The provider was therefore providing a range of opportunities and experiences to meet people's individual needs and preferences.

Staff told us they tried to be responsive to people's needs and they were able to encourage people's independence and involvement. For example, we saw people were encouraged to continue with hobbies and interests. One person was assisted to participate in a discussion about music. Staff also knew what people's individual care needs were and how they liked to be supported. For example, one person enjoyed using in the sensory room and we saw staff respected this.

We found people's health needs were dealt with in a responsive way. For example, staff told us about one person who was restricted because of the health needs and who was not able to communicate verbally. Staff knew how to communicate with the person. We saw that staff responded promptly to fetch the person's pain relief medicines, when the person showed they were experiencing pain and discomfort.

An external professional we spoke with described the service as responsive and confirmed that staff knew people well. People were responded to appropriately to ensure their health needs and preferences were met.

Records contained detailed information about people's health, personal and social care needs including a social and family background. Each person had a personalised daily care plan, which staff understood and followed. This showed people's known daily living routines and preferences for their care. For example, what time they liked to get up or go to bed. People's care records also showed that information about their social and familial histories, known lifestyle preferences and likes and dislikes was collated with people and others who knew them well following their admission to the service. This helped staff to understand and tailor people's daily living arrangements to their known preferences. This provided a basis for engaging with people who were unable to give this information. The information we saw reflected how people would like to receive their care, treatment and support including individual preferences, interests and aspirations.

On-going assessment of people's engagement and participation in daily life at the service was also recorded and used to inform people's care plans. Staff told us this helped them to get to know people and to promote their communication and engagement with others. Daily diaries were also maintained for each person in relation to this, which relatives were encouraged to read. This helped staff to ensure that people received personalised care; inclusive to their families and that people were supported to participate in daily life at the service in a way that was meaningful to them.

People told us they knew how to make a complaint. One person said "I would tell the staff" and relatives said they knew who to talk to and were confident any complaints would be dealt with in a courteous manner. Another relative told us the registered manager was "Brilliant" and they were able to contact them at any time if they had any concerns.

We saw the provider's complaints procedure was on display. It was also given to people when they started using the service. The PIR told us two formal written complaints had been received in the previous twelve months. We looked at the complaints records and saw theses had been fully addressed and a written response provided. The registered manager told us any minor areas of concern were usually raised in individual discussion with people or in meetings. She told us these were addressed promptly. Records from meetings confirmed this. This meant people's concerns were addressed at an early stage.

Good

Is the service well-led?

Our findings

People and their relatives felt that staff and the manager were approachable and open to listening to their suggestions or concerns. One person said, "I can always get hold of someone and they are very helpful" and said they were confident any concerns would be listened to. A relative told us they were impressed by the management team's organisation of events and level of communication, which they described as good. They particularly appreciated a 'relatives' forum', that gave them the opportunity to voice their opinions and share information. They also told us they appreciated the service's newsletters as it kept them up to date with news and events.

All the external health professionals we spoke with praised the leadership of the service. One described the communication from the service as "The best" and told us the service was very good. Two described the management team as professional and a third said the service was "Really good to work with." A third told us Bramble Lodge was "A really well run home."

We found the provider had gathered people's views on the service and used people's comments and opinions to assess the quality of the service. Surveys had been completed in 2016 for different aspects of the service; for example, for the environment and the care service provided. All the responses we saw rated the environment as good or very good and the day service as very good or excellent. There were several positive comments such as "We couldn't ask for anything better" and "Staff are very friendly and helpful." Relatives had also received a survey in 2016 and responses were all good or excellent, with more positive comments such as "I have been impressed with all the staff, they do such a good job" and "Very happy and satisfied with the care." Feedback received demonstrated the provider was providing a high quality service.

The service had a clear set of values which were central to any developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice. People we spoke with praised the service highly for employing carers who demonstrated these qualities on a daily basis. One relative told us, "Nothing is too much trouble." Written feedback seen from a relative stated "I was moved to see such lovely concern and kindness from staff."

There was a staff team in place to support the registered manager, including senior care staff. The registered manager understood their managerial and legal responsibilities, for example, when and why they had to make statutory notifications to us. We had received notifications for people who were being deprived of their liberty under the DoLS, as legally required. People's personal care records were safely stored and well maintained.

All staff spoke positively and praised management and leadership at the home. One told us, "Can't speak highly enough of senior management; visible, accessible and consistent" and "Management always strive for us to go the extra mile to provide the best care we can." They confirmed they felt valued and told us they were encouraged to be involved in projects to improve the service. One project developed by the provider had a team of eight staff who looked at ways to improve the service. One to the improvements as a result of this was the development of the 'Memory café' that was utilised by the community as well as people and

their relatives. It assisted people with integration in the community and helped to prevent social isolation. This development was appreciated by relatives and one had provided written feedback on a survey commenting "Such amazing initiatives with the café."

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, reporting accidents, incidents and safeguarding concerns. They told us they were provided with relevant policy and procedural guidance to support their role and responsibilities. Staff said they were regularly asked for their views about people's care in staff group and one to one meetings.

Senior management was visible, strong and innovative and sought continuously to promote best practice. All staff we spoke with described a caring and dynamic organisation that continuously sought to improve people's experience of their care and support. Senior staff were well supported and supervised with identified in relevant role leadership roles and related responsibilities. For example, leaders for staff care teams, people's medicines or staff learning and development.

The management team told us they were continuing to develop links with the community and were actively involved in supporting people to use local facilities such as leisure facilities and social clubs. They also maintained professional contacts with relevant agencies such as local medical centres, hospitals and relevant voluntary organisations. They told us they were trying to improve the service and ensure that it maintained a defined role in order to meet people's needs and aspirations. One of the improvements identified as part of the dignity award was having a committee of staff that met regularly to discuss ways of improving the service for people and obtaining their feedback. This meant the provider was taking people's needs and wishes into account to develop the service.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. We saw there was an action plan for the refurbishment of the premises and it was clear when actions had been completed; for example we saw new curtains had been ordered in February 2016 and replacement kitchen units had been fitted in April 2016.

We saw regular audits of different aspects of the service, such as health and safety and people's records, had taken place in the last twelve months. It was clear what actions were required as a result of the audit, for example, where records required updating. We saw this had been addressed. A falls analysis was undertaken that identified root causes and there were specific actions identified for individuals; for example ensuring that the person always had a hand held call bell to request assistance promptly. The premises were maintained safely; for example, we saw external agencies had checked fire fighting equipment in August 2015, gas safety in September 2015 and water safety in September 2015. The provider had systems in place to ensure the service operated safely.