Imagine Independence

Bramble Court Extra Care Housing Scheme

Inspection report

1-38 Bramble Court
Union Lane
Brampton
Cumbria
CA8 1BX

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Ratings

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Summary of findings

Overall summary

The inspection took place on 13 November 2017 and was announced. The provider was given 48 hours' notice of the inspection because they provide community services and we needed to be sure that someone would be in.

This was the first inspection of the service since their registration with CQC.

This service provides care and support to people living in specialist ‘extra care’ housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant’s own home. People’s care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people’s personal care and support service.

People who used this service lived in their own flats with access to communal areas, for example a lounge and two large bathrooms, one of which was fitted with a specialised bath. There were 38 self-contained, one and two bedroomed flats at the service.

The registered manager and care staff had access to an office on site, shared with the housing provider.

Not everyone living at Bramble Court received the regulated activity; CQC only inspects the service being received by people provided with ‘personal care’; for example, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 18 people receiving the personal care service.

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.

People who used this service told us that they felt safe, secure and protected from harm. There were risk assessments in place to help ensure staff worked safely and supported people with their care needs in a safe way. The staff that we spoke with during our inspection knew about safeguarding processes and how to report any concerns they might have. They were aware of people's rights to make decisions and choices with regards their lifestyle and support needs. The provider had policies and procedures in place to help protect people from harm and abuse. People who lived at Bramble Court told us that they knew who to raise concerns and issues with. They were confident that they would be listened to and appropriate actions would be taken.

We found that staff had been recruited safely with thorough checks about their suitability being carried out prior to them taking up their post. Staff told us that they were provided with training and received support in
order to carry out their roles effectively. The staff records we reviewed confirmed this to be the case. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with eating and drinking where this had been assessed as part of their care and support needs.

The people we spoke to during our visit to this service had nothing but huge praise and very positive comments about the care and support provided. They spoke extremely highly of the staff and managers, who assisted them or their family member. Staff were described as "wonderful", "friendly" and "brilliant." We were told by people using this service that staff always made time for anything needed. We observed that people were treated with respect and dignity and were provided with information and explanations to help them make informed choices about their day to day lives.

The care records that we reviewed had been developed around each individual person’s assessed needs. Personal preferences, choices and interests had been included in the support plan. This helped to make sure people received the support they wanted. The people we spoke with all commented on the social aspects of living at Bramble Court. They told us that there were plenty of activities available at the service or the nearby community centre if they chose to join in. It was evident that people who used this service were supported and encouraged to maintain their contact with the local community.

People who used this service had been involved in and consulted about the quality and standard of the service provided. People knew who the managers were, although some people were not clear about the managers’ roles. The service operated as an extra care housing complex and there are separate managers for the building and for care. However, although there was some confusion everyone we spoke to confirmed that they were confident to speak to any of the managers and were confident that their comments would be listened to and acted upon.

The registered manager had some auditing and governance systems in place to help ensure the service operated safely. The provider’s quality lead person was also at the service during our inspection. They were able to speak to us about the plans for developing the auditing and governance systems, not only for Bramble Court but for the organisation in general.
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.

People who used the service said they felt safe and were protected from the risks of harm and abuse.

The service had safeguarding procedures in place. Staff knew what to do if they suspected abusive practices. People who used the service knew who to raise concerns with.

The provider operated safe and effective staff recruitment processes.

The service ensured there were sufficient numbers of staff available to meet the needs of people who used the service.

**Is the service effective?**

The service was effective.

The provider ensured that staff received appropriate training, support and supervision in order to carry out their work effectively.

People received care and support that met their assessed needs, preferences and choices.

Where necessary people were assisted with eating and drinking as part of their care and support plan.

**Is the service caring?**

The service was caring.

People told us that staff treated them with respect and kindness.

People received consistent and timely care from a familiar and stable staff team.

We observed good and very friendly relationships between the people who used the service and the staff who supported them.
### Is the service responsive?

The service was responsive.

People received care and support that had been based on their assessed needs and preferences.

People were encouraged and supported to give feedback about their experiences of care and support.

People who used this service were supported to maintain and develop relationships and social networks in the local community.

### Is the service well-led?

The service was well led.

People felt that the service was well-led and well-managed.

Staff understood their roles and responsibilities. They were well supported and encouraged to keep their skills, practice and knowledge up to date.

Governance and performance management systems were under review by the provider. However, there were systems in place to help identify and manage risks within the service.
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 checked 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.

The inspection took place on 13 November 2017 and was announced. We gave the service 48 hours’ notice of the inspection visit because it is a community service and we needed to be sure that the registered manager would be available.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The area of expertise was with regards to older people.

Prior to our inspection visit we reviewed the information we held about the service. This included notifications; (Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales).

We planned our inspection using this information.

Throughout the inspection we observed staff interacting with people who used the service, in the communal areas and lounges.

We spoke to 15 of the people who used the service, received comments from five relatives and spoke to four members of the staff team, including the registered manager. We also contacted health and social care professionals for their views on the services.
During our visit to the offices we reviewed the care records of four people who used the service including a sample of medication administration records that people kept in their own flat. We reviewed the recruitment, training and supervision records (in detail) of two members of staff. We also reviewed the training records of all the staff employed by the service.

We reviewed a sample of the policies and procedures in place at the service including safeguarding, the Mental Capacity Act 2005, lone working, complaints and compliments and medications.

We looked at the systems in place for the management and oversight of quality improvement and auditing of the service.
Is the service safe?

Our findings

We checked the information we held about this service. We found that we had not received any information of concern from the service or from other agencies in relation to allegations of abuse. People we spoke to at the service told us that the staff were "lovely" and "very kind" and no one raised any concerns with us about their safety during our inspection.

The service had policies and procedures in place to help them deal appropriately and effectively with any allegations of abuse or discrimination. Staff had been provided with training in these subjects. The staff we spoke to during our inspection of the service were able to speak with confidence and understanding about keeping people safe. Staff knew about the provider’s whistleblowing processes and all the staff we spoke to told us that they would have no hesitation in reporting poor practice to the manager. All of the people we spoke to told us they felt very safe and secure at the service and told us about what made them feel safe.

One person said: "I feel very safe here, I have a fob key, I can lock my door and it's very secure. What I really like is that there are people here if I need them which is great. It really is the best place I have ever lived." Another person told us; "It's very secure here with safe surroundings. The staff are always on hand if you need them. I have a call bell in the flat and a neck pendant which I wear and which I can press anytime if I need to."

We spoke with the relatives and friends of some of the people who lived at the service. One relative said; "My family member is very safe here. I feel it has helped to improve their confidence. It really is very secure."

Another relative told us; "I feel happy knowing my family member is safe and the staff are always willing to help with anything they can."

We looked at the way in which people were supported with their medicines. The provider had policies, procedures and checking systems in place to help ensure medicines were managed safely. Staff had been provided with training and had been supervised to help make sure they carried out this task safely. Not everyone receiving the care service needed this type of support and others needed only reminding to take their medicines. We were told by staff and people using the service that support with medication varied depending on people’s needs. Where people needed support or reminding about their medicines this had been incorporated into their care package.

We reviewed a sample of medication administration records and spoke to people who received direct support with their medicines. We saw that people kept their own medicines in their own flats. The service had provided a secure cupboard in everyone’s flat where they could, if they chose to, store their medicines. One person said; "I receive my medication from staff and I am happy with what I take." Another commented; "The staff keep me right and help me with my medication." Someone else told us; "The staff give me my medication in the morning and in the evening. It works well."

Two of the people we chatted to did not need this level of support. One person told us; "I self-medicate and have no problems." Another said; "I self-medicate and I am happy with that."
We reviewed the care and support records of two people who used this service. We found that risk assessments had been carried out. Risk assessments had been regularly reviewed and updated routinely, when people’s needs changed or following any incidents. This helped to make sure action had been taken to try to prevent accidents happening again. Risk assessments included information about people’s mobility and the support they may need, including the use of mobility equipment where needed. There were emergency plans in place at the service and information recorded about the support people may need in the event of an emergency at the service, for example in the event of a fire. We found that records were managed and stored safely and securely. Information was up to date and reflective of people’s needs. People who received a personal care service had copies of their records in their own flat.

We looked at the way in which staff had been recruited. There was a robust process in place. Prospective staff had completed application forms and attended for interview with the registered manager. Appropriate checks had been made to help make sure only suitable people had been appointed to work at this service.

We also looked at the way in which staff were deployed at the service. The registered manager told us that there were two members of staff on during the day and one member of staff at night. Staff working out of hours, were able to access a 24 hour, seven days a week on-call service designed to support staff in emergency situations or for advice. No one using the service raised any concerns with us about the staffing levels. One member of staff said that it was “horrible” on the night shift. They felt it was a big responsibility for them at times, being on their own. They said that there were times when more than one call bell would be going off and that they sometimes had to prioritise which call bell to answer first. However, they also added; “It is not so bad and the manager is the best manager I have ever had. I can talk to them about my issues.”

The registered manager told us about the links with the housing provider, particularly around monitoring and assessing the number and the reasons of calls for people living at Bramble Court. This information was used to help plan the levels and deployment of staff.

People had a weekly timetable which provided details about the times and duration of their support visits. Due to the nature and set up of the extra care housing service, people were able to receive a flexible service and, in consultation with staff, were able to change the times of their visits if they wished. People told us that there were enough staff on duty to meet their needs. One person said; “The staff here are all terrific, they really are – cannot fault them. They always look after me.” Another person said; “All staff here are brilliant and always make time for anything you need.” We were also told; “The staff are amazing and always do what they can for you.” and “All of the staff are marvellous they work really hard I feel but nothing is ever too much trouble.”

The service had policies and procedures in place with regards to infection prevention and control. Staff told us about and followed good hygiene and infection control practices. We saw that staff used appropriate protective clothing when needed and had received training in infection control and prevention processes.
Is the service effective?

Our findings

The people we spoke with told us they received care and support that met their needs and preferences. Everyone we spoke to told us that they were aware of their care package and if there were any changes to be made it was done straight away. Relatives told us they were aware of their family member’s care package and that they were happy with the arrangements. Relatives told us they were always contacted immediately if anything happened and they were always kept informed. The care records we reviewed showed that people had been asked about their needs and choices. People had been able to involve their friends and relatives in this assessment process if they wished.

We reviewed the staff training records and spoke with the registered manager about staff training. The staff we spoke with told us that they had also undertaken mandatory training such as moving and handling, safe management of medicines and national vocational qualifications (NVQ). We found that staff had been provided with training, including induction training which took place when they took up their position at this service and further specialised training such as dementia care, first aid and end of life care. Staff told us that they received “really good training” and “we are supported to keep our skills and knowledge up to date.” All the people we spoke to felt that their needs were met by staff who knew what they are doing and were very competent.

In addition to regular training and updates, staff received support from their line managers via supervision and appraisal meetings. In the early stages of their employment staff attended probationary meetings with their line manager to help ensure they worked in accordance with the expectations of the organisation. This type of meeting also provided a platform for the staff or manager to address performance and training.

Staff told us they felt that they worked well together as a team. Most of them had started working at the service at the same time and had all completed their induction training together. The most recent member of the staff team told us; “The staff team have been lovely and I have been made to feel very welcome here.”

Staff were kept up to date about the needs of the people they supported. Care records were accessible for staff to read and update as necessary and staff were informed of any changes to people’s needs at the start of every shift.

People who used this service were supported with eating and drinking where this had been assessed as a need. Most of the people who lived at Bramble Court were independent with eating, drinking and meal preparation. However, meals and snacks were available (at a cost) from the nearby community centre. People using the service were able to go there independently if they chose or were supported by a member of staff to get there. Additionally, people living at the scheme were able to have meals delivered from the community centre to their flats, by prior arrangement. We found that where concerns had been identified with regards to people’s diet, the service had liaised with health care professionals such as the dietician or doctor. Where necessary people’s dietary intake and body weights had been monitored to help ensure adequate nutrition was taken and to help the dietician or doctor evaluate the effectiveness of their advice.
There was building construction taking place on the day of our inspection. The registered manager told us that they were in the process of building a link corridor from Bramble Court to the community centre, so that people living at the service did not have to go outside to visit there. We were told that this link would be completed by January 2018.

We looked around the building during our inspection and visited two people (by invitation) in their flat. The housing scheme and flats had been purpose built to meet the needs of the people who used the service. In addition to the private flats there were two communal bathrooms, one fitted with a specialised bath providing people with an alternative to showering in their own flat. People who used this service also had access to a guest room, which their visitors could book and stay. There was also a communal lounge area with tea and coffee making facilities and a computer that was for use by the people who lived at the scheme. Wi-Fi was available in all of the communal areas at Bramble Court.

The flats at Bramble Court were spread over three floors, accessible via a passenger lift or stairs. Each floor had a different colour scheme, designed to help orientate those people living with dementia. On the ground floor there was a secure 'scooter room' where people could safely leave their mobility scooters.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). In community care settings applications to deprive people of their liberty must be made to the Court of Protection. At the time of our inspection there was no one at this service subject to a court order and no applications had been made to the Court of Protection. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 found that the provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general. The staff we spoke with confirmed that they had received training in this subject; the discussions indicated that staff had a good working knowledge of the MCA.
Is the service caring?

Our findings

All of the people and relatives we spoke to had nothing but huge praise and very positive comments about the care and support provided. They spoke extremely highly of the staff who assisted them or their family member. The service had a stable staff base with few staff changes since the service had opened. This meant that people and staff knew each other very well. It also helped to maintain people's privacy and dignity by having the same staff members providing support rather than a constantly changing workforce.

We observed staff interacting with the people they supported in the communal lounges throughout our inspection visit. Staff appeared to have a very good relationship with the people living at the scheme and knew them all very well by name. We observed that people were treated with dignity and respect by friendly and helpful staff.

One person told us; "The staff are just amazing here. I really cannot fault the place at all or the staff. This is the best place ever I couldn’t be happier here. It really is wonderful." Another person commented; "The staff are lovely, very friendly and always there when you need them." We were also told; "The staff are great. They are all very sociable and make conversation with you. You can have a joke or two with them and they are always pleasant and cheerful."

Some of the people we spoke to told us about one of the ways in which the staff promoted relationships and involvement. Every Saturday people living at the scheme had a take away. This was arranged by one of the staff. People each put in an amount of money and they had a choice of Chinese, pizza, pie and pies, fish and chips. The food was ordered and brought to the communal lounge so that it could be shared and everyone ate together in the lounge. The people who told us about this really appreciated this event. People told us "everyone loves this" and "it brings us all together."

Everyone we spoke to said that if they needed any help with personal care, showering, or any other assistance they felt "very respected." They told us that curtains were always pulled across or doors closed for privacy and dignity and staff would always knock first and ask permission before entering their flat or assisting them with support.

People using the service told us that the staff always looked after them and always made time for anything they needed. One person said; "The staff work really hard. I feel that nothing is ever too much trouble." Relatives also commented positively about the staff. One relative said; "The staff are great here they are always very helpful and pleasant and kind." Another relative said; "It couldn't be any better they (staff) are always there to help."

We noted that people were encouraged to be as independent as possible, with staff on hand to support them if necessary. We observed that where staff directly supported people with their mobility for example, explanations were provided to help reduce people's anxieties and worries.

When people first accessed the service, they had been provided with information about their rights as
service users, including access to information, contact with external health care professionals and advocacy services.
Is the service responsive?

Our findings

The registered manager told us that care packages were discussed in detail with people who used the service and their relatives, where appropriate, before they moved into Bramble Court. The people we spoke with confirmed that their care and support plans had been developed with them and their relatives. One person said, "I am very independent and I only want them (staff) to help me with certain things that I can’t manage. The staff respect that." Another person told us, "Staff come when I need them and when I expect them. They are lovely and take care of me."

We reviewed the care records of four of the people who used the service. We found that they had been written in a person centred way. We saw that people had received an assessment of their support needs prior to the service commencing. Assessments, care plans and risk assessments had been developed with the person who was to receive support and had been based on their assessed needs and preferences. People receiving care and support had signed to confirm their agreement and consent to the support planned. From the sample of records we reviewed, we saw that people were supported to access health and social care professionals when needed.

Staff had access to information regarding people’s care and support needs. Copies of the care plans were maintained in the office and within each person’s own flat. Staff were required to read these documents, sign to confirm they had read them and understood what was expected.

The support plans contained detailed information about the things people wanted staff to help them with and the things that they could or wanted to do for themselves. These documents also contained personal information about people’s interests, hobbies and life history. Social events were held in the communal areas at Bramble Court and people who used the service were able to join in if they wished. Additional activities and events were held at the nearby community centre. Many of the people we spoke with enjoyed going to the community centre and out into the wider community of Brampton. They told us that staff supported them to do this if required. One person told us; “I love the activities here and I help to arrange some of them and I help with activities at the community centre." Another person said; “There is enough going on in here activities wise – I can't always join in with things, but I enjoy the company.”

All of the people we spoke to confirmed that they knew who to raise complaints or concerns with. They were all confident that any concerns would be listened to and acted upon properly. No one we spoke to had ever had need to complain about their service. We looked at the way in which the service managed and dealt with complaints, compliments and concerns. The registered manager told us there was a process in place to help people raise concerns or complaints if they wished and that they valued feedback from the people using the service.

We reviewed the compliments and complaints log kept at the service. We found that the compliments far outweighed the complaints. The service had received numerous letters and cards of thanks, gratitude and satisfaction with the service people had experience. There had been only one complaint made since the service opened. We noted that the registered manager had investigated the concern and taken appropriate
actions to address the matter. The complaint had been clearly recorded together with details of the actions taken and the outcome.

At the time of our inspection there was no one requiring end of life care. We saw from records, and staff told us, that they had received training to help them support people coming to the end of their life. The registered manager told us about the good relationships the service had with community services such as the district nursing team and GP’s. They told us they worked closely with the wider care teams to help ensure people using the service were supported appropriately.
Is the service well-led?

Our findings

There was a registered manager at the service. The registered manager was in attendance during our inspection of this service and was supported throughout by the provider's quality lead person.

All of the people and visitors we spoke to during our inspection told us they felt the service was very well led and managed. People who used the service told us that the registered manager was lovely and very approachable. However, some people were a little confused about the registered manager and the manager of the housing scheme. Nevertheless, both managers worked together and communicated well. People told us they could speak to either of them about anything they were concerned about or wished to discuss. All of the people we spoke with told us that they were happy with all staff and management. We found that people were encouraged and supported to give feedback about their experiences of care and support.

One person told us: “The manager is great and a very nice person, down to earth and always listens.” Another said; “The manager is really nice and seems to have an open-door policy where you can go and chat if you wish.”

The staff we spoke with also commented positively on the management and leadership of the care and support service. One staff member told us; “(Name) is the best manager I have ever had. I can talk to them. If they are not on duty there is usually someone from the senior team around. The management ensure we get our training, are supervised and hold team meetings.” Another member of staff told us about the positive support they had received from the management and other staff at the scheme.

We saw evidence to confirm staff were supported in their work and that their practice was monitored. Staff meetings regularly took place with standing items on the agenda, including discussions about nationally recognised good practice guidance, CQC standards and the application of the Mental Capacity Act 2005.

We also noted that meetings were held for people who lived at Bramble Court. This provided a platform for people to air their views of the standard and quality of the service in addition to discussing other areas not related to the personal care service. People told us about the meetings and reported feeling safe, respected, and valued.

Earlier in 2017, the provider had carried out a satisfaction survey. The response rate had been very good with 13 out of 18 people responding. We reviewed a copy of the survey report and noted that people were very satisfied and pleased with the service they had received. The summary of the report stated; “Responses to the survey were overwhelmingly positive. People praised the level of support they receive, as well as its adaptive and individualized nature. People were highly impressed with the standard of their accommodation, the facilities on offer, and the community aspects of living at Bramble Court. People reported feeling safe, respected, and valued.” This summary reflected the comments that we received during our inspection of the service. All of the people we spoke to said that they could not recommend the accommodation and services to others highly enough. They felt that they were all very lucky to live there and that there should be more of these services.
The registered manager had started to develop a report of what the service did well and where the evidence could be found to support compliance. We found that audits had been carried out on the administration of medicines, including spot checks to make sure individual people's medicines had been handled safely and administered as their doctor had prescribed. Where errors had been identified appropriate actions had been taken to reduce the risk of them happening again. We noted that other audits had taken place, for example care records, staff training records, accidents and incidents had all been reviewed.

The quality lead told us that they had only been in post for three months and had not had the opportunity to carry out a full audit of the service. The provider's new quality auditing system was in development. The quality lead told us that they had checked the service for safety and compliance with the regulations. They sent us information about the audits they had carried out. The quality lead explained that previously international standards quality auditing tools had been used and at the time the system had been 'good enough'. However, they were undertaking a review of the auditing systems at the service, identifying any gaps and looking to implement a new auditing framework based on the five key question areas and the key lines of enquiry (KLOEs) used by the Care Quality Commission.

Records were well maintained, up to date, accurate and securely stored in the office shared with the housing provider. We were told that this can at times be a little crowded but was good from a communication and liaison point of view for the care provider and housing provider. We were told that there were sometimes confidentiality conflicts as the shared office was small and not always private. However, we were also told that if the registered manager needed privacy, for meetings or staff supervisions, for example, there was another quiet room that could be used for this purpose.