Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Brambles

Beverley Close, Basingstoke, RG22 4BT

Tel: 01256363451

Date of Inspection: 11 December 2012

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Bliss Residential Care Limited
Registered Manager	Mrs. Tracy Ann Clare
Overview of the service	The Brambles is a residential home for people with a learning disability. The property is a detached house in a residential area of Basingstoke, and can accommodate up to six people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff.

What people told us and what we found

On the day of our inspection there were three people living in the Brambles. They all had complex needs and as such were not able to talk to us about their experiences. However, they welcomed us into their home and indicated that they were happy for us to spend some time with them.

We were invited to look at two of the people's bedrooms and could see that these provided a clean, comfortable and homely environment.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

People were called by their preferred name and staff treated them with dignity and respect. We observed people being involved in activities, being read stories and undertaking gentle exercise. Staff used Makaton 'sign' language to help them communicate with those people who were familiar with it.

We spoke with three staff members and the manager. They all told us they felt supported. One told us "I love my job; this is by far the best place I have worked". Another said "there is lots of support, and communication is excellent". They told us that the training was "excellent and constantly available"

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

The manager told us that prior to moving into the home, each person's mental capacity was assessed as part of the 'residential assessment questionnaire' that was completed. This was completed with input from other professionals and the relatives of the person. From our review of the care records we could see the completed forms.

Each care plan referred to the capacity for people to make choices. It was noted in the plans that the individuals were capable of making most of their 'daily life' choices with support and guidance from staff. People's abilities to make safe decisions about choices had also been assessed by the psychiatrist who worked with them.

We were told by the manager that each person's mental capacity would also be assessed on an individual basis, if they required treatment for a health condition. We were shown how one person's mental capacity had been assessed by a Dentist over their ability to consent to some treatment.

Another person living in the home had a health condition that would mean the home would not be able to meet his needs in the future. As part of the planning process for a move the staff had appointed an independent mental capacity advocate (IMCA) to act on his behalf. This would ensure that any decision made would be undertaken in his best interests.

During our visit we observed that people who use the service were treated in a dignified manner and their consent was sought regarding various aspects of their care. Staff supported people to express their needs by using picture signs, modified Makaton sign language or facial expressions to make choices. We observed that staff requested permission from people who use the service before attending to them. An example we saw was when a member of staff asked a person if they would like to go out for a walk, and the person was able to give a thumbs up sign in agreement.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.
In the two personal support plans we examined, there was evidence of an assessment of the persons needs being undertaken before they came to live in the home. Staff told us they ensured as much information as possible was obtained about the person before they moved in. This was to ensure the home provided the best environment possible for them and the other people living there. We could see the contributions that relatives and professionals had made.

Both files we reviewed contained a person centred plan that referred to the individual's choices and preferences. Each aspect of a person's care was recorded and risk assessments were linked to their care plans. The personal support plans were clear and detailed. There was a section for each element of support the person required such as physical health, mental health, behaviour, social interaction and personal care. There were detailed instructions about the use of occasional medication for people. This would only be offered to a person if staff felt they wanted it. We saw the monthly records that indicated the use of such medication was minimal.

The care plans we saw contained specific information regarding the level of support people wanted and required. This included information which related to the management of challenging behaviour and was contained within a behaviour management plan. This was supported by detailed monitoring records of the amount and type of engagement that each person had during the day or night. This was then analysed by the psychiatrist and manager to monitor the amount of support each person required. As a result of this monitoring we saw a specific care plan that had been created to help minimise the impact of such behaviour for one person.

Health action plans were in place and included information on hospital appointments and visits to the dentist or optician. We also noted that each individual had a 'my life plan' document completed in their file. This was a detailed profile of the person and would accompany them if they needed to go to hospital. It also included pictures of the sign language that people used every day. This would ensure that continuity of care could be maintained through any episodes of illness where other providers may be involved. This demonstrated that all aspects of peoples' health and well being were being monitored.

Each plan had appropriate risk assessments which had been shared with the person and their relatives. These were all reviewed each month by the person's key worker and a record of any changes was made. The care plans provided staff with guidance to follow when giving support and care. In some cases, care plans included indicators to help staff recognise changes in a person's health and well being. These were signed by all staff to indicate they had read them.

People's care and treatment reflected relevant professional guidance. All of the people living in the home received care and treatment from a Psychiatrist under the care programme approach (CPA). We saw the current paperwork associated with this process. This detailed the support each person received from health and social care professionals who worked with them.

Each person in the home was allocated one member of staff to support them throughout the day. In addition they all had a key worker who was responsible for ensuring they received appropriate care and support. The key worker wrote up a monthly report about the person's progress and issues that they needed help with. These reports included a summary of the activities the person had participated in and a record of appointments scheduled for the next month. The manager told us that if someone could not be involved in their monthly review, their key worker would use one-to-one time to ensure that they talked about their support in an informal way.

There was a full activities programme both on and off site for the people living in the home. Each person had the additional support of an extra member of staff for four hours each day to enable them to undertake activities away from the home. We saw the activity schedule completed in each person's file that listed the types of activity they had undertaken. These included a wide variety such as horse riding, swimming, walking and visiting places of interest. We heard staff provide guidance and assistance to people as needed. We saw one member of staff reading to a person which we noted was part of their activity plan.

The manager told us no applications under the Deprivation of Liberty Safeguards had been made this year, although they had done so previously.

There were arrangements in place to deal with foreseeable emergencies. The home had an emergency plan in place including contact details for utilities. The staff were supported by an on call manager's rota that consisted of staff who worked directly with the home. There was a current plan in the event that an evacuation of the building were to be necessary. This would involve people being evacuated to a nearby home that was owned by the company.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

All the people who lived at the Brambles had their own bedroom with an en suite bathroom. We were told by the manager that people had chosen their own colour scheme from colour charts. We were invited to look at two of the people's bedrooms and could see that these provided a clean, comfortable and homely environment. The rooms had been furnished with the person's own belongings, family pictures and various ornaments.
There was a large purpose built conservatory, which was being used to provide a calm and relaxing environment for one person when we first arrived. We saw that their care plan detailed the use of this room for such a purpose. We saw another person chose to take their meals there so they could enjoy the quiet atmosphere.
A good sized garden surrounded the rear and side of the home and was accessible from the lounge. It was mainly lawn with a variety of seats, and had two large trampolines bought specifically for two of the people who lived there. We saw detailed risk assessments in their files to enable these to be used safely. The garden provided a comfortable and safe area for people to use when they desired.

We saw that maintenance schedules were completed each month by the manager. These would be sent to the central estates department of the company which owns the home. Staff we spoke to confirmed that any maintenance of the home was dealt with quickly and efficiently.

We saw the list of emergency contractors that come to service equipment or make repairs. The manager told us that maintenance and health and safety issues were reviewed and discussed monthly with the regional manager. We saw documentation which confirmed this process. This was to ensure the safety of the premises for the benefit of people who lived there.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

All staff completed nationally recognised training qualifications within the six months probationary period of their employment. We saw that training was recorded by the manager in each of the staff members training profile. The records demonstrated that staff had completed a range of training suitable to their role. This training was up to date. Records showed that staff had been trained in topics such as person centred care, infection control, moving and handling, the Mental Capacity Act and food safety. Two staff had recently undertaken training in working with autism, to help meet the needs of some of the people living in the home.

During our visit we spoke with care staff about their induction into the home. They told us that their induction included shadowing an experienced care worker for two weeks. We looked at the induction programme for a recently recruited person. The records showed that the initial assessment had been undertaken by the manager.
Staff completed an induction assessment which was signed by the home manager to indicated completion. There were two formal reviews of the induction process conducted by the manager in the first six months. Specific training in safeguarding of vulnerable adults was covered during the induction process.
Training was provided by an external training company and was complimented by online learning. We saw that the programme for the year and the dates staff attended were consistent.

We spoke with three staff who all said that they felt the training was very good and they were sufficiently trained to carry out their roles confidently and competently. One told us that the induction was thorough and another said "the training here is brilliant. It really helps me make a difference to peoples lives here".

Staff told us that they were well supported by the manager. They discussed the one to one meetings that had had with her since they started work at the home. We saw records that confirmed supervision meetings were being undertaken. The provider may wish to note that not all supervision sessions were occurring every two months as the policy stated.

The manager told us that they normally undertook an appraisal of each staff member in

April. How ever, the provider may wish to note that not all of the staff files we reviewed contained completed appraisals.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were given support by the provider to make a comment or complaint where they needed assistance.

We saw that the home had a current procedure and policy for the investigation of complaints. We looked at the complaints file and saw that there had been one complaint received by the home this year. This was from a member of the public. It concerned the tone of voice that had been used by a temporary member of staff towards a person from the home. This resulted in disciplinary action being undertaken by the manager.
There was a post box in the office for suggestions and comments that people in the home or relatives could use. The manager sent a summary of the comments and complaints log to the regional manager each month.

The manager told us that they had taken steps to encourage the people living at the Brambles to raise issues and tell them when they were not happy. We were shown the easy read pictures the home had created to enable people to make a comment or complaint. There was a copy of the complaints policy in each person's care and support pack as part of the introduction to the home. This was in both written and 'easy read' format.

The manager told us that each month the person's key worker would ask them if there were any concerns they wished to raise. We saw that the provider had brought the complaints system to people's attention through these meetings in their care records. The outcome of this meeting would be recorded in that persons care record. We saw no evidence of anyone having raised a concern in this way.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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