

Colten Care (1993) Limited

Braemar Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Braemar lodge is a home providing care and nursing for up to 55 people. The home is part of the Colten Care Group. At the time of our visit, 52 people were living in the home. The inspection took place on 13 and 14 June 2016. This was an unannounced inspection and the home's first rated inspection.

A registered manager was in post when we inspected 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 registered manager was present and approachable throughout our inspection. Staff, relatives and people who used the service told us the registered manager was always available if they needed to speak with her and had confidence in her abilities to manage the service.

The registered manager and staff we spoke with were passionate about providing a service that placed people and their families at the very heart of the service. This was confirmed with us by four health care professionals we spoke with and through speaking with relatives and visitors.

A wide range of activities were available which people's family and friends were invited to. Staff spent quality time with people to give them emotional support and comfort. Staff were seen reminiscing with people about their life, singing, or discussing the events of the day. We saw people regularly choosing how to spend their time and the home enabled and encouraged this sense of freedom. People had taken on roles within the home such as in the salon, or on reception and were able to actively participate in the daily running of the home.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and with the community. The home actively sought ways to encourage people to feel part of the homely environment and prevent social isolation.

There was good open communication between staff which allowed knowledge to be shared and people's care needs to be met effectively. Staff were seen actively thinking of solutions and ideas to enable people to retain their independence and provide individually tailored care.

The management culture of the home was open, and dedicated to providing good care to people. Standards were high, and staff responded to this well. Comments from relatives and staff included "The whole place is extremely well run", "It's the management that's good about this home, she's so clued up about everything, it's dealt with, nothing is ever left" and "It's like one big family, they care about everything".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Sufficient levels of staff were in place, however people told us call bells could take a while to be answered. Audits showed there were large number of calls that took 11 minutes and over to be answered. This had been picked up by the registered manager and the call bell system was being investigated. During our inspection we did not hear prolonged ringing of call bells.

People's medicine records were left on view during medicine administration rounds allowing the potential for access to people's private information during these times. All other medicine management was appropriately maintained.

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service.

The provider regularly assessed and monitored the quality of care provided at Braemar Lodge. The service encouraged feedback from people and their relatives, which they used to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was mostly safe.

Although sufficient levels of staff were in place call bells were not always answered in a timely manner. Audits showed this had been picked up and was in the process of being addressed.

Medicine administration records were left on view during medicine rounds, meaning people's private information could be easily accessed. We saw two people's medicines had not been signed for correctly.

Staff were knowledgeable in recognising signs of potential abuse and the reporting procedures. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

Infection control was well managed. Staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record that all areas of the home were being cleaned.

Is the service effective?

Good 

The service was effective.

New staff had a thorough induction to provide them with an understanding of their role, and received good support during this time. People's needs were met by staff that were equipped with suitable training, skills and knowledge to effectively care and support them.

People enjoyed the choices of food and drink available and food provided met their specific dietary needs. Staff provided good support to those who needed help with eating and drinking. People received on-going healthcare support from a range of external healthcare professionals.

Is the service caring?

Good 

The service was caring.

People and their relatives praised the kind and caring nature of staff. Staff were skilled in recognising what people needed and knew the preferences of people they supported.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged and supported by staff to be as independent as possible to live the life they chose.

The home was committed to providing people with good end of life care and worked well with other professionals to meet people's needs at this time.

Is the service responsive?

Outstanding 

The service was very responsive.

People were treated as individuals. Assessments were undertaken to identify people's needs and these were used to develop care plans with people who used the service.

The service provided a wide range of activities for people. Staff were knowledgeable about people's life history so they could speak with them about their lives. People at Braemar had an excellent quality of life full of activities which were meaningful to them.

People were supported to maintain important relationships in and outside of the home. Relatives told us they were made to feel very welcome and there were no restrictions on visiting times.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident any complaints would be listened to and acted upon. The registered manager and staff were proactive in using comments as an opportunity to learn and develop the service for people.

Is the service well-led?

Good 

The service was well-led.

A registered manager was in place who promoted high standards of care and support for people. There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care. This was confirmed through discussions with staff and relatives.

Staff said they felt well supported by the registered manager who was approachable and listened to their views. Staff understood the management structure in the home and were aware of their and roles and responsibilities.

Health care professionals were extremely positive about the quality of the service provided to people and their families.

The provider had effective systems in place to monitor the quality of service and ensure improvements were identified and acted upon. We saw areas identified on this inspection had been picked up by the registered manager through their quality monitoring system.

Braemar 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 13 and 14 June 2016 and was unannounced. The inspection team consisted of one inspector and one specialist nurse. This was the home's first rated inspection. Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also reviewed the provider information return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people living at the home and four relatives, eleven staff members, the registered manager and the quality assurance manager. We also received information from four health professionals that work alongside the home. We reviewed records relating to people's care and other records relating to the management of the home. These included the care records for eight people, medicine administration records (MAR), five staff files, the provider's policies and a selection of the services other records relating to the management of the home.

We observed care and support in the communal lounges and dining areas during the day and spoke with people in their bedroom. We spent time observing people's experiences at lunch time and observed the administering of medicines.

Is the service safe?

Our findings

There were sufficient numbers of staff in place to support people at the time of our inspection, and the registered manager had further interviews arranged for potential new employees. Staff moved around the three floors in order to learn about everyone's needs. Senior staff would stay on the same floor for a period of one month, before having a handover and then moving to another floor. We spoke to people about the staffing levels and although people felt there were sufficient staff they told us waiting for call bells to be answered sometimes took a while. Comments included "I ring for the toilet and sometimes it's half an hour before they come, that's every time and I'm not the only one", "On the whole staff are good but can be a long time coming, but I'm not the only pebble on the beach" and "They come but it depends on what they are doing, they do say if you need anything just ring".

Relatives gave mixed responses in relation to people waiting for assistance saying "There are masses of staff", "You hear the bells ringing but they can't be everywhere at once" and "I think it's the only home I have been too where you don't hear constant people calling or bells going, staff patient ratio is higher than other homes. People come promptly when I have called".

We tested the response time for call bells during the inspection. We used the call bell in one person's bedroom to see how long staff would take to respond, and observed a time of three minutes. We looked at the call bell audits for the month of May 2016. The audits showed that the majority of calls were answered in less than 5 minutes. However a number of calls were recorded that had taken over 11 minutes to be answered. In one week the number recorded was 207 (8.4%), and for another week it was 281 (11%). The Registered Manager had identified the numbers from the audits and an action plan was in place to improve these response times. The registered manager explained the call bell system had been replaced 29 February 2016 and they had experienced teething problems with it. An engineer had been booked to programme the staff alert pagers to ring on the appropriate floors. The registered manager has told us "When this is in place I can review the audits to see if this has improved our response times. I will monitor the response with my residents". During our inspection we did not hear the call bells ringing for any prolonged periods of time'.

Peoples' medicines were not always managed safely. We saw one example of unsafe practice where a staff member had signed across the same type of medicine for two different people at the same time when it should have been signed separately each time. When we raised this during feedback the quality assurance manager immediately responded that this would be addressed and they would take copies of the error to use for training purposes.

We saw on several occasions during the two day inspection that people's MAR's (medicine administration records) were left on view whilst the nurses went to find the person and administer their medicine. This meant that sensitive information relating to people's medicines and health related conditions was potentially accessible by other people in the home. The registered manager assured us this would be addressed to protect people's privacy.

All other management and administration of medicines was conducted safely. People had medicine care

plans in place which contained body maps to show staff where and when to apply any topical creams that were prescribed. The nursing team received good support from the clinical lead and the local pharmacy. Homely remedies (non-prescription medicine available over the counter) were available if people needed and we saw the GP had reviewed this in line with what people could have and had signed the document. This was in line with the medicines policy on homely remedies.

People we spoke with told us they felt safe living at Braemar lodge commenting "I feel safe living here" and "I feel safe, very lucky, I have a sensor box in my room". For some people at risk of falls a sensor box had been placed in their bedroom, which sent a message via an infra-red signal when that person was mobilising so staff could offer assistance. The registered manager explained "There are sensor boxes and call pendants people can wear, we talk about what is available, they don't have to use it but we can make the environment safe and independent".

Relatives also felt reassured that loved ones were protected saying "I come away and don't think about [relative] because I know she's safe", "I am perfectly happy leaving my relative there", "I'm not worried about safety" and "The home does safety, security and dignity well". People were able to lock their bedroom door's if they chose and had a key, whilst other's preferred to leave their doors open or closed, but not locked. The registered manager told us "It's their choice".

People were kept safe because systems were in place reducing the risks of harm and potential abuse. Staff had received safeguarding training, and were aware of their responsibilities in reporting concerns. Staff comments included "It's about protecting anybody's best interests and supporting them with their needs, always being observant, picking up on anything you feel isn't right and questioning it", "Protecting vulnerable adults and ensuring if there are any concerns you report it, and document it", "Report it to my supervisor, the police or CQC" and "I would report it to the manager who then reports it to safeguarding".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These protected people and supported them to maintain their freedom. For example in one person's care plan it was documented in 'Maintaining a safe environment' that this person had an unsteady gait and used the aid of a walking stick when mobilising. We saw a moving and handling plan had been put in place which detailed how many staff were needed to support this person, the type of equipment, and if the person needed full support or prompting. A risk assessment and a falls risk assessment had been developed from this plan, alongside an individual falls log to record any falls the person had experienced.

People were supported to take risks to retain their independence. The registered manager spoke about a previous example when a small group of people wanted to walk to the local park without staff being present commenting "We did risk assessments, we involved the families, we did the walk a few times with them and found the safest place to cross the road. We gave them a card with our numbers on in case of emergency and they signed the risk assessment. The registered manager further said "We work from the balance you can do it, and then how can we make it safe and who can we involve".

We saw when specialist needs had been identified support was given and the necessary resources obtained such as slings and walking aids. This assistive equipment was regularly maintained to ensure it was fit for purpose. Staff completed a maintenance book when issues arose that required attention and this was then attended to by maintenance staff. We saw regular checks were completed within the home. This included testing and flushing the water outlets twice a week, checks on equipment including wheelchairs and beds, fire checks and the security of the building.

The home had an evacuation plan in place which was clearly displayed providing information on where to

go in an emergency and useful contact numbers. The home had an agreement in place that they could use a local youth centre for people to be relocated which had appropriate facilities. The nursing staff had all been trained as fire wardens and we saw people had personal emergency evacuation plan (PEEP) in place detailing the assistance they would require in an emergency. These were updated in line with any changes to a person's care needs. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Accident and incident folders were kept in each nurses station, which recorded details and action taken and prompted staff to inform the family. The registered manager would then review these forms within 48 hours. One person had returned from hospital following a fracture and we saw all post-accident requirements had been met and risk assessments updated.

We looked at five staff files and found the recruitment and selection process to be very thorough. The staff files showed that all checks are completed including sourcing three references and a Disclosure and Barring Service checks (DBS). A DBS check helps employers make safer recruitment decisions and prevents unsuitable people working with vulnerable people. The registered manager kept a separate filing cabinet for new and potential employees going through the recruitment and induction process to ensure all necessary checks had been completed and moved them into the permanent staff files after the probation period was signed off. The registered manager spoke about recruiting the right staff saying "We ask a person to come in prior to interview and we show them around the home. During this point I see if they make conversations with people, and are open to things, it's an informal process. You then have someone who is excited for the role. By the time they interview we have someone who is interested".

We found the service to be very clean and homely. Staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record that all areas of the home were being cleaned. We looked at a folder relating to the Control of Substances Hazardous to Health (COSHH) which contained data sheets and risk assessments for each chemical used in the home. Staff were able to explain fully the procedures to take if the home experienced an outbreak of infection. This included closing the home to outside visitors, kitchen staff not going onto the floors, people at risk remaining in their rooms, using the appropriate protective equipment and regularly cleaning surfaces and door handles to reduce the spread of infection. A deep clean would be performed after the event also. Staff told us "We have a checklist and then it is checked and signed off", "We always have enough supplies, we order what we need, there are no restraints", "When we do a spring clean I will sit with the person and explain what is going to happen" and "I have had no complaints, a resident may say you clean too much".

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One relative said "The staff are so experienced, they know her so well". A health professional told us "The staff appear well trained, deliver care effectively and appropriate to patients needs whilst respecting their dignity, views and independence". The different staff roles were easily identified by different coloured uniforms. For example the housekeeping team were in yellow and the care staff in light blue. This meant people knew where to direct their queries to if needed.

Staff told us they had the training and skills they needed to meet people's needs. One staff told us "I have never worked in a care environment where we do so much training, we are always training". Another staff commented "If we express a preference to learn something they will accommodate it". The registered manager kept an electronic training log which showed when a staff members training was due to expire in 90 days and the 45 days. This meant there was time to arrange refresher training for that staff member within that time period. We saw that staff had completed training in subjects such as safeguarding, infection control, person centred planning, mental capacity, and dementia. A 90 day training plan was in place which showed what training had been booked, who the trainer was and which staff would be attending.

The staff contributed to the home's training programme with many having completed 'train the trainer' in order to deliver training to their peers. One staff member delivered infection control training, whilst another staff was responsible for moving and handling training. This was a rolling course which was delivered every Monday in the home. Fire training was done on the premises and this included doing a "mock" evacuation. The registered manager explained "I prefer interactive training, even the induction workbooks are signed off with someone and reflected on". We saw that staff had been supported to progress to further qualifications such as diplomas level two and three. There was only five staff members that had not done this.

New staff were supported to complete an induction programme before working on their own. They told us "The induction was really good, it covered everything, nothing came as a shock" and "The induction was intense, we had an orientation to home, mandatory training and observations". We saw an induction knowledge checklist in place for new employees which was signed when mandatory training had been completed and the staff member had been assessed as competent. The registered manager would then sign off the end of probation review form and commented "The induction is robust, shadowing, paperwork, policies, mandatory training, at one week they do a reflection then again at two weeks. After two weeks they are ready to be included in staff numbers, but if they need another week they can have it".

People were supported by staff who had supervisions (one to one meeting) with their line manager. We saw the supervision record for staff was displayed in the nurses station and staff told us their supervisions took place regularly commenting "We have supervisions by our line manager, I'm happy to raise things", "Supervisions are regular, observations are done as well to make sure your skills are up to date. It's useful because individuals change" and "I feel I can raise anything, there is great support".

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. The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. We saw evidence of best interests decisions where appropriate and saw they had involved the person's family, GP or social worker. People had individual need assessments in place which showed the decisions a person was able to make and which decisions they needed support with. We saw for one person with a diagnosis of dementia a mental wellbeing care plan was in place which detailed how their dementia impacted on their daily life. Within the care plan it was documented the actions taken, the assistance needed and who was involved in meeting this person's needs.

Staff we spoke with were knowledgeable about supporting people who lacked capacity commenting "If a person has capacity, we do a person centred risk assessment, if not we do a best interests decision", "We give choices in best interests decision ways" and "If they aren't able to say their choices, we use facial expressions. We make them feel safe, because if they haven't got that ability to communicate they can feel fear". One health professional told us "The staff and managers have demonstrated an excellent understanding of mental capacity to me".

The registered manager had identified a number of people who they believed were being deprived of their liberty (DoLS). The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. The DoLS applications had been made to the supervisory body and were awaiting authorisation. We spoke with the registered manager about the nine DoLS requests and if the people concerned were actually being deprived of their liberty. The registered manager explained the applications had been put in a long time ago and agreed they could do with being reviewed. During our inspection we saw there were no restrictions between the floors or outside and people were able to access all areas of the home freely.

We observed some of the mealtimes during our inspection and saw they were an enjoyable experience for people. Tables were laid up with fresh flowers, condiments and jugs of water. People were seen sitting with friends and happily chatting while waitress staff attended to their needs. One person was heard to ask for bread and butter with their meal and the staff immediately responded "Of course brown or white bread". Another staff member fetched a cushion so one person could sit forward more in their chair. During the lunch meal we noticed that people in wheelchairs were not always supported to remove the footplates before being seated at the table. On one table we saw several wheelchairs with footplates attached and these were touching preventing each person from sitting all the way in to the table. We raised this with the registered manager who is going to address it with staff.

People had choices of drinks which included orange and apple and sherry. When the food came out it was pre plated and covered and each person was served individually. People had previously filled out preferred portion sizes which were included in their care plans so staff knew the amounts people liked on their plate. The food was presented nicely and we observed one group of people eating four different choices of food. For dessert one person asked for gateau, another asked for fruit and was offered tinned or fresh, all choices were respected and actioned by the staff. The reading room was available during mealtimes for anyone that did not like to be around lots of people when they ate or needed one to one encouragement from staff during their meal. The atmosphere in here was less formal and slower paced to suit people who preferred their meal in this way.

People were mostly complimentary about the food saying "The food is excellent, you get a choice of food, there's always a vegetarian option, and the chef will come round with ice-cream", "We fill out a menu that comes every evening with coffee", "The food itself doesn't suit me, but my friend eats every bit, you can't please everybody" and "The food is very good, we get a choice". We spoke with people's relatives about the food and received comments such as "Absolutely brilliant food, the choice is superb", "I have been there at lunch and it seems to be adequate and well presented, the salads are fantastic. My relative is eating a much more varied diet than ever did at home" and "I have eaten there quite a lot, [relative] never complains it's good".

People's preferences including their dislikes and any allergies were recorded on a chart in the kitchen. The chef would visit a person when they came into the home to ascertain preferences and this would then be reviewed every six months. The menu was on a four week cycle and changed with every new season. The chef explained they look at people's menu options to see what is the popular choices and chat with people after their meal on a daily basis. We saw one fridge contained sandwiches, soup and cheese and biscuits which was available at any time for people that may be hungry around mealtimes.

People were referred appropriately to the dietician and speech and language therapists if staff had concerns about their wellbeing. For one person who had a reduced appetite, a nutritional care plan was in place which detailed what action had been taken. This included GP consultations and reviews and supplements that had been given. One staff said "Food and drink is strictly monitored, we record and monitor people. If any concerns we take it to the nurse".

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People told us "I can see a doctor if I need, one comes weekly" and "I have lost weight, the GP knows, I see the doctor and have fortified drinks". We saw in people's care plans that GP visits had been recorded and health action plans were in place. One staff said "If a resident or staff have concerns the doctors are told that day". Hospital passports were in place which shared important information with the hospital if a person needed to be admitted quickly. However we saw these had not always been completed for people.

One health professional told us "They are very good at identifying changes or concerns about patients and highlighting these and in addition requesting more urgent reviews or advice. They support patients' needs by providing and ensuring access to other healthcare professionals when needed." The registered manager commented "We say to people who need support, why don't we take care of all the things around the edges so you can get on with enjoying life. We give back control as they get better". For people at risk of pressure wounds a skin integrity care plan was in place and daily skin care regime. For anyone who had a pressure related wound there was a folder in place with a daily checklist of actions to take and a date to be reviewed. A body map and photos clearly detailed the wound and it's progression.

The home was warm and welcoming and created spaces for people to join communally should they wish or quieter rooms for people to relax in. An upstairs balcony overlooked the gardens so people could enjoy the fresh air and views if they didn't want to go downstairs. A notice on the front desk stated if the registered manager was on duty and if the head of care was available so people were informed of events.

Some of the people we spoke with invited us in to see their bedrooms and these had been decorated to the individual's taste with their personalised belongings from home. All the bedrooms had door numbers but if people wanted their name displayed this was their choice. One relative said "We can bring what we wanted from home, it's all very personal". The home had many amenities for people to enjoy including a hair salon, reading room and coffee shop which had fresh cakes put in daily and a touch screen coffee machine that

people could help themselves too. The registered manager commented "It's our costa café that costa nothing".

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care and received support from staff who had got to know them well. Comments included "We are lucky aren't we, I like living here very much, it's home", "It's lovely living here, only got to say you need something and it appears", "Staff are nice, they will do anything for you" and "I love living here, it's clean, nice people around me, I have made friends".

We observed respectful interactions between people and staff, where staff would stop when they passed people in the corridors and offer assistance or simply engage them in conversation. People were afforded time and patience even on occasions where the same questions would be asked repetitively. Staff were heard informing people about the day's activities and reminding them in case they wanted to attend. One staff commented "It's calm and relaxed, we get to know residents well". Staff worked from a person centred, holistic perspective and knew people and their families well. One staff said "I like that here we have time to chat with residents".

Relatives spoke highly of the staff and the care their loved ones received commenting "We knew this would be comfortable, staff are welcoming", "I haven't seen one miserable face since my relative has been here, she thinks she's in a five star hotel", "I can't rate the experience for our family any higher from here", "They know her very well", "They think of things, if it's hot they come round with ice-cream" and "They are really caring". The home was a mix of residential and nursing and the floors were not divided, so as people's needs changed they did not have to move from their bedroom onto a different floor. The registered manager told us "When a person moves in it's their home and the care they need comes to them". One person said "I am at home here with all my things around".

People's needs were met in a friendly and unhurried manner and staff were mindful of protecting people's privacy. People told us "Staff always give a knock before coming in, they are very good", "Staff are gentle, I would soon tell them if not" and "Staff are lovely, they will ask first, and respect that I can do a lot for myself". Staff told us they ensure curtains and doors are closed before supporting anyone with personal care. One staff said "If a resident has closed their door or not I will always knock and wait for them to answer". One health professional told us "I've never seen anyone talked down to, staff display good listening skills". During our inspection we heard one episode of undignified care which involved staff referring to people who needed support with eating their meals as 'feeds'. Only staff were present during this conversation. We raised this with the registered manager who felt disappointed and told us staff are encouraged not to use this term, and would address this again with staff.

People were encouraged to be as independent as possible. During our visit we saw people actively choosing where and how they wanted to spend time. This included one person taking their daily exercise walk around the garden, and others sitting in the garden, reading or talking. One person told us "They help me to be independent". One staff told us "We encourage as much as possible, say let's give it a little go and see how you get on, even if two steps I will praise and it boosts them, you don't want to lose their independence". The registered manager told us "We are not going to change people's routine when they come in, staff encourage people, one person dusts their room, the cleaners encourage this, it's all the little things that staff

do whether they know I'm here or not". We heard one staff member explaining to a person the support they were going to give and offering a choice of clothing for the person to decide from. Another staff was observed saying "You can have supper down here or upstairs in the dining room, it's your choice". One health professional told us from their observations "People were enabled to have informed choices from staff that worked in a person centred manner to ensure residents were active in their care and not a spectator".

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. During our inspection the home catered for one person's wake who had sadly passed. The person had considered Braemar their home and the funeral procession started from the home. We saw on the staff notice board a picture of a forget-me-not had been chosen to represent when a person had passed. This was placed on their door as a mark of respect and to let people and staff know in the home. One staff member told us "We support the family too, they need to know someone is there for them". Another staff told us when someone is at end of life care they "Involve the GP, have a meeting with the family, there are advance care plans in place so people don't have to go into hospital unnecessarily and cause them stress. We keep people pain free and comfortable so they can have a peaceful, positive end". One health professional told us "They work well with the GP and with the palliative care team and engage with all of the end of life training and courses. We consider Braemar Lodge a home who can be trusted to manage such patients and their families. I have been impressed with care given when I visit the home".

Is the service responsive?

Our findings

Each person had a care plan that was individual to them, detailing information on the person's history, important relationships, and personal preferences. The plans included information on what people could do for themselves, and then the areas where support was needed. This ensured that people maintained as much control over their lives as possible. The registered manager told us "We are realistic with residents; we ask them what their goals are".

People or their relatives were involved in developing their care, support and treatment plans to ensure they were in line with what each person wanted and needed. We viewed eight care plans and found them to be very person centred. Staff were knowledgeable about people's personal care requirements and one health professional commented "From observations carried out, resident's needs were met in accordance to their care plan". The registered manager explained how everyone in the home had a role to play in making people feel settled into Braemar saying "When someone new comes in everyone is involved, the nurses for health and medicines, the laundry to label people's clothes, the chef gets ready to meet them and the carer's start getting to know them". During our inspection we heard two members of staff discreetly discussing ideas on rearranging a person's furniture to make access easier for them. One health professional commented "I am impressed that the catering staff, the administration staff and housekeeping staff are very much part of the team and valued for their input into the daily wellbeing of people". A relative told us "Senior staff are always so receptive to ideas".

Staff knew people's individual communication skills, abilities and preferences. People had communication care plans in place which stated if the person had any impairment that impacted on their ability to communicate. Details of how to communicate with the person appropriately and actions to take were recorded and this was regularly reviewed and evaluated. The registered manager spoke about a person who had experienced reduced verbal communication after a stroke commenting "It was the best moment when after only two days in the home they said my name". During our inspection two staff approached the registered manager with their enthusiasm of obtaining an assistive aid to help this person further communicate. This person was due to have a review with health professionals the following day to look at communication aids, but the registered manager told staff to go out and buy whatever they needed for that person immediately. The service reacted swiftly to ensure this person was being supported with their speech, and would have another communication method in place to express their thoughts, needs and preferences. There was a digital monitor system displayed in the corridor which updated people regularly with information relating to events happening within the home. We saw this alternated between displaying the day's menu and the activity events scheduled for that day so people could be kept informed.

Actions required to support people had been recorded in their care plans and we saw these were reviewed regularly. The staff used a system called 'Resident of the day' which meant that each person's care plan was checked once every month. Where necessary health and social care professionals had been involved and relatives also had the opportunity to be part of reviewing their loved one's care needs. Relatives told us they were made to feel welcomed and a part of life in the home commenting "They inform us if mum is unwell", "As soon as you go in the door someone smiles and asks if they can help you. The best thing is the smiles",

"When you walk in the manager says hello, even the cleaner will stop and say hello" and "Everybody stops and says hello, asks how I am, it's home from home".

Communication between staff was effective ensuring that staff had an excellent understanding of people's needs and how to meet them. Every morning there was a heads of departments meeting so all staff could be involved in what was happening that day and filter this through their teams. These meetings were documented and we saw all roles in the home played an active part in the daily running of the home. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. One staff member told us; "Handovers are always excellent". One health professional told us; "I have never witnessed any confusion or issues". At shift changes the registered manager would often hold 'pocket sessions' of learning. These would last around ten minutes and would be used for knowledge updates, to discuss any issues that had arisen or if someone's needs had changed. Staff told us how a 'pocket session' had recently been held to refresh the nursing team in supporting someone with a specific health need. Sharing knowledge in this way meant staff were informed about how to meet this person's care needs with a consistent and well planned approach. The registered manager said these sessions were not just for nurses but care staff and other roles such as housekeeping or catering, commenting; "We ask staff what they think, how we can solve it, they own it". This method encouraged staff to continually seek out the best methods of meeting people's needs. A health professional commented "They assign a member of staff specifically to liaise with us, which makes them better than the average". This meant people had their needs met by staff that communicated information effectively to other health professionals involved.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. During our inspection a person came in from the local studio theatre to give a talk. Other people were engaged in making hanging baskets in the garden club and another group of people chatted about a musical DVD they were watching. We looked at the monthly activity guide that people received and saw it included events such as cooking, a music and movement class, a boat trip from Hythe Marina, and a ladies lunch club. A noticeboard was displayed with pictures of people living in the home enjoying recent activities they had participated in, such as the Queen's birthday celebrations. People praised the opportunities they had saying; "We have enough to do", "You don't miss out on anything here" and "I try and join in all the activities, I have painted". One staff told us; "There is a good range of activities here for people". A Hawaiian beach party had been planned for August in which the garden would be decorated, paddling pools filled and a barbeque put on. The staff had booked an entertainer and people's relatives were encouraged to come in and dress up. Relatives told us; "There's enough for everybody to do", "The activities are brilliant" and "If that way inclined people can have a very full life there".

We saw pieces of pottery displayed around the home that people had enjoyed making during a pottery class that took place fortnightly. A large framed picture was on the wall which contained many doodles and small drawings. The registered manager explained this had been an idea from the provider for a doodle club competition which people living in all the provider's homes could participate in. People living in the home had the chance to join in and add their doodle to the paper. Braemar had won this competition and the picture had been framed and put on display for people to enjoy. The picture created a talking point for people and was admired by many regardless if they had contributed to it or not. We saw people during our visit looking at the picture and trying to work out which doodle they or others had done. One person told us "I have lots I can do".

The registered manager had ensured that all people's choice of activities were met by speaking with people to find out what they enjoyed before and recreating it within the home. One staff member commented; "If

we find out someone has a skill we get them involved". The registered manager said; "It's not about the outside age it's about the inside age". The home had two 'Colten companions', staff specifically involved to engage people who could become socially isolated in activities. The Colten companions would predominantly focus on having one to one time with people in their bedrooms that may not like participating in a larger group or who were unwell. Staff told us the companions would sit with people and do their nails if they wished, talk with them, or read poetry. One staff commented; "People will say what they would like to do and this feeds into the planning". One person who spent most of their time in their bedroom told us; "I have a lot of visitors and people that come in to see me".

The gardens at the home were a big focal point and had won many trophies for the beautiful spaces created. The garden was very people friendly with paths suitable for walking and for wheelchairs, and plenty of seating areas which allowed for privacy. There were raised flower beds, a bug house and bird boxes in the trees which had been painted by one person living in the home. In one bird box a camera had been set up so people could watch the birds entering and using the bird box. The home had just been granted a budget to build a woodland walk within the garden which would be out of view of the home allowing people to have time spent in privacy. The registered manager told us "It's their garden". Comments from people included "The garden raises your spirits", "I go out in the garden most days", "I enjoy lazing about, someone takes me out in the garden" and "The garden is wonderful". When we were leaving on day two of the inspection one person was also heading out of the front door and told us "I am off for a walk to get some fresh air for the evening". People were able to freely choose how they spent their time.

The weekend following our inspection a garden party had been planned and we saw notices around the home detailing the event. People living in the home were involved in choosing the theme for the garden party each year and had chosen Alice in Wonderland this year. We saw a white rabbit displayed in the garden and people had been involved in painting teapots which were to be placed around the garden. One person took pride in showing us which teapot they had worked on that was currently displayed on a sideboard in the reading room. Another person commented; "You only need to make your wishes known here".

People living in the home were also supported to have voluntary roles to promote their independence and maintain their skills. We saw one person helped out in the hairdressers as a salon assistant, and they did this twice a week. Staff would ensure this person was given an early breakfast on those mornings and then they would go off to work at the salon. This person told us; "They keep me busy" and we saw them in the salon assisting during our visit. Another person was involved as an assistant weekend receptionist. One person had the role of garden assistant and another had taken on the role of serving people coffee when they came to visit the home. We saw this person asking people in the reception area if they would like a coffee and proceeding to make people drinks. One person had experienced a deterioration in their health affecting their ability to manage one of these roles. The person did not want to discontinue their role so the home worked with the person to change the nature of their role and establish aspects of it that they could still do. This meant the person could continue to contribute in the role they enjoyed. The home had provided identity badges for these individuals stating their name and the role they had taken on within the home. It was clear that enabling this benefitted people to be involved and feel part of the home, and one person said; "They help me do anything here". One health professional told us "I feel that Braemar Lodge offers an excellent standard of care to residents whilst trying to help them maintain their independence".

People were encouraged and supported to develop and maintain relationships with people that mattered to them and with the community. This included supporting people to continue to visit their preferred place of worship to attend services if they chose. Several people had recently participated in a local tea dance and had the opportunity to meet new people away from the home. One person also told us; "Family come often

to see me, there are no restrictions". The quality assurance manager told us; "We bring the community into the home and keep the relationships people have with Salisbury". A meeting point had been identified in the main reception area as a place where people liked to come together and chat. A coffee machine had been set up and lots of comfy seating had been made available, to encourage people to join this meeting group. Throughout our inspection we saw people from the different parts of the home meeting up, having a drink and enjoying each other's company. One relative described to us how when her relative had joined the home she had been encouraged into this social group, which had enabled her to make friends and this now formed a regular part of her day.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. We reviewed the complaints folder and saw acknowledgement letters to people were informative and sympathetic. Immediate actions taken were recorded along with the outcome, level of satisfaction from the person and if the complaint was substantiated. The registered manager spoke to us about an example of learning that had come from a complaint that recognised an extra member of staff was required on one floor saying; "Everything is investigated, if we can learn from it, we can go forward, we can educate from it".

People we spoke with were confident in how to raise a complaint if they needed to. One person said "The manager comes and sees me, but I have no complaints". Relatives comments included; "If I raise anything, the manager will respond, I get an immediate response", "I have never made a complaint, the slightest thing I know they would respond", "I have spoken to the manager but it must have been trivial, I have never complained as such" and "I have no complaints but feel happy to raise anything". Staff encouraged people to raise concerns with them saying "Residents are happy to tell me if they have a concern, and I help and pass it on, they are comfortable to tell me" and "If someone raised a complaint I would talk to the person, clarify the concern, if minor I will help resolve it, if not will involve the home manager and document".

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Feedback surveys were sent to relatives and health professionals and an external company came in to speak with people living in the home. Resident and relative meetings were held with drinks and nibbles available for anyone who wished to attend. These meetings were an opportunity for people to raise questions and be informed of events related to the service. The Colton care companion would attend the meetings so they could then feedback to people who chose not to come, or spent most of their time in their bedroom, so they had the opportunity to be kept informed. The meeting minutes would also be shared with everyone and emailed to relatives.

We saw one meeting had asked people and their relatives if there was anything the home could do better. One relative commented; "I have nothing but good to say about the place". Any actions that could be taken from these meetings were identified and an action plan put in place. The feedback was also compared with the previous year to see where possible shortfalls or improvements had been made. People coming to the home on respite care would also be offered the opportunity to give feedback after a week of their stay. During our inspection we saw two people who had initially come to the home for a respite stay and were now considering staying long term because they liked Braemar so much and had become very settled.

The home sent out a regular newsletter so people and their families could be informed of events relating to the home. We looked at the compliments folder and saw the home had received many cards complimenting the high level of care and support their loved one's had received. One family had sent the home a thank you cake for all the care that had been provided. These cards would be first displayed in the staff room for staff to know that their care and support had been appreciated before being added to the folder.

Is the service well-led?

Our findings

The registered manager was a positive role model to staff and promoted a culture that was person-centred, inclusive and empowering. People and their relatives all knew the registered manager by her first name and spoke highly of her and her ability in running of the home. People told us "I see the manager, I could go and talk to her if I needed, she's very nice" and "Everybody loves it here, it's well managed". Relative's also commented saying "I see the manager, I know she's there, the door is always open", "The whole place is extremely well run. As soon as I walked in the atmosphere was different" and "The manager is always very busy but always makes time for people". During our inspection we heard one person say to the registered manager "You do so much for me".

Staff felt well supported by the registered manager and able to approach her with any concerns or ideas. Staff told us "It's the management that's good about this home, she's so clued up about everything, it's dealt with, nothing is ever left", "The manager is approachable, you always see the manager on the floors", "It's like one big family, they care about everything" and "I feel supported, very approachable manager, we try and support each other". The quality assurance manager told us "The manager is so focused on relationships, she has a personal relationship with everyone". The registered manager said "Everything we do is about lifestyle, it's their home".

Health professionals we spoke with also commented on the efficiency of the registered manager and staff team saying "I visit this home on a regular basis and have found the managers and all members of staff I have dealt with to be very approachable and effective", "The managers are superb, always welcoming and very professional. They deal efficiently and effectively always" and "The Registered Manager has clearly made a positive attempt to meet new requirements in this home, and is well supported by her Clinical Care coordinator and the staff members".

The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. We saw on the staff noticeboard that staff had filled in cards titled "living the values" about what they can do to provide a warm welcome to people. Comments staff had wrote included "Keep smiling, be polite, find time to listen" and "Stop, pause take a moment to think". The company's five values of friendly, kind, individual, reassuring and honest were displayed in the staff room and in the home's brochure. The registered manager commented "You have to know your staff are going to make the right decision in your absence".

We asked staff about these values and comments included "I had a training programme on the visions and values of this service" and "Someone has mentioned the values of the service to me, it's about creating a caring environment and being compassionate". Relatives told us they felt these values were associated with Braemar commenting "Colten care is such a good company", "I know Colten care the company, and the standard of care was good and I anticipated Braemar would be the same" and "When I was looking for a home I wanted the best for my mum and I have definitely got the best". The registered manager told us "Staff are proud of Braemar, there's lot of laughter".

People, their relatives and staff were empowered to contribute to improve the service. One staff member told us they had seen a gap in the induction process to support new employees and had developed a mentorship programme. This involved meeting with the new staff member regularly during their first six months to identify any learning needs, look at areas of support needed and reflect on what was going well or not. The registered manager told us "Staff come up with ideas which I don't see". Staff were encouraged to put things on the staff meeting agenda if they wanted to discuss anything. One staff commented "It's run by the residents, it's their home".

Staff were encouraged to take on responsibilities within the home. Two staff were dignity champions for the home, other staff were palliative care and dementia champions (Champion roles promoted the importance of these areas and provided increased knowledge and support to other staff). Two nurses had been trained as mentors which meant the home could accept student nurses to train at Braemar. The registered manager said "Everyone has a role, we ask them if they enjoy something and there is a gap to say what they want to do. The excitement is shared by everyone".

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Each head of departments completed their own audits as well as an audit carried out by head office. Kitchen staff also told us the registered manager would complete random audits. The registered manager told us "We audit everything, tissue viability, accidents and incidents, medicines and nutrition. We share this with the RGN's, they need to understand why we do things so we have started sharing our files with them".

All results were sent to head office and recorded onto a spread sheet. This information was then collated to identify for trends and patterns within the home. If necessary learning and training would be arranged around any identified shortfalls. The quality assurance manager informed us that the home had scored 94% on their last audit commenting "From this audit the manager formulated a three month action plan, she's always striving for more". The registered manager had support from senior management saying "Colten care are very good at listening" and "I feel supported, I can ring if I need anything, I'm not afraid to ask, they are very responsive". We saw that records of professional visits were documented and formed part of the registered manager's audits.

The registered manager had made links with the local community including Salisbury hospital which had asked the home if they could make a training video of palliative care with the staff at Braemar. The registered manager spoke about having had people on apprenticeships and work experience come into the home saying "We have work experience here, some want to come back, it makes it all worthwhile. I have staff that did work experience and are still here". The registered manager had attended talks with Wiltshire college to speak about care and attends meetings with Wiltshire skills for care, commenting "I come back from the meeting and I say to staff you don't realise how good you are and this is your norm, you're not striving for it".