Mrs Fiona Collins

Bramley House Residential Home

Inspection report

Westcott Street
Westcott
Dorking
Surrey
RH4 3NX

Tel: 01306740003
Website: www.bramleyhouse.net

Date of inspection visit:
27 June 2018

Date of publication:
22 August 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced comprehensive inspection to Bramley House Resident Care Home on 26 June 2018. Bramley House is a care home which provides accommodation and personal care to a maximum of 16 older people. Some may also be living with a dementia type illness. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a registered manager in post. 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.

We last inspected this service on 15 July 2017. At that time we identified a breach of legal requirements relating to the management of records within the service. We took enforcement action following this inspection as we had previously identified shortfalls in record keeping during inspections to this service. Following the inspection the registered provider sent us an action plan telling us they planned to address this shortfall. We used this inspection to check whether the registered provider had taken action in line with their action plan.

Bramley House is a small service which is friendly and homely. People were cared for by a small number of staff who knew people well and delivered a person-centred care. People's choices and opinions were valued and they were actively involved in making decisions about their care.

Staff showed kindness and compassion. People's dignity and independence was promoted by staff who also showed respect towards the people they cared for. People were cared for by a sufficient number of staff to meet their needs.

People felt safe and staff were aware of safeguarding procedures should any suspected abuse take place. Staff had adequate training and experience to care for people safely. The appropriate recruitment processes and ongoing monitoring of staff ensured that only suitable people worked at the service.

Medicines were managed safely and there were effective infection control procedures. We saw evidence that lessons had been learned when things had gone wrong by adopting procedures to prevent incidents happening again. Risks to people had been identified and plans were in place to help reduce those risks.

People's care plans took into account their wishes and preferences. People's needs were assessed and the care people received reflected the needs identified in the assessment. End of life wishes for people had been considered. People had access to a range of activities and they told us if they were unhappy with any aspect of the service they would know who to speak to.

People were provided with a choice of food and drink throughout the day and were supported to maintain their nutrition and hydration needs. People's health was promoted by access to healthcare services.

The home was well adapted and designed to meet people's individual needs. Staff followed the principals of the Mental Capacity Act 2005 in relation to people's consent and any restrictions that may be placed on them.

People and staff praised the registered manager. Staff felt that they were supportive and approachable and people liked the open, welcoming culture of the home. There was effective communication between management, staff, people and their relatives.

There were quality assurance systems in place to identify where improvements were needed. The service worked in partnership with other agencies to deliver joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff followed robust medicines management procedures.

Staff maintained appropriate levels of infection control.

There were enough staff to meet people's needs and they were recruited safely.

Staff understood what abuse was and how to report it.

Staff were aware of risks to people and how to manage them.

Is the service effective?

Good

The service was effective.

People's needs were assessed and the care people received reflected the needs identified in the assessment.

Staff had adequate induction, training and supervision.

People's nutritional needs were assessed.

People had access to appropriate healthcare professionals when needed.

The decoration and design of the premises was suitable for people.

People's consent was sought before they received care and staff followed the principals of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

People's privacy was respected.

Staff were aware of people's preferences and choices.

People were supported to be as independent as they wished.

Is the service responsive?

Good

The service was responsive

People's care plans included relevant information about the care they needed.
People had access to a range of activities to suit people's varied interests.

People knew how to complain and felt comfortable doing so.
Complaints were used to learn from and to improve the service.

End of life care was treated sensitively and people were given the opportunity to make plans for the end of their lives.

Is the service well-led?

Good

The service was well-led.

Staff told us the registered manager was approachable and supportive.

Staff said there was a clear vision for the service.

There were effective quality monitoring systems to monitor the quality of the care people received.

Staff, people and relatives were encouraged to contribute their views to the running of the service.

There was partnership working with other agencies.

Bramley House Residential Home

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 unannounced inspection took place on 26 June 2018. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We also looked at the PIR (provider information report) which we had asked the provider to fill in and return before the inspection and a report from the local authority's quality assurance monitoring visit.

During the inspection we spoke with two people, two relatives, three care staff, the activities coordinator and the registered manager.

As part of the inspection we looked at three care plans for people living at the service, training records of all staff, staff information which included five recruitment records, policies and procedures, accident and incident records and policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us that the home made them feel safe. One person said, "Yes. There are usually people about. The home is not on the main road." Another person said, "I know that I'm safe here. It's the way that they treat everybody. If I press my aid call button they will get to you as fast as they can." A third person told us that they felt safe because, "There's a monitor in my room, so they would hear it." A relative said, "Yes I would say he's safe here. He's on the ground floor. It's a very small community. They keep an eye on him and he's got a buzzer." Staff we spoke with understood their safeguarding responsibilities. One staff member told us that, "Safeguarding is to keep vulnerable adults safe. I would report anything to my manager. You can't keep secrets."

Risks to people were assessed and safety was monitored. We saw that electric gates had been installed at the end of the drive to make the grounds secure for those people who could not go out without a member of staff. We were told that people who could go out alone would be given the key code to the gates. In one person's care plan we saw a risk assessment saying, "[Name] needs to be checked regularly through the night for [their] own health and safety." In this way staff supported people to stay safe while respecting their freedom.

People were protected from the risk of infection. The home was clean and decorated to a reasonable standard. The registered manager told us, "When somebody leaves, we like to paint the rooms and change the carpets." Staff had training in infection control. We saw staff washing their hands before preparing food in the kitchen and staff wore aprons when serving meals. Soiled laundry was kept in the appropriate laundry bins with lids.

There were sufficient numbers of appropriately trained staff with adequate experience to keep people safe. Staff carried out more than one role in the home. For example, the activities coordinator also had an administration function. On the day of our inspection, the cook was on holiday so another member of staff was doing the cooking. There was one carer on each floor but when the home was full, we were told that a third staff member was deployed. The registered manager told us there were two night staff, one waking and one sleeping. A member of staff told us, "There seems to be enough staff."

People were cared for by staff who underwent safe recruitment processes. Wesaw that staff had had DBS (Disclosure and Barring Service) checks carried out in addition to two references. Identity checks, driver's licence and car insurance checks for any one expected to drive as part of their duties were also done. This meant people would be cared for by staff suitable to work at this type of service.

People received the medicines prescribed to them because we found no gaps on people's medicine administration records. Medicines were administered and stored safely and there was a robust system in place for ordering medicines which ensured that there was always a good supply. Staff carried out external pharmacy medicines training every year. Three people were using patches for pain relief. Body maps for these people were regularly updated so that staff knew where the next patch should be placed for it to be effective. We also found PRN (medicines to be taken as required) protocols were in place so staff would

know when to give someone this type of medicine.

Lessons were learnt when things went wrong. Following an incident last year when a person had a fall at the weekend, the registered manager had ensured that staff understood the importance of taking the correct action should it happen again. Staff had been informed which senior staff they could call in the event of an incident occurring at night, in the evenings and at weekends. In addition a notice had been placed in the kitchen reminding staff what to do in the event of someone having a fall. A falls policy had been implemented as had falls and dementia training. The registered manager called on the local authority's quality assurance monitoring team to help them improve practice. The registered manager checked all accidents and incidents through a monthly audit. This included looking at accidents relating to people falling and analysing the information to look for trends.

Good

Is the service effective?

Our findings

People's needs and choices were considered. For example, one person liked to stay in bed most of the time. Their assessment showed that this was something they did before moving to Bramley House. Staff respected this person's wishes and offered them food and drink in their room. Another person liked to go to the shops but was no longer able to go alone, so a staff member took them to look at the charity shops in the local area.

Staff received effective training and supervision. A staff member who had been in post a couple of months said that they were in the process of completing the Care Certificate. The Care Certificate covers 15 minimum standards for someone new to care. They said they had completed fire training but were yet to do safeguarding training. Another staff member told us that induction consisted of twice a week training over a six-week period. It included, fire training, safeguarding, first aid, moving and handling, food safety, dementia awareness, infection control, health and safety and medication,

People's nutritional and hydration needs were met. People told us the food was enjoyable. One person said, "[It's] perfectly satisfactory. Very good." Another person said, "Perfectly OK. Very satisfactory." A third person said, "[It's] very good food. If they know you don't like something, they will do something else." A relative told us, "They feed him well here."

We saw an information sheet kept in the kitchen which detailed people's food preferences. we observed at lunch that people were offered alternative foods if they did not like what was on offer. There was also a choice of juices. No one living at the service was on a special diet or had any allergies. However, menu choices included one vegetarian option a day. The registered manager told us that the dietician from the local community health service had delivered training on the malnutrition screening tool and had been teaching staff about nutrition and hydration. Some people identified at risk of poor nutrition and hydration were on food and fluid charts and had their weights monitored every week. One care plan said, "[Name] needs staff to prompt [them] to drink as [they] are vulnerable to dehydration due to [their] short-term memory – [they] forget to drink."

People were supported to have access to healthcare when they required it. One GP covered the home. A person said, "If I have to go to the dentist, [staff] will make an appointment for me." They also told us that staff cut their toenails as well. We read that two people had been referred to the community psychiatric nurse for a dementia assessment. One person had a colostomy and their bag needed to be changed every two days. We saw that the stoma care nurse had delivered training to staff for them to carry out this procedure effectively. This meant that people benefited from ongoing healthcare.

Bramley House had adopted the 'red bag' system for when people went into hospital or went to another service. Information about people and their possessions go in the red bag with them ensuring consistent, timely coordinated, person-centred care and support when they move between services.

The home was not purpose built but had been adapted adequately for its current use. It had two floors with

a stair lift to for people whose bedrooms were located upstairs and who were unable to climb the stairs themselves. There was adequate signage on doors for example, people's bedrooms and bathrooms and rehydration signs where people could go to get a drink throughout the day. In addition, there were colour coded cups in line with best practice for dementia care.

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 when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether or not staff were working within the principals of the Act. We found that they were.

Where people lacked capacity, staff followed the MCA and the legal requirements around consent. One person had a DoLS in place because they had tried to get out onto the road. They had been referred to the memory clinic before getting a diagnosis of dementia. We saw that they had had a mental capacity assessment and a best interests meeting was held in relation to the decision to submit a DoLS application. In another person's care plan there were documents to show that a member of their family had lasting power of attorney for their family member's health and welfare. We read that one person had a listening monitor installed in their room because they frequently fell. The family and the person themselves had signed the care plan to say that they agreed to this measure to monitor their safety. A third person who had capacity had made the decision that they did not want to be resuscitated and had signed their DNAR (do not attempt resuscitation) form.

Good

Is the service caring?

Our findings

People told us they felt the service was caring. One person said, "I love it here." When we asked about the staff they told us, "Most are really kind and helpful." A relative told us, "They're very good. [name] will start shouting for me and [the registered manager] says, 'I'll go and sit with him.' They are bothered. Here he's much calmer."

People's individuality was recognised by staff by the information they recorded about people and how they responded to people's preferences and personal histories. Staff could give us examples which demonstrated people's equality, diversity and human rights were respected. For example, in relation to people's friends and visitors.

People's care plans were reviewed monthly and families were involved where necessary. People's preferences were considered and people signed their plans. People's religious beliefs were promoted. Some people were taken to church by their families and other people had the vicar come to them in the home.

People's individual ways of communication was recognised and efforts were made to communicate with people when they were unable to speak. One person was recorded that they would slam their hand on the table if they felt that they were not being listened to. Their care plan also said in their 'what is important to me' assessment that they would like to join staff in the kitchen. We saw this person sitting in the kitchen at the table with staff who were talking to them in a friendly and kind manner.

People's independence was encouraged. In people's care plans there was a section called, 'This is what I can do for myself'. We read in one person's care it was documented, 'I can clean my teeth on my own. I can wash parts of my body'. The same person's care plan later stated in the, 'This is what I need you to help me with' section, 'Cleaning my legs.' A person told us that their independence was promoted and that they, "Go out for a stroll around the garden" whenever they wanted to. When asking another person if they had help to get washed and dressed they said, "I'm quite lucky. I can do that for myself."

People's privacy was respected. One person told us, "I prefer my own company so I spend time in my room." Another person told us that they (staff) treated them with respect.

Friends and families were made to feel welcome. A person told us that staff made their friends feel welcome. A second person told us, "They are invited to come in every day if they want." We saw relatives chatting with people and other relatives as we were leaving in the garden enjoying a drink and a chat together in the sunshine.

Good

Is the service responsive?

Our findings

People had access to a wide range of activities on offer. One person said, "They're quite good in trying to get people out." On the day of our inspection we saw that three people had been taken out to a singing class and on the day prior to the inspection people went to the local hall where dementia friendly films were being shown. Entertainers visited the home regularly and activities such as exercise classes were held. Other activities include scrabble and poetry, which meant that there were also activities for people who did not go out.

People were encouraged to develop links with the local community. A local resident brought their dog to meet people in the home, which people told us was something they enjoyed. Another local person visited the home every week to show a film show and give a talk. There were also links with the local church and school and with the owner of a local historic house.

People were known well by staff and staff took an interest in people's past histories. We saw staff talking to people about what they used to do for a living. We also heard staff talking with people about their families and taking an interest in them. Knowledge about people's life histories enhanced the delivery of person-centred care.

People were encouraged to contribute to their care planning process. One person became agitated and distressed if staff did not take time to understand their needs. Their family member told us that staff at Bramley House had worked with them to develop a care plan suitable to their relative's needs. They told us, "I don't think [they] could be any better" and that, "[Family member] doesn't go without anything. They do everything and better [here]." Staff understood that people that people should have as much choice and control as possible. In the care plan of one person who lacked capacity in the 'What is important to me' section was documented 'I can do my own makeup'. We saw that this was the case.

Peoples care plans were reviewed monthly to ensure that they continued to meet people's needs. Staff communicated well with each other and people and their needs were discussed regularly at staff meetings. This enabled staff to deliver care in line with people's wishes.

People told us they knew how they would make a complaint. One person said, "I would complain to whoever's in charge." Another person said, "There are complaint forms on the table. I would know to go to [the manager]." A relative said, "Anybody can raise an issue at any time." Staff responded to people's complaints. We noted one complaint related to a person, 'being bored'. In response to this the monthly activities schedule was displayed on a board to make it easier for the person to choose activities that were meaningful to them.

Although there was no-one on end of life care at the time of the inspection we saw that people's end of life wishes were documented in their care plans. People knew each other well because of the small size of the service so when somebody passed away it was very noticeable. The registered manager told us they informed people one by one, as they knew that it was upsetting for them to hear the news. This person-

centred approach helped address people's emotional needs.

Good

Is the service well-led?

Our findings

At our previous inspection in July 2017 we took enforcement action against the registered provider as we had identified poor record keeping at that inspection. This was something we had also identified at inspections prior to July 2017. At this inspection were saw that these shortfalls had been addressed and as such we had no concerns in relation to the records held for people.

Relatives and staff were positive about the leadership of Bramley House. Relatives we spoke with said that they found registered manager to be approachable. A staff member told us, "Management is very supportive." Another told us, "The manager is approachable. You can ask her for training if you would like to do more. The owner is very approachable as well. There's always someone. You never feel alone." A third staff member told us, "I think the manager is fantastic. She can change hats. She knows the place and she has a calm nature."

The registered manager encouraged effective communication among staff. There was a staff handover sheet detailing important information that the next shift would need to know about people and the home. Staff meetings took place every two months. Minutes show that matters such as changes of people's care plans were discussed, cleaning rotas, the laundry and new style care plans. This enhanced a cooperative and appreciative relationship among staff whilst looking after the interests of the people they cared for.

Outside of meetings, the registered manager told us that staff could contribute their ideas with senior staff on the floor. For example, one person did not get on well with a member of staff so other staff suggested that they could shadow them to learn how to get the best response from the person. The registered manager told us, "We are open to suggestions and ideas."

There were systems in place for staff to receive regular supervision and appraisal. Staff's competencies were regularly checked to ensure that were carrying out their duties to an adequate standard while assessing any training needs.

The culture of the service was open and inclusive. People and relatives were encouraged to express their ideas and thoughts. There were residents meeting held twice a year the last one of which was in December 2017. A person living at the service took the minutes of the meeting which discussed details of the Christmas party at a local school.

There was a clear vision for the home. One staff member told us, "The vision is to keep people as independent as possible, to live their own lives so they've still got choice." Another member of staff told us, "It's a nice place to work." A third said, "It's quite homely. A nice atmosphere."

There was a culture of openness and transparency at the home. Following an incident last year management held a meeting with people and their relatives to make them aware that there was an on-going investigation, reassure them and that they would be updated with developments.

Bramley House worked in partnership with external agencies. We read in worked with the local authority safeguarding team and the local authority quality assurance team in order to drive improvements.

The provider had followed its legal obligations to keep us informed of incidents affecting the running of the service. There was a plan in place to ensure the continued running of the service in the event of a disaster such as a fire or flood. The service also had a statement of purpose and they had submitted a PIR which they were required to do. The registered manager took appropriate steps to ensure that people's data was protected and we saw that plans and records were kept securely in a locked cupboard.

There were quality audits in place. For example, fire safety. The registered manager carried out an annual quality assurance audit with relatives. Feedback from this was largely positive and we saw evidence that results had been considered and action taken where necessary.