Sursum Limited

Sursum Limited Bramley House

Inspection report

Bramley House
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Mere
Wiltshire
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Tel: 01747860192

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11 February 2016
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Bramley House provides accommodation and personal care for up to 37 older people. At the time of our inspection, 36 people were living at Bramley House. The home was last inspected in May 2013 and was found to be meeting all of the standards assessed.

This inspection took place on 11 February 2016 and was unannounced. We returned on 1 March 2016 to complete the inspection.

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

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "staff are respectful and kind" and "I am very happy with the care". People told us they felt safe living in Bramley House and were involved in planning and reviewing their care. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were providing care for. People's needs were set out in care plans they had been involved in developing. Staff followed these plans, which helped to ensure people received care in the way they preferred. The registered manager was in the process of changing to an electronic care recording system.

Staff were appropriately trained and had the right skills to provide the care people needed. Staff had a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People's views about their care and support was listened to and acted upon. There was an effective complaints procedure in place.

The provider regularly assessed and monitored the quality of care provided at Bramley House. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

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.

People told us they felt safe living in Bramley House.

There were sufficient numbers of staff deployed at all times to meet people's needs.

Medicines were administered safely and stored securely.

Staff were knowledgeable about keeping people safe and protected from abuse.

Is the service effective?

Good

The service was effective.

People received a nutritious and varied diet and complimented the chef on the standard of the food provided.

Staff received appropriate and on-going support through a system of supervision and appraisal.

The registered manager ensured that people received timely and appropriate health care.

Is the service caring?

Good

The service was caring.

People praised the staff for their kindness and caring approach.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes. Staff listened to people and acted upon their wishes.

Positive relationships had formed between people and staff.

Is the service responsive?

Good

The service was responsive.

People could take part in a range of activities which suited their interests.

Care plans documented how people wished their care to be delivered.

There was a complaints process in place and people told they knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care.

Staff felt valued by people and by the management team.

Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

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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 11 February 2016 and was unannounced. We returned on 1 March 2016 to complete the inspection.

The inspection was completed by two inspectors on the first day and one inspector on the second day. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

During the visit we spoke with the registered manager, deputy manager, seven people who use the service, the activity coordinator, chef, care workers, a visiting therapist and librarian and two relatives. We received feedback from two health professionals who have contact with the service. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for four people. We also looked at records about the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in Bramley House. Two visiting relatives said they had no concerns at all about the safety of their loved one.

Medicines were administered safely and people told us they received their medicines on time. When people visited their families away from the home, the registered manager provided them with a list of their medicines. This ensured there was an audit trail of the medicines taken.

The registered manager was in the process of relocating the stocks of medicines to a dedicated medicine room and confirmed after the inspection that this had been done. Medicines were stored safely and securely so that only those authorised to do so were able to access them. Medicines were recorded on a Medicine Administration Record (MAR) chart provided by the dispensing pharmacy. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). The stock levels were correct and there were no errors or omissions in the charts we looked at. Medicines were disposed of appropriately and in line with the provider policy. Staff who administered medicines completed an annual assessment to ensure they remained competent to administer medicines.

The registered provider had systems in place that safeguarded people from abuse. All staff had received training in safeguarding and protecting adults and this training was regularly refreshed. Staff demonstrated to us they had a good understanding of what safeguarding was and who they would report concerns to. The registered manager submitted notifications to the Care Quality Commission as required. Incidents and accidents were monitored and reviewed for each individual. Risks to people's safety were assessed before they came into the service. The risks associated with people's care and support were assessed and reviewed regularly. Measures were put in place to guide staff in reducing the risk to the person and ensuring they were safe. This included risk of trips and falls.

There was a robust recruitment policy in place and which was followed in practice. Appropriate checks had been undertaken when new staff were employed. These
included a Disclosure and Barring Scheme (DBS) check, an employment history and references which had been gained before they began working at the home.

The premises were clean throughout and smelt fresh. The home was well maintained and safety checks such as fire drills, legionella and electrical checks were carried out. There was an ongoing development plan in place to ensure the premises remained safe and at the time of the inspection, new wash basins were being installed in two of the bedrooms as the basins had slight cracks in them.

People walked around the home as they wished and the walkways were clutter free with chairs dotted around for people to rest. Staff used effective infection control practices to keep people safe from infection, such as wearing personal protective equipment when required and there were sufficient stocks of these. Food items kept in the fridge were labelled with the date they were to be disposed of to prevent people eating out of date food.

Throughout the two days of the inspection call bells were answered promptly and there were sufficient numbers of staff on duty to meet people's needs. People and relatives told us the staffing levels were good and staff confirmed this. People seemed relaxed in the presence of staff and approached them when they wanted support.

In the event of an emergency there were contingency plans in place such as an evacuation of the premises. People had individual personal evacuation plans in place that contained information of how they needed to be supported in the case of an evacuation. Other plans were in place regarding the loss of utilities.

Good

Is the service effective?

Our findings

People's rights were protected in line with the Mental Capacity Act 2005. 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 legally authorised under the MCA.

People were encouraged to make their own decisions and we heard staff asking for their consent throughout the inspection. The care documents stated the day to day decisions the person could make independently and the support they may need to make for more important decisions. Some people had chosen a lasting power of attorney (LPA) for decision relating to their financial or health and welfare. The registered manager had seen evidence of the LPA being in place to assure themselves they were acting lawfully on behalf of the person. People had signed their care records to give consent to their care and treatment or where appropriate the LPA had given consent.

Where a Deprivation of Liberty Safeguard order (DoLS) had been applied for, this was done as a best interest decision and involved the person, family, mental health team and relevant others. Staff had received training in the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to explain how this affected people on a daily basis and how this impacted on their practice and the way care was delivered.

All staff received regular supervision with their line manager and staff confirmed they were very happy with the supervision and support they received. Staff received a
copy of their supervision notes which enabled them to plan for their next supervision. Annual appraisals were carried out and a development plan devised for the following year. This ensured that staff had set goals and objectives towards developing their skill base.

A member of staff was a qualified assessor and verifier in health and social care which greatly added to the support staff received. Staff undertook mandatory training as set by the provider and more specific training to meet people's individual needs. New staff undertook a 12 week induction which covered the core elements of training around safeguarding, MCA and DoLS, infection control, moving and handling and person centred care. The care certificate was being undertaken by all new staff.

The staff we spoke with were skilled and competent in their understanding of how to provide safe and effective care to people and support specific needs such as with dementia. Staff had relevant qualifications in health and social care and some staff were completing a level three diploma. There was a good skill mix of within the staff team with staff having undertaken training in epilepsy, pressure ulceration and diabetes. Staff undertook additional training relevant to their role, for example the deputy manager was the home's end of life champion and was completing training in the Gold Standard award for end of life care. The chef had completed advanced training in nutrition and food management and mentored the catering staff.

The method of training for staff was a combination of face to face training and computer based. Staff told us

the different combination of learning methods suited the way they learnt and understood subject, such as experiencing the use of a hoist for moving and handling which enabled staff to experience how people would feel when being supported to move. In addition, bereavement training incorporated a visit to the funeral director and the crematorium which enabled staff to have a better understanding of what the family would go through.

Healthy eating was promoted by staff and people were supported to have a balanced diet. People told us they enjoyed the food and had enough to eat and drink with comments such as "the food is excellent" and "you can choose what you want to eat when you get to the table". Fresh fruit, drinks and snacks were readily available to people if they wished. There was a seasonal selection of food on the menu's which were varied and included fresh vegetables and fruit. The chef accommodated people's dietary needs and wishes including allergies, gluten free, soft and pureed diets and culturally based diets. Where required, people were given protein drinks to supplement their diet.

People told us they really enjoyed getting together for lunch and the social experience of this. People had a pre-dinner drink if they wished and wine and beer was available throughout the meal times. Most people went to the dining room for their meals with some preferring to eat in their room. Throughout the meal times we saw people chatting, laughing and sharing banter and it was clear that people enjoyed each other's company. Fluid and food monitoring charts were in place for those people who were at risk of dehydration or malnutrition. People's weights were monitored monthly to ensure any issues were identified early.

Records showed that people's day to day health needs were being met. People had access to health services and the registered manager made timely and appropriate referrals when required, such as the speech and language therapist for a person who had swallowing difficulties. The GP regularly visited the home to provide care and treatment.

Good

Is the service caring?

Our findings

People told us "staff are wonderful, nothing is too much trouble", "I am very happy with the care" and "staff are very respectful and kind". Throughout the inspection we saw staff interacted with people in a respectful manner. Staff supported people at their own pace and asked people's permission before offering support. People looked well cared for and appeared comfortable in the presence of staff.

A health professional told us "I am always impressed when I visit, they are very caring of their residents".

Most of the staff had worked at the home for many years and knew people well. One person told us, "the staff are local, they are lovely people around here". Through our observation of the interactions between staff and people, it was clear that positive and meaningful relationships had formed. The approach of staff was very caring, gentle and calm. When communicating with people staff took account of the person's body language, made eye contact and understood the way the person communicated their wishes.

People told us they knew each other 'pretty well' and we saw people were relaxed in each other's company and with staff. Staff knew people well and could tell us people's preferences, likes and dislikes. When staff spoke with people we saw they took the time to listen and ensure that people could express themselves.

When people received personal care this was carried out in the privacy of the person's room with the door closed. Staff knocked on people's door and waited for a response before entering. The staff we spoke with were focused on delivering person centred care in a compassionate way, for example, if some people were agitated or distressed, staff would sing to people or put music on which helped to relax the person.

People were encouraged to maintain their independence and we observed on many occasions staff praising and encouraging people as they went about their routines. One person was helping to fold the napkins for the dining tables with a member of staff and both were immersed in conversation about a forthcoming event.

There was a warm and welcoming feel to the home. The furnishings and décor of the home was age appropriate for the people who live there. Communal rooms were bright and cosy with interesting items such as a dolls house. The care worker told us that people really liked the house and had become involved in finding furniture for it. They had arranged to go shopping with one person to look for miniature furniture. In one of the dining room were displays of pottery people had made.

Each of the bedrooms were personalised and people confirmed they were encouraged to bring their own possessions if they wished to personalise their room. This helped ensure that people's rooms were arranged in accordance with the person's wishes and preferences. When people moved into the home they were able to bring their pets and at the time of our visit there were two dogs and a cat. The registered manager told us they would consider other animals if people wished.

People were supported to maintain relationships with important people in their lives. We spoke with a

family member who confirmed the family and friends could visit at any time and were always made welcome. Some people used Skype to keep in touch with their family. Staff went out of their way to support people in their own time. Two staff drove quite a distance to help a person attend a family funeral and to offer emotional support. Out of working hours, staff support people to go to family events, shopping and for one person, attending their favourite hairdresser in the community.

The activities co-ordinator told us they were 'very mindful of making sure people who preferred to stay in their room did not become isolated'. They visited people in their room to chat, read to the person or just to sit with them.

People had documented their wishes with regards to their end of life care. The registered manager told us their culture was about involving and including families and they kept in touch to offer support after their loved one had passed away.

Information was available to people around advocacy services, for people who may need independent advice and guidance. A daily newspaper was available with had a larger font crossword and recalled memories such as 'this day in April 1945', with lots of other interesting reading.

Good

Is the service responsive?

Our findings

On the notice board in the dining room was information about a wide range of activities people could take part in and which appealed to a range of interests. People told us there were lots of activities on offer and it was up to them if they took part. These ranged from table top skittles, church and communion services, films, bingo and entertainers. People themselves were involved in the day to day activities of the home, such as making speeches at meal times, playing a musical instrument and giving poetry recitals, for example on Burns night. One person recalled "the banjo band we had in were superb". One person told us about how they celebrated their birthday "the chef made a lovely cake and we had some wine everyone celebrated with me". There was an activities folder with photographs of events which people could share with their families.

People also helped to arrange charitable events. The activities coordinator said it was important for people to have relevant events, such as those who had experienced the war time and who celebrated national events such as poppy day.

The gardener employed by the home was a volunteer and ran the gardening club. They supported people to join in practically for example, planting flower beds. A holistic therapist visited the home and offered massage such as hand and neck and reiki. The therapist said massage was popular and they felt people enjoyed the physical contact. One person, who was being given a hand massage, told us "it is so relaxing, lovely". An employee of the local authority library service visited regularly to change the books and told us, we get specific requests for book titles and for larger print, we also do listening books. "The staff are excellent towards me, really supportive and it's a lovely atmosphere in the home, you are really made to feel welcome, I would certainly choose this home for a relative".

Throughout the day people were coming and going, some put on their coats to have some fresh air in the garden, others went out for lunch or with their family. There was a mini-bus available and trips out were arranged according to people's preferences.

The staff we spoke with knew people well, their likes and dislikes and personal preferences for how they wished they care to be delivered. People and their relatives told us they were involved in the discussions and planning of their care and support. Care plans were signed by people or their relatives to show their agreement with the support which was given and how the care would be delivered

The registered manager told us they had looked at several electronic care recording systems and would be updating their care records onto an electronic format. The current system was a paper based index system which they did not feel allowed them to provide the level of detail and consistency they wished. We looked at the care records of four people which were personalised and included next of kin details and other important relationships. The records took into account the person's wider individual needs including: personal care, emotional needs, medical needs and cultural and spiritual needs. The records identified how people wished their care and support to be given. Staff told us they felt the guidance in the care plans was good and enabled them to give timely and appropriate care. A member of staff told us the organisation of the care records could be improved by making sure each care record held the same information. The

registered manager told us the new care recording system should enable them to address gaps in information.

People's care was reviewed on an on-going basis and relatives were involved if the person wished. Daily records evidenced that care was being monitored and reviewed such as, completion of food and fluid charts, continence management and bathing and re-positioning charts were completed in relation to the needs as set out in the care plans viewed. This demonstrated that people received the support and care identified in their care plans.

There was a complaints policy and procedure in place and staff told us they encouraged people to speak up if they had a complaint. People told us "nothing to complain about" and "you just have to have a private word if you are not happy with something and they put it right immediately". A relative told us "Excellent quality of care, no complaints at all".

Good

Is the service well-led?

Our findings

The service had clear values about the quality of service people should receive and how this should be provided. Staff told us they felt valued by people and by the management team. There was an open door policy and managers were approachable if they had concerns or suggestions on improving the service.

Comments from staff included "the atmosphere in the home is lovely, everyone helps out regardless of who they are, this is a really good team and we offer a high standard of care", "I would put my relative here, residents are given excellent care, all the staff are very caring people, there is a positive aura about the place" and "all of the senior staff are so approachable". One care worker had returned to work after a break and told us "it's nice to be back, staff are the same, and it's good because there is no real staff turnover".

One person told us "I love living here, it's my home and I am very lucky to be here, they [the staff] are just wonderful". In the feedback from the September 2015 resident survey, people rated the friendliness of staff as 'excellent', the care as excellent or good and also the activities provided.

Feedback from a health professional stated "I have found the staff very friendly, helpful and keen to help in any way they can. It comes across as being a very well organised home and the patients speak of it being a happy place to be". A student undertaking a placement at the home sent a thank you card which said "thank you for letting do my work placement here, it has been a wonderful experience".

The registered manager told us they promoted their values of providing excellent personalised care through staffing meetings and observation of practice and said "our ethos is a caring home from home environment which is relaxed and calming". Each morning the registered manager delivers the newspapers to people in their room and said "this gives me an opportunity to see how people are".

The provider had introduced an initiative to promote staff recognition. Every three months staff could nominate another member of staff for 'giving outstanding care and support' which the registered manager felt had a positive impact on everyone.

The registered manager and provider completed a range of audits on the safety and quality of the service provided. These reviews included assessments of incidents, accidents, complaints, staff training and supervision and medicines. Clinical audits of how the 'Do Not Resuscitate' forms were being completed by health professionals and had identified gaps in how these were being done and raised with the appropriate person. Checks were carried out on the internal and external maintenance of the home, equipment, legionella testing and general health and safety. The manager met with the provider on a regular basis to share information and review their delivery plan. They told us they felt supported by the provider.

The management staff had undertaken a CQC study day about the new fundamental standards and this was now rolled out and incorporated into policies and procedures and staff training.

The service had a development plan in place, which brought together all of the actions required. Future

plans were for a new wet room on the top floor and a dedicated hairdressing room. Improvements made to date had been an additional five hours of activity co-ordinator time per week which had improved the range of activities. A new call bell system and the complete extension and refurbishment of the attic bedrooms to include en-suite facilities

The registered manager ensured statutory notifications were submitted to the Care Quality Commission as required. The service worked in partnership with key organisations to support the provision of joined up care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies. The registered manager was proactive in working with initiatives such as dementia friends, the local hospice and services within the community.