

Sursum Limited

# Sursum Limited Bramley House

## Inspection report

Bramley House  
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Mere  
Wiltshire  
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Date of inspection visit:  
02 July 2019

Date of publication:  
23 August 2019

## 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

### About the service

Bramley House is a residential care home providing accommodation and personal care for up to 42 older people, some of whom may have dementia. At the time of the inspection, 32 people were living at Bramley House.

### People's experience of using this service and what we found

At the last inspection we found a breach of the regulations. The process of gaining consent for people who lacked capacity was not followed. At this inspection, we found the necessary changes had been made. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Incidents and accidents were investigated and actions taken to prevent a reoccurrence.

At the last inspection we made a recommendation about the storage of some medicines. At this inspection, we found the necessary changes had been made. Medicines were administered, managed and stored safely.

At the last inspection we made a recommendation for the provider to seek guidance on care planning for people whose needs were changing. At this inspection, we found the staff and management were responsive to people's changing needs and the necessary improvements had been made. Care plans were detailed and person centred with full life histories. This meant people were treated as individuals and staff had a good awareness of people's likes and dislikes. Health and social care professionals were contacted appropriately, in a timely manner and the home worked in partnership with them well.

At the last inspection we found risk assessments had not been reviewed regularly. At this inspection the necessary improvements had been made. Various risk assessments were in place and had been reviewed. At the last inspection we found there were sometimes not enough staff. At this inspection, we found there were sufficient numbers of staff on duty at each shift to meet people's needs.

At the last inspection we found staff required up to date training to equip them with skills to support people with particular needs. We also found staff required regular one to one supervision. At this inspection, we found staff training had improved and staff were receiving regular supervision.

People were cared for by staff who were compassionate and caring. One person told us they felt very well looked after and relatives said the staff were kind. The home was friendly, warm and homely and people

appeared settled and calm. Infection control processes were effective.

The service had improved under the new registered manager. We received good feedback from staff about their support and the new management structure. There were systems in place to audit and check the quality of care and these were carried out at regular intervals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (report published 23 July 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Sursum Limited Bramley House

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Bramley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also looked at training data and quality assurance records.

After the inspection

We requested and received feedback from two professionals who regularly visited the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. We found medicines had not always been administered safely. We recommended the service sought guidance about the management and storage of some medicines. Risk assessments had not been reviewed regularly and there were not always enough staff. At this inspection this key question had now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people.
- Staff told us they received safeguarding training and we confirmed this from training records.
- There were two safeguarding champions who promoted safeguarding practices within the home and informed the staff group of any safeguarding updates.
- Safeguarding processes were discussed during supervision and at staff meetings and guidance was displayed in staff areas.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety such as a risk of falls or choking.
- Risk assessments gave guidance to staff on how to minimise the identified risk and these were reviewed regularly and new actions put in place.
- Where people had fallen, a monthly monitoring system to analyse and record any patterns, was introduced. Sensor mats to alert staff were placed where people stood and walked in their rooms.
- Maintenance checks of the environment were carried out monthly and audited by the registered manager. We saw window restrictors and radiator covers in place. The kitchen had the highest five star food hygiene rating from the local authority.
- Personal emergency evacuation plans were in care plans and roll call procedures were on each floor. Emergency evacuation equipment was available and fire doors and extinguishers were serviced regularly.

Staffing and recruitment

- Pre-employment safety checks were completed to ensure staff were safe to work with vulnerable people.
- The registered manager used a dependency tool for guidance on the numbers of staff required for each shift. There were sufficient numbers of staff to meet people's needs.
- The registered manager had introduced a 'comfort shift' towards the end of the day to support people in the evening.
- New staffing levels of seniors and management had been introduced and there were no current staffing vacancies.

### Using medicines safely

- People's medicines were managed, administered and stored safely. Bramley House had a new electronic medicines administration system which was very well received by the seniors who administered people's medicines. They told us it was safer, more accurate and alerted them with a messaging system regarding stock or any missed medicines.
- Protocols were in place for 'as required' medicines. Cream charts were fully completed using body maps to accurately locate the body area for different creams. The medicines room was air conditioned and temperatures of the room and fridge, were regularly taken.

### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. The head housekeeper had recently taken on an auditing and checking role.
- Cleaning schedules were followed accurately. There was a rota of spot checks and when to deep clean people's rooms. The laundry was divided to separate soiled linen and bedding was regularly changed.
- The home was visibly clean and smelt fresh. Hand sanitizers were available all over the home and staff had access to plenty of personal protective equipment.

### Learning lessons when things go wrong

- The home recorded accidents and incidents and reflected on them at team meetings and during one to one supervisions as a means of improving safety for people.
- Accidents and incidents were monitored and reviewed by the registered manager monthly.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. We found the service was not fully compliant with the Mental Capacity Act (2005); staff had not received training in dementia care and behaviour that challenges. Furthermore, one to one meetings with staff had not been undertaken regularly. At this inspection this key question had now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans had been reviewed and revised. All care planning was recorded on the electronic system which linked into medicines, monitoring charts and daily recording.
- Staff had assessed and documented people's needs and preferences in relation to their care. The information had been used to develop people's support plans.
- Care plans were person-centred and contained full life histories which helped staff to get to know people and build relationships.
- Staff had used nationally recognised tools to assess and plan care for areas such as pressure care and weight monitoring. 'This is Me' documents had been introduced for people living with dementia.
- Staff had access to best practice guidance which was observed in the staff room.

Staff support: induction, training, skills and experience

- Staff received regular one to one supervision and an annual appraisal.
- The registered manager had an 'open door' policy and staff told us they could ask for support or time whenever they needed to. Staff told us they felt supported through one to one supervision as it reflected on their work, looked for progression and training needs.
- New staff had an induction period where they were mentored by senior staff and observed until they were signed off as trained and ready to work independently.
- Spot checks on staff occurred at irregular intervals throughout the year to monitor practice.
- We reviewed the training matrix. Staff were up to date with mandatory training such as first aid and safeguarding and had refresher sessions booked in for the coming year. Staff had recently experienced the 'virtual dementia bus' which gave a real life experience of someone living with dementia. Feedback from this experience was very positive.
- All staff had dementia training and other challenging behaviour training. One staff member had specialised training in dementia care which covered empowerment, trust and stimulation. They cascaded their knowledge to the staff team.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and nutritious diet which was based on their preference. Choices were offered the previous day and then visual choices of plated up food were shown at lunchtime.

- People were able to opt for something different if they had changed their minds about lunch, such as an omelette.
- The housekeeping staff ensured people had jugs of fresh water or juice in their rooms and in the communal areas. Staff told us they knew who liked blackcurrant or plain water and one person liked to alternate. Staff told us they always offered people a choice.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. Weights were monitored monthly. If the person was losing weight they sought the advice of professionals such as the speech and language therapist or the dietician.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had good working relationships with their local GP practice and community nurses. The registered manager emphasised the importance of this relationship in managing timely and appropriate care.
- A GP visited weekly to assess and review people's needs or when they changed. We spoke with a community nurse who told us, "I have definitely seen an improvement, we have good relationships with all the staff."
- People had access to a range of health and social care professionals and community services, such as chiropody, dentistry and audiology. People were supported by staff to attend hospital appointments.

Adapting service, design, decoration to meet people's needs

- Bramley House had recently been improved to add extra en-suite rooms. It had a large level access garden which was full of flowers and the home's pet chickens and guinea pigs. We observed people accessing the outdoor space easily and readily.
- The home was arranged over three floors with a fully accessible lift in place. It had a warm and family, homely atmosphere.
- People were sat in different communal areas chatting with staff or relatives who complimented the style and décor of the home.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was meeting the requirements of the Mental Capacity Act (2005).
- Mental capacity assessments had been completed along with their corresponding best interest decisions.
- Appropriate applications to the local authority for DoLS had been made and progress monitored.
- Copies of people's legal authorities (powers of attorney for health and welfare and finance and property) were in place. The service used advocates if people did not have representatives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in equality, diversity and dignity. A 'dignity champion' role had been developed to take the lead on promoting dignity and respect within the home. The champion trained other staff to help people feel valued and listened to.
- A relative told us the staff were always kind and cheerful and they knew their family member well. Another said, "I am perfectly happy. I talk with the staff and managers all the time and the environment is very pleasant." One person told us they felt very well looked after.
- The home had purchased some life like interactive pets which people living with dementia had found calming and soothing. They stroked them and sat them on their beds or laps and the pets responded. The home had their own pet cat, George, whom many people adored.
- One staff member took a person into town to the hairdressers, as they preferred this. They also attend a Zumba class together in the community.
- We saw gentle interactions and instructions given, staff did not rush people. They talked to the person all the way through interactions and took their time.
- One person liked to have a baby doll with them and staff gently asked if they could look after the baby whilst the person had their lunch.

Supporting people to express their views and be involved in making decisions about their care

- The home used surveys for people and their relatives to complete and give feedback on the service they provided.
- There was a suggestions box where people could anonymously leave their ideas or thoughts on ways to improve.
- Regular resident meetings were held so people could express their views and have their say. Action plans were made and reported on at the following meeting and signed off when completed.
- People's care plans were reviewed monthly, this meant that any communications or wishes from the person were recorded and the care plan updated with new information.
- Some people preferred and requested female carers only to provide personal care. This was documented in care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they always knocked on people's doors before entering and asked if the person was ready for support. When support was given staff told us they were aware of maintaining people's dignity by ensuring

they were covered and that doors and curtains were closed.

- People's life histories were documented when they first arrived at Bramley House. This meant the management and staff were able to get to know the person more easily. Knowing about the person's background, their past work, family and interests helped to make conversation and develop relationships.
- Housekeeping staff we spoke with were proud to provide a good service. They washed and hand iron clothes, and used sew in or iron on labels to protect people's skin. The head housekeeper told us they liked to make sure everyone had their clothes returned to their rooms before they left.
- People were freely walking around the home and gardens and chatting to each other or to staff. Staff asked people if they wanted company to stroll around the garden. Sun hats were left at the door for people to wear in the garden. A staff member asked a person, "What are you missing?" The person replied "Oh, my cardigan". The staff member said they would get it for them so they would be warmer outside.
- People were sat in the quiet lounge listening to gentle 'age appropriate' music playing on the record player. People told us they liked the music, recognised the singer and sang along. Staff asked who would like to choose the next record.
- Prior to lunch staff asked people if they would like to help lay the tables. One male resident liked to do this and laid the cloths and menus. The lunchtime experience was calm and pleasant. Staff offered a choice of drinks, some people had a beer or wine. People were asked if they wanted to have a clothes protector.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. We recommended the provider sought advice and guidance on care planning to meet people's changing needs. At this inspection this key question remained the same, good and the required improvements had been made. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and day to day activities. In addition, they included guidance on their specific health conditions, and how this may affect people and how staff could meet support needs.
- Care plans detailed the types of equipment people required for support and to maintain their health and independence.
- Pressure mattresses and seat cushions were set on medium according to the community nurse assessment. This was to protect people from pressure damage. They were recorded and checked daily. Information about individual slings people used, was in the area where the hoists were kept for staff guidance.
- People's weights were carried out monthly. Skin health scores were calculated. Where required, contact was made with the GP and a food supplement or fortified diet commenced.
- One person required fork mash-able food, as directed by the speech and language therapist. They were observed receiving this at lunchtime and staff spoken with knew they must have a soft diet.
- Professionals we spoke with told us the home worked well with visiting health staff. They said staff appropriately contacted them for advice or when professional treatment was required. This was done in a timely manner when people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person had a relative who lived abroad. They sent email letters to the service who printed them off in large print so that the person could easily read them.
- The complaints procedure, home information and resident meeting notes were available in an easy read format or larger print.
- Signage and calendar information was displayed in communal areas using pictures.
- People's hearing aids and glasses were checked daily.
- People were offered a visual choice of meal and coloured crockery was used for people with a visual impairment or those living with dementia.

- The service had requested a specialist visual impairment charity to visit one person to assess for appropriate equipment. One item recently acquired was a talking clock.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had a dedicated activities team who planned and undertook various forms of interests and entertainment according to people's preference and ability.
- The home had recently purchased a 'magic table'. This projected games and was interactive to stimulate the senses visually and physically through touch. Memory games and competitive games supported people's cognitive abilities.
- Some people preferred to spend time in their room and others enjoyed being in the communal areas. The activities team were aware of these differences and designed social interaction accordingly. For example, reading to people, offering hand massages and nail care, looking through picture books and doing craft.
- Other activities were suggested by people, such as a trip to the local pub to play skittles and a mobile library. There was Holy Communion available, entertainers, quizzes and sing a longs.
- One person regularly played the piano. Children from the local nursery visited and played in the communal lounge area which people thoroughly enjoyed
- We saw people regularly going outside to walk, see the animals and flower beds. The outside space was very much enjoyed.
- There was a 'comfort shift' where extra activities and interaction was provided in the early evening. This helped to entertain some people who may become more agitated at night.
- Larger annual events were planned such as a summer garden party, BBQ and cheese and wine evenings.
- One staff member had recently been married and to ensure people were involved, they re-enacted the whole wedding in the communal lounge. There was a congratulations party in progress at the time of the inspection for one long standing member of staff. People and relatives were invited, there was party food entertainment and music. People told us the wedding was "marvellous" and "wonderful". People told us they fully enjoyed the interaction and fun of these events.

Improving care quality in response to complaints or concerns

- The home had a complaints policy and procedure in place which was being reviewed and updated at the time of the inspection.
- The registered manager told us complaints or concerns during the last year had been resolved within 28 days of them being raised.

End of life care and support

- No-one was receiving end of life care at the time of our inspection. However, the service had provided this support and continued to work towards accreditation of the Gold Standards Framework (GSF). The Gold Standard Framework is best practice guidance for social care professionals.
- There was a comprehensive GSF board in the staffroom which discreetly detailed people who were currently receiving end of life care. This was used during staff daily handover meetings and monthly 'flash code meetings' to discuss people's well-being. Staff were then up to date, on people's current and changing needs.
- Medicines and equipment needs were discussed to ensure people were kept comfortable and pain free. People had advanced care plans in place detailing last wishes.
- The registered manager had recently started a sitting service. This involved staff adding their name to the rota, to sit with a person reaching the end of their life to ensure they were not alone.
- Other people living in the home were informed when a person had died and a toast was made at lunch. People's funerals were attended and flowers sent to their family.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. Quality assurance audits had not been undertaken regularly and governance systems were not always effective. At this inspection this key question had now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were aware of the expectations and vision of the management team. They understood the importance of person centred and dementia care. Staff were enthusiastic about new roles such as the dignity champion and of responsibilities being delegated throughout the staff team. These included fire wardens and senior carers managing medicines on dedicated floors.
- The staff we spoke with told us they wanted to provide a kind and caring service to people. They told us they enjoyed their work and being part of the team at Bramley House.
- Staff spoke highly of the registered manager and felt the changes made had been a big improvement. One staff member said, "We have a good team here and help each other. There is good support you can actually sit down and talk and they come up with solutions to problems or worries."
- The new care plans demonstrated the registered manager's commitment to practising person centred care. They had been completely reviewed and revised and included detailed life histories. This meant people were respected as individuals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and their responsibilities under the duty of candour and in compliance with the regulations.
- The registered manager contacted safeguarding authorities, health and social care professionals and CQC appropriately.
- The management team completed a full range of audits and quality assurance checks of amongst others, care plans, medicines, training, supervision and risk assessments. These were carried out on a weekly or monthly basis. We saw actions identified and then addressed to make the improvement. The home had also received two quality audits from an external company.
- There was a clear management structure in place which was supportive and effective. Roles had been delegated for supervision, audits and champion/lead roles.
- Above the registered manager were the directors who supported the management team. They were well known in the home and attended home events.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care

- The service actively sought feedback from people, relatives and staff. Changes were made and ideas acted upon.
- We saw many thank-you cards and letters which gave positive feedback from relatives about the service their family member received.
- Staff were supported to increase their skills and qualifications. The registered manager had ordered newly available 'Care' badges to promote pride in the staff team. Staff voted on 'employee of the month', the winner received vouchers to show management appreciation. The registered manager told us, "[The staff] are much more empowered, have grown in confidence, are more secure in their capabilities."
- The registered manager had continuously worked upon the improvements recognised from the last inspection and was pleased with the progress made. Care planning, audits and mental capacity assessments, amongst others, had all been improved. The new electronic care planning system which linked into medicines administration and record keeping was effective and had helped to modernise the service's systems and procedures.
- Environmental changes included a new hairdressing salon, a small home shop and tuck shop. A sluice room and toilet were being separated into two rooms.

Working in partnership with others

- The registered manager told us they had good support from the deputy manager and the nominated individual. They said, "I am well supported, I would like to think I am a strong leader and people respect me."
- The registered manager was a member of the Skills for Care Manager's Forum, where good practice and guidance was shared.