Mrs Fiona Collins

Bramley House Residential Home

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

Bramley House Residential Home (Bramley House) is a care home which provides accommodation and personal care to a maximum of 16 older people. Some people may also be living with a dementia type illness. The service does not provide nursing care nor does it provide care to people with high level needs.

The inspection took place over two days on 15 June 2016 and 20 June 2016. The first inspection day was unannounced.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 inspection identified that the current registered manager, who is also the provider of Bramley House, was no longer in day to day charge of the home. They have therefore agreed that the person who does manage the home will now apply to be registered with us.

Bramley House is a friendly and inclusive service that provides people with support in a 'home from home' environment. People were central to the care that was provided. The provider had deliberately kept the service small so as to ensure a truly person centred experience of care. The standard of record keeping at the service however did not accurately reflect the quality of care provided. In particular, whilst people received appropriate care, their care plans and risk assessments did not always provide sufficient information to demonstrate how decisions had been made or how care was provided consistently.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service had experienced issues with its computer systems earlier in the year. They did not inform us of this issue and therefore correspondence requesting they complete an appraisal of their service we sent to them was not received. They also did not submit a notification to us that they were legally required to do.

The home had a no locked door policy and provided support to people in the least restrictive way. Prior to offering a permanent place to people, the management and staff team undertook a minimum two week assessment of people's needs. This was to ensure that people's needs could be appropriately met at Bramley House.

People's needs were met by a small number of staff who worked effectively together as a team. The appropriate recruitment and on-going monitoring and appraisal of staff had ensured that only suitable staff worked at the service.

Staff received training and support from the management team in order to deliver their roles and

responsibilities in line with best practice. People were protected by the systems in place to safeguard people from the risk of harm or abuse.

People had good relationships with staff who took steps to ensure care was provided in a way that protected their privacy and dignity. People were encouraged and supported to both maintain and develop their independence and spend their time doing things that were meaningful to them.

People were supported to maintain good health and there were systems in place to ensure their medicines were managed safely. People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet.

People were actively involved in making decisions about their care and these choices were effectively communicated and respected by staff. People and their representatives were able to share their feelings and staff ensured that when people raised issues that they were listened to and people's opinions were valued.

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 were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them.

The service had systems in place to manage risks to people in a person centred way.

Appropriate checks were undertaken to ensure only suitable staff were employed. Staffing levels were sufficient to meet people's assessed needs.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs. Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice.

Gaining consent from people was something staff did automatically and people were fully involved in the planning and delivery of their care.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet.

The service linked with other health care professionals to help keep people healthy and well.

Is the service caring?

Good

The service was caring.

People had good relationships with the staff that supported

them. The atmosphere in the service was friendly and welcoming.

Staff respected people's privacy and promoted their dignity at all times.

People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and allowing them to live their lives as they wished.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People's individual routines and preferences were respected. People had regular opportunities to engage in activities and outings that were meaningful to them.

People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to and people's opinions were valued.

Is the service well-led?

Requires Improvement

The service was not wholly well-led.

The documentation in place did not always reflect the high quality care and support that was being provided.

There were systems in place to monitor and improve care, but the documentation available did not always show the involvement of people in these processes.

The culture within the service was open and positive and care was provided in a way which ensured the person was always at the centre.

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 inspection took place over two days on 15 June 2016 and 20 June 2016. The first inspection day was unannounced. We arranged to return on the second day in order to meet with the person who was in day to day charge of the service and access records which were locked in their office. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We asked the provider to complete a Provider Information Return (PIR) before our 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. Unfortunately, due to an issue with the provider's computer systems, this request was not received and as such the manager did not complete this legal document.

As part of our inspection we spoke with seven people who lived at the service and one visiting professional. We interviewed five staff, including the day to day manager and also met with the provider. Following the inspection we gathered feedback from three relatives. We reviewed a variety of documents which included the care plans for seven people, three staff files, medicines records and various other documentation relevant to the management of the service.

We previously inspected this service in April 2014 when we had no concerns.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Bramley House. People said that the staff made them feel safe and that knowing there was always someone around for them placed them at ease. One person commented; "I needed to find somewhere I could be taken care of and this is perfect." Relatives told us that they felt confident that their family members were "Safe" and that they never worried about them being "Mistreated in any way."

People were protected from the risk of abuse. Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. Staff had recently received refresher training in safeguarding and knew what to do if they suspected abuse. All staff confirmed that the manager who was in charge of the day to day running of the home operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. Staff also expressed that they would report abuse to outside agencies such as the police or CQC if necessary. Staff required prompting about the local authority being the lead agency for safeguarding and we highlighted this to the manager who said they would make a flow chart of safeguarding contacts available to staff for reference.

Risks to people had been identified and managed in a person centred way. We saw that staff adopted a proactive approach to risk assessment which enabled people to safely undertake activities which promoted their independence and reflected their interests. For example, one person told us that they enjoyed going out on their own walks each day. Staff explained the steps they had taken to assess this person and ensure they could continue to access the community both independently and safely.

Environmental risks had been considered and mitigated. Whilst the records did not always reflect the assessments that had been completed, staff were confident about the systems in place to keep people safe. Staff had an excellent understanding of people's needs and knew exactly how to support them safely. For example, staff were clear about the processes in place to evacuate people in the event of a fire. Similarly, people had unrestricted access to all parts of the home and grounds and again staff understood their role in managing this safely. During the inspection, building works were being undertaken and the management team had acted appropriately to ensure these were managed safely and with minimal disruption to people.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who used care and support services. There were also copies of other relevant documentation, including employment history, written references and job descriptions in staff files to show that staff were suitable to work in the service.

Staffing levels were sufficient to meet people's assessed needs. We found that whilst staff were employed for a specific role in the service, such as care staff, cleaner or cook, each staff member had the training and experience to undertake any role. As such staff told us that that if something unexpected happened and additional care support was required, then one of the other staff or managers could step in. Staff worked

well together as a team to support people and each other effectively.

People had good relationships with the staff and it was evident that staff knew and understood their needs. Everyone spoken with during the inspection confirmed that staffing levels enabled people to be supported safely and effectively. Some people were independent with their care, but those who needed more support told us; "There are enough staff for our needs" and "Sometimes you have to wait, but not for long." We observed that because people were supported in accordance with their own routines they usually received their care when they needed it.
Medicines were managed safely and there were good processes in place to ensure people received their medicines appropriately. People told us that they received their medicines when they needed them and if they were in pain then staff would administer prescribed pain relief.
We spoke with a senior member of care staff about medicine management. This person spoke confidently about the processes in place to ensure medicines were ordered, administered and disposed of safely. We later observed this person safely dispense and give people their medicines in accordance with the provider's medication management policy. Staff told us there was regular training provided in medicines management and training records confirmed this. We also saw that the manager frequently checked staff competence in this area.
The administration of medicines followed guidance from the Royal Pharmaceutical Society. We noted the medicines trolley was always locked when unattended. Staff did not sign Medication Administration Records (MAR charts) until medicines had been taken by the person which ensured that records were an accurate account of the medicines people had taken. There were no gaps in the MAR charts. We noted MAR charts contained relevant information about the administration of certain drugs, for example in the management of anti-coagulant drugs, such as warfarin.
Whilst people did not have written protocols in place in respect of receiving medicines on an 'as needed' (PRN) basis the MAR charts contained information about precisely when these were given and what the dosage was. Staff also demonstrated that they were knowledgeable about the medicines they were giving.
All medicines were delivered and disposed of by an external provider. The management of this was safe and effective. Medicines were labelled with directions for use and contained the date of receipt, the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Other medicines were safely stored in lockable cabinet in a lockable room. Medicines requiring refrigeration were stored in a fridge, which was not used for any other purpose. However, the temperature of the fridge and the room in which it was housed were not monitored daily to ensure they were stored appropriately. There were no concerns with the current storage of medicines, but we made staff aware of this requirement during our visit who said they would feed this back to the manager to address.

Good

Is the service effective?

Our findings

People told us that they thought staff were appropriately trained and qualified for their roles. People repeatedly praised the quality of staff and commented; "They are lovely" and "The staff here are very accommodating." Relatives spoke positively about staff, telling us; "I love the staff" and that care staff were "Very flexible."

Staff had the skills and knowledge to meet people's needs. Staff talked confidently to us about people's needs and preferences. It was obvious that they had a good knowledge of people and understood their role in supporting them effectively. For example one person was very anxious about their pet and staff immediately recognised the issue and responded appropriately.

Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice. Staff told us that they were in the process of updating their mandatory training in areas such as safeguarding, moving and handling, infection control and dementia awareness. We found that training had been arranged so that staff could undertake face to face learning together which allowed them to discuss the best ways of supporting people effectively.

Each staff member had a development file and staff told us that they were able to request additional training if they wished to. For example, one staff member said that they had recently requested to undertake further learning on dementia and that this was being arranged. Staff told us they enjoyed working at Bramley House and felt well supported in their roles.

New staff were appropriately inducted. The home had not recruited any new staff since the introduction of the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. The manager said that she had always invested time in properly inducting new staff, but would also ensure that any staff employed in the future would complete an induction programme in line with the Care Certificate. Two agency staff members were sometimes used to cover staff holidays. The manager explained that they had paid for these two members of staff to complete shadow shifts in the service to ensure they could deliver care effectively if required.

We checked whether the service was working within the principles of theThe Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of the need to gain people's consent, people's right to take risks

and the necessity to act in people's best interests when required. We observed that people were fully involved in their care and that staff always asked for their consent. We read in care records that people's consent had been considered in relation to a range of topics. For example, we saw that the manager had requested a best interest's meeting in respect of a person who may refuse to take medicines that were vital for their wellbeing. Whilst a protocol had been agreed for this medicine to be administered covertly, staff said this had never been necessary to implement because the person now accepted their medicine willingly.

Seeking people's consent was something that was done at Bramley House as a matter of routine. The manager had made appropriate referrals to the local authority in respect of people they had assessed as potentially being deprived of their liberty and continued to deliver their care in the least restrictive way.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. People confirmed that they were involved in making decisions about what meals were prepared and that alternatives were always available. One person told us; "The food is very good. If you don't want what is on offer they will always prepare you something else." At lunch we saw that one person changed their mind about something they had previously requested for lunch. Staff responded positively and immediately went and made them something different.

We saw that people were regularly offered drinks and snacks and that their choices about food were respected. The lunchtime meal was provided flexibly according to people's individual routines and preferences. One person told us that they preferred to have their main meal in the evening and that staff respected their request for a lighter meal at lunch. Relatives re-iterated how accommodating and flexible staff were in the way meals were provided. For example they said that if they visited and took their family member out, staff would always consult with them about when and what meal that would like on their return.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well. Care records documented that people attended regular health checks with their doctors, dentists, opticians and chiropodists. During the inspection we met with one visiting professional. They were very positive about the quality of care provided at Bramley House and said that staff always followed their advice.

Good

Is the service caring?

Our findings

People described staff as kind and caring and confirmed that they were treated with dignity and respect. One person told us "They treat me with a great deal of respect" and another commented; "They respect my dignity and privacy – they always knock before they come into my room." All relatives praised the caring nature of staff. One relative said that they viewed staff as their "Extended family" and went on to add how all the care provided to their family member was done with "Such acre and absolute kindness."

The atmosphere was homely and friendly. One visiting professional said this was always the case at Bramley House and added; "This is one of my favourite homes…here feels like a big family." We observed that people were relaxed with staff and that there was a lot of laughter shared. Support was provided in a discreet and caring way and staff respected people as their equals.

Staff had an excellent knowledge of people's previous lives and talked to us about the way they used this information to adapt the way they approached people, especially for those who were living with dementia. For example, one member of staff told us how they had used a name plaque associated with one person's former career to help them recognise their room. They went on to tell us that if this person is frustrated, they refer to them by their former title and this reduces their anxiety.

People's privacy was always respected. We observed that staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. The layout of the communal areas of the home enabled staff to support people effectively without crowding their space. Similarly we saw that where people preferred to spend time in their rooms, staff monitored these people in a thoughtful way that balanced safety and privacy considerations.

Staff were also respectful of the information they shared about people. Staff explained how they sensitively supported people with personal care and understood this was something very private and personal to them. As such they ensured the support was offered at the pace of the person and details of this not shared outside of those who needed to know. Staff described how they supported people by giving them time and gentle encouragement. A relative also talked to us about the sensitive way staff had supported their family member to accept assistance with their personal care.

Staff were passionate about the people they supported. Through our discussions with staff we noticed that staff had a commitment towards and professional love for the people they supported. Staff talked with pride about how they had helped people to achieve a better quality of life. For example, they described how they had encouraged one person who previously didn't want to eat or get out of bed to regain a full and active life once more. We saw this person sitting in the dining room at lunchtime enjoying their meal and then joining in the afternoon activities.

People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and allowing them to live their lives as they wished. The manager told us how they reviewed people's care with them on a one to one basis every month. They explained that they shared

the content of the person's care plan with them and asked for feedback. We saw that recently one person had asked for their care plan to include information about them liking to have time to relax in the bath and read a book before bed.

We saw people's bedrooms had been personalised to reflect their own interests and hobbies. People told us they had appreciated being able to bring items of their own furniture. One person had also been facilitated to bring their pet with them for which they said they were very grateful for.

Good

Is the service responsive?

Our findings

People told us they felt in control of the care they received and that it was personalised to them. One person commented; "They make you feel that you count." When we asked one person why they felt their care was personalise they replied "Because of the way I am treated and respected." There were some mixed views from relatives about how people's changing needs were managed, but the majority view was that "On the whole the care package is very good." Relatives reflected that they felt that staff were good at listening to people and providing them with the care that they wanted.

Whilst care records were not always sufficiently detailed, it was clear from talking with staff and observing them with people that they had an excellent understanding of people's needs. Staff had comprehensive knowledge about people's life histories and likes and dislikes as well as their physical and emotional needs. The small staff team and their holistic knowledge of people enabled the delivery of effective and person centred care.

The manager told us that they completed a two week assessment of people prior to offering a permanent placement. In some cases, they said this period may be extended in order to be sure that they can properly meet the person's needs. During this trial period the manager liaised with both the person and staff about whether Bramley House is a suitable placement for them.

Following a permanent move to Bramley House, people's care was kept under ongoing review to ensure it continued to meet their needs. Staff communicated well with each other which enabled people to receive appropriate care that was in line with their wishes.

People's individual routines and preferences were respected. People told us that their time was their own and staff respected how they chose to spend it. We saw that people were free to get up and go to bed as they liked. Staff provided support flexibly as people required or requested it. For example, we noticed that one person chose to stay in bed. Staff offered support in a variety of ways, including by different staff, but respected the person's wish to spend the day in bed. Another person liked to get up early and as such they told us that staff accommodated their request for an early breakfast.

People had opportunities to engage in activities and outings that were meaningful to them. We saw that external entertainers regularly visited the service. These sessions occurred on both inspection days and were observed to be popular with people. Staff also offered afternoon quizzes and games and people said they appreciated the flexibility of the way activities were offered.

People's right to independence was respected. The statement of purpose for the service echoed the provider's philosophy that people should be able to retain their independence at Bramley House. As such, staff were supportive of people's personal choices about the activities they participated in. For example, two people liked to go out for walks on their own and one person preferred to spend their time either with their family or pursuing their personal interests in their room. People said they like the fact that they were able to continue their own lives whilst living at Bramley House.

People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to. There was a complaints policy and procedure which outlined how people should raise concerns if they were unhappy. People told us that whilst they had not had cause to complain, they would feel confident to do so if needed. The manager advised that she tried to keep engagement with people and relatives open so that any issues could be resolved informally. We were told no formal complaints had been made since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

People liked the informal and relaxed way the service was run. People described Bramley House as being a "Home from home" and a relative said "I wouldn't want it to be any more efficient or better organised, I don't want the service the change at all." Despite the positive comments, there were some risks attached to the casual approach taken with record keeping.

The documentation in place did not always reflect the quality of care provided. Whilst the staff team was small and staff clearly knew people very well, the fact that care planning and risk assessments were not up to date meant that there was no contingency for consistent care if sickness affecting multiple staff occurred. For example, staff on duty were able to describe the measures in place to ensure people who accessed the community independently did so safely. This information however was not reflected in the people's care plans and as such a new member of staff would not be able to safely manage these risks.

Risk assessments for people had not always been reviewed when their needs changed. For example, when one person moved to the service they were deprived of their liberty, but their needs changed and the authorisation was revoked. Whilst staff were aware of how to support this person effectively, the risks assessments and care plans had not been updated. Similarly, staff were clear about the situations in which people should be offered occasional medicines such as pain relief. There were however no guidelines which outlined these protocols.

Failing to maintain complete and contemporaneous records about the care and treatment provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not always followed its legal obligations to keep us informed of incidents affecting the running of the service. Due to an issue with the service's computer systems, the service had a period of time whereby itsregistered contact details were not in use. As a result, the provider did not receive our request for them to complete the Provider Information Return and as such failed to complete this legally required document.

During the inspection we identified that a statutory notification had not been sent to us in respect of an issue that was reportable under the definition of the Health and Social Care Act. The manager was not aware that this issue was required to be reported.

The failure to notify the Commission of required events was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The culture of the service was open and inclusive. People, relatives and staff were continuously encouraged to express their ideas and thoughts. People living in the care home told us that they had attended resident's meetings where they discussed topics such as activities and food. One person had themselves chaired one of the resident's meetings. Like other records at the service, the minutes from these meetings were not an accurate account of the obviously beneficial conversations that had taken place.

People told us that they had been consulted with about the current refurbishment of the service. We found that the management team had taken proactive steps to minimise the disruption the building works were having on the service. For example the provider advised that they had consciously kept at least one vacant room within the service in order to enable renovations to occur in a planned way. Relatives said they appreciated having been kept informed about this process.

The service had good systems in place to ensure that staff received ongoing supervision and appraisal. There were regular staff meetings and we read in the minutes how staff were encouraged to discuss their work, ways of improvement and challenge each other's practices. Staff were also regularly competency checked by the manager to ensure best practice was maintained.

There were a number of systems in place for auditing and monitoring the service provided. For example the manager had completed audits in respect of areas such as medicines management and falls. Annual quality assurance surveys were sent to people and their representatives highlighted a high degree of satisfaction about the service. In particular, positive feedback was received in respect of staff attitudes, the management of the service and the living environment.

The provider had a contingency plan in place to ensure the continuation of the service in the event of an emergency such as fire or power outage and staff were confident about how this would be implemented if necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Required notifications had not always been submitted.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to maintain complete and contemporaneous records in respect of the care and treatment provided.