Community Homes of Intensive Care and Education Limited

Bramerton

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?	Good

Summary of findings

Overall summary

Bramerton is one of a number of care homes that the provider CHOICE is currently registered for. Although part of a corporate brand, Bramerton is an individualised service for the people who live there.

Bramerton provides residential care for up to 11 male adults with moderate to severe learning disabilities. Bramerton is situated in the village of Bray, close to the town of Maidenhead. The building is a large, detached house. There are 11 single bedrooms over two floors with two lounge areas, a separate dining room, kitchen, office and a large basement relaxation area. There is also a separate day services building adjacent to the main house, which provides a base for activities such as IT, arts and crafts etc. In addition the care home operates vehicles for leisure, recreational and educational trips and activities in the community.

At the time of the inspection, there was a registered manager. 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.

Since registration under the Health and Social Care Act 2008 on 8 December 2010, Bramerton has maintained compliance with the relevant regulations at each inspection by CQC. The most recent inspection was a routine planned visit on 10 December 2013. This inspection is the first visit under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the first rating under the Care Act 2014.

The feedback from people at Bramerton, relatives, staff and commissioners was overwhelming and outstanding. People were happy to live at Bramerton and felt they led fulfilling lives. They told us they felt safe and were excited to show and tell us about their lives. For people who were unable to verbally communicate with is, they demonstrated that they were also happy to live there. There was a sustained attitude of continuous improvement throughout all aspects of the service. We found people were safe and appropriately supported.

All risks for people and the service were thoroughly assessed, mitigated, documented and reviewed. Appropriate records were kept and readily available to demonstrate this to us at the inspection.

Proper maintenance of the premises and grounds was evident. The registered manager was knowledgeable about risks from the building and kept records of completed assessments and coordinated repairs to effectively prevent harm to people. Repairs and maintenance were completed by some external contractors and some minor delays occurred whilst waiting for their attendance. This did not impact on compliance with the safe use of the premises and equipment.

We looked at two staff personnel files. The location's registered manager was responsible for ensuring fit and proper person checks were completed and recorded for new staff. We found the service had strong

recruitment and selection procedures that ensured suitable, experienced applicants were offered and accepted employment. A high percentage of staff had long periods of service for the provider. Some new staff were recruited when others left the service. Staff we spoke with told us they had to pass a number of stages to be successful in gaining their employment. This included a face to face interview with a manager and question-based scenarios. Personnel files contained all of the necessary information required by the regulations and no documents or checks were missing. We found this included criminal history checks via the Disclosure and Barring Service (DBS), checks of previous conduct in other roles, and proof of identification. We also checked the staff's legal rights to work in the UK.

Medicines were safely managed. We examined the handling of people's medicines during our inspection and found that people were safe from harm. The home manager explained there were no medicines incidents. However, even potential failures in practice that did not result in harm to people required reporting. We advised the provider to seek guidance and support to ensure any medicines incidents were always recorded and reviewed.

Staff training, supervision and performance development was effective. Induction programmes and training was evident, competency checks and repetition of training was used at the service to ensure the best effective care for people. The provider sent us further information after the inspection which demonstrated they listened to our feedback, and had further evidence for us to consider.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA). The recording of consent and best interest decision making ensured the service complied with the MCA Codes of Practice. The service demonstrated that, where necessary, standard deprivation of liberty (DoLS) authorisations were recorded to deprive people of their liberty for various decisions.

People received nutritious food which they enjoyed. Hydration was offered to people to ensure they did not become dehydrated. Snacks and treats were available if people wanted or chose to have them. People assisted with shopping and cooking and had the right to choose their own meals.

Staff had put in extra effort to ensure that the service was caring. We observed staff were warm and friendly. As staff had worked with most people over an extended period of time, they had come to know each person well. People who used the service, relatives and staff described Bramerton as a 'family'. Many of the people who used the service had lived there for long periods of time, and staff had enjoyed watching them develop as adults and increase their independence. This reflected in the care that people received in an ongoing way. The environment was maintained as a house rather than a care facility.

Personalisation of bedrooms and communal areas was evident. External agencies we spoke with, such as commissioners, praised the service when we asked. We found people had the right to choose or refuse care or activities and this was respected by staff. People led the life they chose to and this was not changed by anyone at the service. We saw people's privacy and dignity was respected at all times.

People were involved in the service in a number of ways and attended a wide variety of activities and events. This included the planning of social activities as well as normal functions of running the service. People were encouraged to gain employment where possible, undertake meetings, go to the provider's other services, and make friends with a variety of people in the community.

Responsive care was provided to people. Their wishes, preferences, likes and dislikes were considered and accommodated. Staff knew about the complaints procedure and people had the ability to complain. There were no complaints since our last inspection, although the management had the knowledge and skills to

investigate if a complaint was raised.

The workplace culture at Bramerton was good. Despite changes, management was stable at the service and there was a low staff turnover. Staff described a positive place to work and care for people. Staff told us they enjoyed their roles and found management approachable and reasonable. The deputy manager, home manager and assistant regional director were knowledgeable about quality care and accountable in their roles. A series of audits and checks was routinely conducted to ensure good governance.

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 abuse or neglect.

The service adequately assessed and mitigated risks.

The service deployed satisfactory numbers of staff.

The service managed people's medicines safely.

Is the service effective?

Good

The service was effective.

There was effective staff training, supervisions and performance appraisals.

People's consent for care was obtained in accordance with the Mental Capacity Act 2005.

People were supported to maintain a healthy balanced diet.

People were supported to have access to healthcare services and receive ongoing support from community professionals.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People had choice, independence and control of their personal care.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

The service listened to people's wishes and preferences.

People's care plans were person-centred and comprehensive.

Staff had excellent knowledge of the people they cared for.

There was a satisfactory complaints process and people knew the procedures for raising any concerns.

Is the service well-led?

Good

The service was well-led.

The service had clear objectives and values.

People and staff could accurately tell us about the management of the service.

Audits were in place to determine the quality of people's care.

Bramerton

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.

The inspection was undertaken by one adult social care inspector, an inspection manager, a specialist advisor and an Expert By Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was inspected on 13 October 2016 and was unannounced.

For this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked the local authority teams, clinical commissioning group (CCG), fire authority and environmental health for information to aid planning of our inspection.

During the inspection we spoke with the deputy manager, home manager, assistant regional director, seven care workers and the chef. We communicated with seven people who used the service at the inspection, and telephoned eight relatives afterwards.

We looked at three sets of records related to people's individual care needs. These included care plans, risk assessments and daily monitoring records. We also looked at two staff personnel files and records associated with the management of the service, including quality audits. We asked the provider to send further documents after the inspection. The provider sent documents to us after the inspection for use as further evidence.

We looked throughout the premises and observed care practices and people's interactions with staff during the inspection. Observations, where they took place, were from general observations.

Good

Is the service safe?

Our findings

All of the people we spoke with conveyed to us, either verbally or by their body language, that they felt safe and happy at Bramerton. One person said, "I like it here. I do feel safe. I know staff are there for me" and another person told us, "The staff are friendly and I can talk to them if I am worried. I feel safe living here, and I love it." Another person, who was less able to communicate verbally, smiled warmly, gave us the 'thumbs up' and nodded with lots of enthusiasm in response to our question as to how they felt about living there.

Following the inspection, we telephoned relatives to ask their opinions. Relatives felt their family members were safe and happy. A relative stated, "He's absolutely 100% safe, no doubt at all." Another relative replied, "Yes, I do believe he's safe and happy there – he can't wait to get back if he's been home with us. He gets excited!" A third relative commented, "I have no concerns at all, absolutely nothing. He is very happy there. He feels secure and comfortable, it's his home, and it's his castle." A further relative commented, ".... way back, all those years ago, it looked like a very safe, happy place from the start. It seemed the right choice for him, and it has been. He runs in, so eager to return. Can't ask for more than that."

People were protected from abuse and neglect. There was a good knowledge by care workers and management regarding the principles of potential abuse and how to ensure people were safeguarded should allegations occur. Staff displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. The home manager told us that a safeguarding and whistleblowing policy were in place and made available for staff. All staff we spoke with were aware of whistleblowing and how to report abuse or neglect to ensure people's welfare. The home manager was clear about their role in managing safeguarding concerns. We observed the deputy manager dealing with people's personal finances at the inspection. We found this was a robust process of checks to ensure that people's allowances were safe.

We looked at how Bramerton protected people from risks related to their care and accommodation. There was evidence of comprehensive risk assessments, including those relating to falls, moving and handling and behaviour management. The risk assessments we viewed were regularly reviewed and updated. There was evidence of the development of appropriate care plans to mitigate the risks. There was also evidence of regular and routine reviews, and scoring of risks. This ensured that the priority of risks to people was known by care workers and management. We found the service responded to people's identified risks with referrals to appropriate services like speech and language therapy, dieticians, podiatrists and the GP. Following review by these health professionals, we saw amendments noted to care delivery as a result of this specialist input.

We found that there were no screening tools used such as the Waterlow score for pressure ulcer risk or the Malnutrition Universal Screening Tool (MUST) for assessment of malnutrition risk. A risk identified in one person's care file did not correlate with the staff knowledge of the matter. We found the person's file showed there were some restrictions regarding contact with family. Care workers were asked about the person's contact with their family. One care worker knew that visits from family needed to be supervised however the

second care worker was not sure, but was able to highlight that they would seek advice before allowing contact. We brought this to the attention of the home manager who understood the risk for the person and explained that they would take action to ensure familiarity amongst staff.

We examined safety of the premises and routine safety checks completed with the home manager. The home manager had a good understanding of maintenance and safety procedures and was able to demonstrate continued mitigation of risks. There was satisfactory evidence and documentation that regular examination and testing of building and grounds safety were maintained. For example, we saw records such as risk assessments and maintenance plans for fire safety, portable appliance testing (PAT) and the prevention and control measures for Legionella. There was also window restrictor checks documented and regular reviews of the electric gate at the front of the car park, to ensure people's safety.

The number of people who used the service was constant and most had lived at the service for lengthy periods of time. We reviewed the deployment of all staff with the home manager as part of the inspection. We were advised of the daily staff shift patterns and deployment. The service had a stable workforce and there was one vacancy for a care worker. The home manager told us the service continued recruitment of staff at all times so that they never had to deploy agency staff. We saw a sign on the front fence which encouraged new applicants to submit their CV to Bramerton. We reviewed some rotas for 2016. These records matched the staffing deployment that the home manager told us were planned in advance.

Care workers we spoke with told us they felt that there were sufficient staff at all times of the day. Staff were required to complete cleaning, shopping and some other tasks when people were not present at the care home. Our observation over the day of the inspection found that staffing levels were satisfactory. During peak times like breakfast and shortly after, staff we observed were busy but not rushed to care for people. During busy periods, staff acted calmly and ensured that people's care was safe and appropriate. At all times during the day of our visit, there were enough staff around, which meant that they were able to respond immediately when anyone asked them for support. They were also able to spend time talking with them, sitting at the dining room table having a drink, and listening to what they were saying. People's care was safe because there were sufficient staff deployed.

In conjunction with the provider's human resources (HR) team, the home manager was responsible for ensuring fit and proper person checks were completed and recorded for new staff. We found the service had strong recruitment and selection procedures that ensured suitable, experienced applicants were offered and accepted employment. We looked at two personnel files for staff. We found personnel files contained all of the necessary information required by the regulations and no documents or checks were missing. We saw this included criminal history checks via the Disclosure and Barring Service (DBS), checks of previous conduct in other roles, and proof of identification. The service recorded staff's right to work in the UK. Where necessary, the service obtained additional references to ensure that applicants were suitable for carrying out personal care. People were protected because the service had strong recruitment and selection procedures.

Peoples' medicines were managed and administered safely. We checked the room where medicines were stored and controlled for the entire care home. We saw that medicines were correctly locked away. The medicines room temperature was monitored and a process was in place to ensure that the room did not exceed the recommended storage conditions. We examined two medicines administration records (MAR) and found that these were fully completed and in line with administration requirements. We did not find missed signatures on the MAR. The home manager explained a robust checking mechanism was in place to ensure that medicines errors did not occur. This involved one care worker administering the medicines, one care worker checking this and a third care worker later on counting stock and checking the MARs. We also

observed medicines being given to people throughout the inspection, and found that care workers followed the correct procedure. The home manager told us there were no recorded medicines incidents. We provided feedback that in the event that there was a missed signature by a care worker, and this was detected, then the service should consider whether this was a medicines incident. We explained recording and review of medicines incidents could help identify trends in why the incident occurred and how it could be prevented in the future. The home manager was receptive of our feedback.

Good

Is the service effective?

Our findings

During the course of the inspection, we spoke with staff that performed different roles in the location. This included staff that provided care, such as care workers and managers. There was good feedback from staff we spoke with regarding their training and development. Newer staff confirmed they completed an appropriate induction programme. All of the staff we spoke with confirmed that they received training in various relevant subjects specific to their role. When we checked the frequency of training subjects like safeguarding adults at risk, moving and handling and fire safety, the deputy manager was able to show us when each staff member last undertook the training or future scheduled dates for their attendance. When we asked the deputy manager about training, at the time of the inspection they were able to produce satisfactory evidence regarding staff training via a training matrix and associated records.

We found staff received appropriate support, supervision and performance appraisals. They were encouraged to plan their support with the deputy manager and home manager, and ensure they had sufficient opportunity to talk about their performance, key strengths and areas for improvement. Records we reviewed confirmed staff had regular supervision sessions with their line manager or mentor. The home manager also had this task with the assistant regional director. When we checked records, we found evidence that showed appropriate staff support was given by and to management in order for them to satisfactorily perform their roles. Some staff had achieved relevant diplomas in health and social care, which assisted them in the function of their role.

Staff were provided with the opportunity to progress their careers. This was via the 'CHOICE Care Group Academy'. This was a training programme developed and implemented by the provider. We were told there were three different programmes available, depending on their job role, and each provided an integrated approach to support staff to develop and progress. Several staff at Bramerton had completed these programmes, obtained promotions to higher positions and several had progressed further and obtained manager positions within the provider's group of care homes.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We spoke with the home manager regarding standard DoLS authorisations for people who used the service. The home manager had clear knowledge about the MCA and DoLS. They understood how to apply the

principles within the MCA associated codes of practice, when reviews were needed and the best interest decision making process. We found that staff received regular reminders of the MCA and DoLS. This included annual training. We reviewed the care documentation of three people who used the service at the time of the inspection, to determine whether the location assessed and recorded consent and mental capacity in accordance with the law. There was consistent evidence of mental capacity assessments and applications for DoLS authorisations within the files we examined. This included email correspondence where the service was waiting for final documents from assessors or local authorities. We also found there was evidence of seeking people's consent in respect of photography, examination and treatment and release of information. People's consent to care and treatment was provided in line with legislation and guidance.

The weekly menus were displayed in various different locations, with symbols and writing. We saw each person had a separate treat box, as well as there being a communal food area for stock items. The residents were involved in the shopping and planning of the menus. Fresh fruit was readily available in the kitchen. We saw one person supported to make choices about their lunch, and observed real efforts on behalf of staff to involve them. We also witnessed skilful persuasive work by two care workers on separate occasions. They encouraged people to make a good choice for a healthy drink, instead of something less healthy.

We saw that the appearance of meals prepared and delivered to people was appetising. There was a varied menu and it was based on people's preferences. Although people had their breakfast and supper at the location, lunch was often enjoyed at other locations where people went as part of their daily social or education routines. When we checked the stores and refrigerator we found adequate supplies of food and ingredients for preparing meals. Staff told us people sometimes assisted with meal preparation.

The chef told us that the people who lived at Bramerton had two choices at every meal, and if they didn't like those options, then they would always offer alternatives such as a sandwich at lunchtime. As the chef had worked there for 25 years, they knew people's likes and dislikes well.

Staff were aware of keeping close observation of people who had a low or high body mass index, and the chef made adjustments to the menus for anyone who was unable to eat certain foods due to their religion. For people with swallowing difficulties, there was evidence of referrals to speech and language therapists (SALTs) and dieticians in response to assessed risks of malnutrition. It was noted however that although people's weights were assessed by the care workers, there were gaps with no indication of why. For example, if the person refused to be weighed this needed to be recorded by the staff member in the care file. We observed staff offering choices of drinks to people during the day to prevent dehydration.

Comments we received about the food and shopping included, "The food's nice. I like the roast dinner and the puddings. There's plenty of food." Another person said, "I help put the shopping away. I can choose my meals. I like all the food and I can choose fruit; apples or bananas." Relatives also gave positive feedback about the food. One relative told us, "[My son] has a very healthy appetite, but he eats the right things. He's not forever buying sweets or the likes." Another relative stated, "When I visit, I see the food. It's very good; proper, fresh cooking. I know [my son] likes it." A relative wanted to commend the chef. They said, "The cook is lovely. She's been there almost as long as [my son]. She knows what he likes better than us now. It's his home, and it's home cooking."

As far as possible, people were supported by the service to attend all necessary medical and healthcare appointments away from the care home. Examples of good support to people related to healthcare included assistance with GP visits. Other healthcare professionals attended Bramerton on occasions. Where additional support was required to help with health appointments, the service provided escorts for people, if required. Staff we spoke with were knowledgeable about people's ongoing health matters, especially their

learning disability diagnoses and individual personalities. The service had a strong relationship with the local authority team for people with learning disabilities. The local authority team for people with learning disabilities gave us positive feedback about people's care. People at Bramerton were supported to maintain good health.

We spoke with people and their relatives about access to healthcare services. Relatives we spoke with said they felt their sons were prepared well for any medical appointments, and supported to attend these in a relaxed manner. People also told us they had access to appropriate medical professionals. One person said, "We go with staff to the doctor or the dentist. My key worker helps; I have a key worker you see." Two relatives told us that staff were excellent when their family member had to visit hospital. One relative said, "He's well looked after with all that type of thing. He had to have some investigations at the local hospital, and staff planned it all very well. They just seem to cope." Another parent told us, "When [the person] had to go to the hospital suddenly, it was awful, but the staff were wonderful. They stayed with him all the time. They are good, they really do care." Another relative told us, "There was one time when [our son] came home for a weekend, with some new medication. I hadn't been told about that. I had to ring them to check. Otherwise, it's pretty good."

Good

Is the service caring?

Our findings

We saw there were boards on the wall in the hall, and in the offices, with the names of which staff would be on duty for each shift. This showed that the service had given consideration to how important it was to share this information with the people living there. Photos and visual aids of the staff were used appropriately as well, though some needed updating. People liked to help put the staff names and photos up onto the boards with the assistance of a care worker. We witnessed this at the start of our inspection.

Through our discussions with staff and relatives, there was clear evidence that staff were aware of the friends and family that were important to the people they supported. One person was enabled to phone his mother every evening if he wanted to. His mother told us, "I like him ringing, and if I'm not here then I can ring back and we can rearrange it. Usually it works out well of an evening though." Staff had supported this to ensure that communication between the person and their relative never faltered.

When we spoke with one person, they were confident that the service and staff were caring. The person stated, "The staff are nice. It is nice and clean here and the staff care. I haven't any complaints. I can't grumble about the place and the food's good. The staff take us out, which is lovely and they make the day fun…" All the relatives we spoke with said that the staff were extremely kind, patient and caring. Comments from one relative included, "They are lovely, lovely people; very caring and supportive, and very kind. They have full understanding of [my son's] needs, and so he trusts them." Another relative's comment was, "Staff know him really well. They are very sensitive to his needs and his change of moods!" One relative told us, "They do really care for [my son]. I know he is happy. It's a worry because he is very vulnerable, but I have no concerns at all."

Further relatives told us they were impressed with the caring attitude of staff at the service. One said, "[My son's] lived there so long now. Some of the staff I'm sure that have been there the longest, well, it's like their [our] family almost." Another relative stated, "I see the support workers and the managers at the parties we are invited to. They treat everyone with respect." Two more relatives said, "It's not an easy job, and they [staff] are patient" and "The staff are really lovely, and always very polite." As Bramerton had people who lived there for a long time, and the majority of the workforce had worked there for an extended period, special bonds had developed. In the entrance hallway, individual portraits of each person were displayed. This made the service feel more akin to a house, than a care home.

Our inspection team agreed that the relationships between the people who used the service and the staff were appropriate and special. Our observations of care worker interaction with people proved this. We found one of the people who used the service was not feeling very well on the day of our inspection. Staff had readily detected this, and took prompt action to get to the cause of the mater. We noticed staff monitor him continually throughout our inspection, and offer kind and supportive words and gestures to the person. We saw him visibly relax with this intervention. There was also evidence that staff had taken steps to help alleviate people's anxiety, by ensuring that they were not put in situations that would increase their stress. For example, a relative told us that their son found the noise levels at a group session distressing. The relative went on to tell us that staff sought suitable relaxing alternatives for the person. This demonstrated

that the care at Bramerton was provided in an individualised manner, based on how people felt at any particular point.

Different types of communication systems were effectively used depending on people's individual needs. We were told by the staff about the use of social stories in the home. Social stories are used to support people to understand events in life, which they are experiencing. We were told about an example where one person was given a social story to explain that a close relative was seriously ill, then another when the relative passed away. Staff told us that this helped the person to understand the situation, reduced their anxiety and helped them to grieve. This demonstrated that the service had thought about the possible effects of this event on the person and had acted to aid this person's understanding in a difficult period of their life.

The service was involved in a range of additional activities which made the relationships between staff and people even more caring. Examples we found included provider care group events such as 'CHOICE has got Talent', a Halloween party, annual Christmas fairs, annual Easter fairs, 'Bring and Buy Sales' and the Queen's 90th birthday tea party. These events enabled the people at Bramerton to build relationships with people from other care homes in the provider's group, with the support of staff. Another example was staff supported people to enter the provider's gardening competition.

A caring environment was also fostered in other ways. One example was training for people who used the service in how to protect themselves from harm. In order to ensure people were able to raise concerns and understand how to keep themselves safe, several were supported to attend the 'keeping me safe from abuse' training. This meant people were aware of abuse, and could report if their relationship with a staff member was not caring. The provider also held annual staff awards events. The provider believed in celebrating achievements and each year there were several categories where staff and individual care homes could be nominated. In 2015 the deputy manager was shortlisted for the 'made a difference' award for the support he provided to people who used the service. The nomination was based on the deputy manager's passion to train staff as caring team members, which enabled staff to learn and develop professionally and improve the care provided to people.

The people we spoke with and observed were given the opportunity to express their opinions in a variety of different ways, and to make choices about things. We reviewed care records to determine people's level of involvement in planning, making choices and being able to change the care if they wanted. Risk assessment and care plans were in a simple format, but with detailed information about the person. We found people who had the ability to were free to make changes if they desired. Where people's conditions meant they were not able to be involved in the planning or receipt of care, we found relatives and healthcare professionals were consulted to ensure that the person received the best possible care. Best-interest decision making was evident in care records, although we found occasions where minor decisions were made by staff after considering what the best outcome for the person would be. The service took into account people's personal preferences, likes and dislikes and displayed this in the care that staff provided. We were told photographic evidence was always included with annual care reviews, in order to fully demonstrate people's personal achievements and involvement during their care.

Relatives also told us they had been fully involved in the planning of their family member's care and support, and that the transitions into the service were very thorough and well-thought out. All of the relatives felt their family members were treated with respect. One relative stated, "It's a while back now, but when he moved in they really worked in partnership with us to get it right for him. We do feel listened to, yes." Another relative told us, "We have a close rapport with all of them there. It's very reassuring, and we have a close understanding as to how best to care for our son." A third relative commented, "They are very flexible and thoughtful. They wanted me to be able to attend his review, so they all come to my home. That helps so

much. I want to be involved like that, but the distance means it's hard for me to get there." This showed Bramerton went beyond the expectations of a care home to ensure that relatives were also included in people's care reviews.

We saw staff treated people with dignity and respect at all times, but in a very natural and person-centred way. People's support was always completed with their full agreement, and examples of care workers and managers asking questions showed this well. Questions such as, "Is it ok if ...?", "Would you like me to ....?", "Can I just help you with that?" and, "Shall we perhaps do ...?" were the phrases we observed staff used. This meant that people received care which was dignified and respectful. Staff demonstrated respect of people's privacy if hygiene care was provided, by closing bedroom doors and curtains. Some people who used the service were mindful of their own privacy when undertaking personal hygiene, but staff reminded them if they had not ensured it for themselves. We observed staff knock on people's bedroom doors when they were closed. We saw staff announced their presence and sought consent from people to enter their rooms. People's rooms were decorated by themselves and in the style of a bedroom in a private house.

Confidentiality in all formats was maintained, especially in electronic records. We noted computers required a user password when they were not used for a period of time. We did not observe any instances of people's personal information being located at an inappropriate place within the building. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. This meant the provider ensured that confidential personal information was handled with sensitivity and complied with the legislation.

Good

Is the service responsive?

Our findings

We looked at a three people's care documentation to determine whether care from staff was responsive to their needs. We found people who used the service had their personal needs and preferences taken into account before care commenced and throughout the continuation of their accommodation. In each of the care records there was good evidence of pre-admission planning which in itself gave a picture of people's needs and also whether the service could meet those needs.

There was evidence of comprehensive, individualised, assessment and care planning within the care files we reviewed. We found the care plans were well written and incorporated personal details specific and relevant the needs of the person. Care plans included religious requests. For example one person had specific requests related to their belief system, and we saw evidence this was taken into consideration when providing him with care. The care plans showed routine use of risk assessment and clear guidance for staff in respect of mitigating the risk. We found an end of life care plan included the person's and the family's wishes.

The service provided evidence of 'going the extra mile' to provide responsive care. One person had sustained an injury which impaired their mobility. Recovery from this was difficult for the person as they found the exercises hard to understand and complete. The person's bedroom was on the first floor at Bramerton and this proved difficult to reach, especially negotiating the stairs. The person chose to do this by sitting down and shuffling down the stairs whilst in a seated position. This became of concern to the staff due to further injury which could be caused and the fact that at times it compromised his dignity. It was identified that a solution was required, however there were no vacant bedrooms on the ground floor. Staff and the person's family wanted to protect the person's placement in his home of over 20 years. The provider approved major works to be carried out to the ground floor and basement to accommodate the person, and his needs. After involving other people who used the service, a lounge room was converted into his bedroom and a disabled bathroom was also created to ensure the person's hygiene needs. A lounge was then relocated to the basement to ensure people's living space was not compromised.

Whilst building works were carried out, the staff team kept the person informed of the progress and carefully reassured him regarding his pending bedroom relocation to ensure his involvement. Once the work was completed the person moved into their new Disney inspired room; the theme of which followed his love for Disney characters and films. The benefits of the move were quickly apparent with the person able to access the house a lot easier for himself. This enabled him to maintain as much independence as possible. Following on from this, it was identified that further changes were required to ensure the person could access the front of the house and go out on activities. People who used the service were involved with the process through individual meetings and as a group, and work was carried out to remove the steps leading to the front door of the house. Instead a ramp was constructed. This gave the person more confidence to access the community with reduced risk of anxiety and fear which he had previously experienced. We found these changes and the patience and attitude of the staff team assisted the person to maintain an independent and fulfilling life as possible, despite his physical constraints.

People were encouraged to maintain an active lifestyle. The layout of the building meant that easy access inside and outside was provided. We found there was a ready supply of equipment and materials to support activities. Staff planned and carried out satisfactory entertainment and stimulating experiences. Amendments were made to ensure people who had difficulties could still participate. This meant people were socially stimulated and encouraged to maintain an independent lifestyle.

There were two staff employed just for activities during day hours, and there was a wide range available for people to choose from. We saw evidence of real person- centred planning for social lives. All the people had schedules suited to the pace of life they had chosen to adopt, sometimes doing things with key workers on a one-to-one basis and sometimes independently if this was possible. In addition, people joined together as house-mates for events they all enjoyed. When we spoke to people they were excited about their social lives. One person said, "I like dancing. I'm a good dancer. I like playing the guitar." Another person commented, "Look at my pictures!" A person stated, "I like going to the pub, and the club."

People went on regular holidays if they wanted to; some on their own with staff, and some as part of a small group. There was evidence people went away on trips as well. One person was enthusiastic to tell us, "I had the day in Brighton; great it was."

People who used the service were supported to increase their independence, and there was both written and visual evidence to show what people had achieved. We were told one person had been working at the provider's head office helping with administrative tasks. They said, "I enjoyed that. I got some money for working, and I went to the pub and got a big beer." The person was given the choice to go back again, and had agreed to.

We asked relatives about people's social lives at Bramerton. They again had positive comments. One relative told us, "[My son] goes to college. They've helped him a lot, and he's really handled it very well." Another relative said, "[My son] loves his cruises. [Staff] are good at checking out the risks, doing the assessments, and have worked with me to plan the best holiday possible for him. They do listen. I felt one member of staff would be more appropriate to go with him than another, and they took that into account. That's good practice." One parent said, "There is a whole raft of activities. I think [my son] chose to do more when he first moved in 20 odd years ago, but he was younger then. They still encourage him though, and he has the choice, which is nice." Another parent commented, "During the day there is lots on, and there are clubs and meet ups with other houses in the area. They have a good time." This proved people who lived at Bramerton were encouraged, supported and obtained an excellent social life.

The service ensured people who lived in the home had every opportunity to have their say, and be part of what was going on. We were shown the most recent minutes of both the house meetings, and also the wider provider meetings. These showed people's abilities to express their views and the service listening to them. People we spoke with said they would go to staff or their parents if they were worried. We saw an easy-to-read laminated notice of 'how to complain' in the downstairs communal area. Relatives confirmed they could visit at any time; some choosing to do unannounced visits, and they were free to go to their family member's room if they wished. Equally, there was enough space and free communal rooms, so that they could visit in peace.

We reviewed the provider's annual survey of people who used the service, staff, managers and commissioners from 20 July 2016. There were six responses from relatives and ten responses from staff. The survey asked questions in a number of key topics and also provided the opportunity for respondents to state things the service did well, and things that could be improved on. The overall result of the survey was good. We saw relatives and staff were honest in their answers and provided both praise and constructive criticism.

Some comments related to the management of the service were, "[I'd like] relationships amongst members of staff [to improve]", "I think the communication should be improve and staff to understand each other well and their differences in a professional manner" and "Make a sensory room and improve our day care room". When we spoke with the management of Bramerton, they were aware of the findings and had set a plan to make improvements, as far as possible, in line with the survey results.

Relatives felt that their views were asked for, and they said they had been asked to complete many surveys over the years. Mostly relatives said that they had not felt the need to complain, but would be comfortable doing so. On relative told us, "I am sure they would listen. I have no reason to think otherwise." Another relative said, "Yes, they would listen. We know them well." Two relatives that had expressed concerns freely to the service felt their feedback was handled appropriately. One commented, "Over the years, there have been a few things, nothing serious, but they have dealt with them." The other relative stated, "Some managers deal with situations better than others I think. I suppose that's the same everywhere."

The provider had a complaints policy and procedure. We observed a copy was easily available for people, relatives and staff to access. Staff we spoke with knew about the policy and the steps they would take if a person or relative wanted to make a complaint. The policy and procedure contained the information for various staff members regarding their role in listening to and managing complaints. There was the ability to escalate complaints through the provider if people felt their complaint was not handled well. There were no complaints since our last inspection. We found the home manager was knowledgeable in dealing with complaints. In our records, we also found evidence that the deputy manager had handled complaints well. This was because the deputy manager acted in the home manager capacity during absence. The home manager demonstrated they preferred to deal with any concerns immediately before they escalated into formal complaints. This was in line with the provider's complaints policy. The service maintained that people had the right to make contact with other regulators regarding complaints. We found people's complaints would be handled seriously and professionally.

Good

Is the service well-led?

Our findings

People we spoke with told us the service was well-led. Two people we spoke with said, "The managers are good. It's organised yes" and, "We have meetings. We can say what we want." One of the people who lived there showed us his 'service user guide' and explained what it contained. This was in an easy-read format, and included information for the people who lived at Bramerton. It described the care home and other people who lived there. It listed some of the activities available in the home and local community.

The care workers we spoke with felt fully supported in their role by the deputy manager, home manager and by more senior staff from the provider. It was clear by the interactions we saw, and by what we were told by staff that there was a culture of openness. One staff member said, "I have worked here a long time. The management is very good. I think the communication within the house is good too. We work together well." A second staff member commented, "We have good handovers between early and late shifts. That's really important, because if someone has had a bad morning, they need to know."

Staff had an opportunity to have their say in how the service was run. We saw there were regular staff meetings, and viewed the minutes from the meeting held on 28 September 2016. We saw that staff spoke about safeguarding vulnerable adults, risks of people related to choking, and a reminder about whistleblowing. Staff we spoke with felt management were completely approachable and they did not have to wait for staff meetings to raise their concerns to a manager.

Relatives also provided positive feedback about staff and the management. One told us, "They seem well trained. Even the newer staff have a good grasp quite quickly." Another relative said, "They are very professional. They know their stuff, but do it in a friendly way." Based on the feedback and our observations, we found the service promoted a positive workplace culture which meant it was open and inclusive. The positive workplace culture reflected in the care that people received from the staff and management.

The provider complied with the requirements of their registration. Leading up to the inspection there was a registered manager in post. A planned change in managers meant the previous registered manager was no longer in post, and that a home manager from another of the provider's locations had transferred to the position. The home manager at the time of our inspection had appropriately applied to transfer their CQC registration, and this was in progress with our registration team. Although there was not continuity in the home manager role, we did find stability of management. This was because the deputy manager was present during the management transition and the change of home manager had no untoward impact on people who used the service.

In addition to the management at the service, there was a strong presence of support from the provider's management. The assistant regional director was present on the day of our inspection. They supported the inspection, but also continued with the normal work that her role entailed; speaking with people who used the service, staff and working with the management. We saw the assistant regional director was recognised and acknowledged by all of the people who used the service. We were told that she visited frequently and always had time for the staff and people at Bramerton. One person told us, "[The assistant regional director]

will stop and have a chat. She's a very nice lady. She's very easy to talk to." The provider demonstrated strong leadership and governance for the service.

Robust systems were in place to ensure good care was provided to people and that Bramerton was safe. A number of audits were completed on a scheduled basis and the results gave rise to actions to address perceived areas for improvement or management of known risks. People who used the provider's services were also encouraged to participate in checking the quality of the care. This was via the 'Expert Auditor' system. A person who used another of the provider's services was invited into Bramerton to perform a check and write a report on the state of care. We were sent the report from the April 2016 visit. Through an extensive list of 58 questions, the person graded various aspects of care including activities, staff interaction and cleanliness. We saw the report showed that Bramerton was rated 'good' by the person throughout the domains of the report. We were told these visits enabled the management to monitor the quality and safety of the service. Actions highlighted within the report were addressed and supported the improvement of the service.

Accidents and incidents were recorded by staff and reviewed by the deputy manager and home manager. Where necessary investigations occurred to determine the cause of incidents and whether recurrence could be prevented. Due to legislative requirements, there were times that the service needed to notify us of certain events which occurred at the service. Our records showed that the service regularly reported these notifications to us. On review of our records, we saw that the service also notified other relevant people within their own organisation. There was a record of clear communication with us and the provision of follow-up information, when necessary. When we spoke with the home manager, they were able to explain the circumstances under which they would send notifications to us. This meant that on every occasion, events which impacted on people's care would be reported to relevant parties for monitoring.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The management were familiar with the requirements of the duty of candour and were able to clearly explain their legal obligations in the duty of candour process. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised at this service. At the time of the inspection, the service had a duty of candour policy which we viewed. The policy clearly set out the steps for the management to follow if the duty of candour requirement was triggered.