Virgin Mary Ltd

Bramber Nursing Home

Inspection report

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East Sussex
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Bramber Nursing Home provides nursing, personal care and accommodation for up to 21 older people living with dementia. There were 17 people living at the home during the inspection and all required assistance with looking after themselves including personal care, eating and drinking and moving around the home. People had a range of care needs; some could show behaviour which may challenge and some were unable to verbally share with us their experience of life at the home because of their dementia needs. The home is a converted older building, bedrooms are on two floors, there was a lift to enable people to access all parts of the home and a garden to the side and rear of the building.

The registered manager was available for the last day of the inspection. 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.'

This inspection took place on the 28 November, 2 and 5 December 2016 and was unannounced.

At our last inspection, on 25 August 2015, we found that the provider had been actively advertising for new staff so that they no longer had to rely on agency staff; there were some gaps in the care plans and daily records and the manager had not yet registered with CQC. The local authority had an embargo on admissions to the home at this time, which was lifted in June 2016 and people have been placed at the home by the local authority since then. The local authority had worked with the provider and registered manager to develop an effective quality assurance system so they could monitor the services provided and, ensure support and care met people's needs.

At this inspection we found a range of audits had been developed. However, further work was needed to ensure the quality assurance system was effective so that it identified areas for improvement and made changes to the service to meet people's needs. Such as reviewing and updating care plans when people's needs changed..

The feedback from relatives and staff was that there were not enough staff working in the home and people sat for long periods with little interaction with staff. Although staff had a good understanding of people's need and how these could be met.

The provider was responsible for checking that the fire safety system was working effectively. We found they had not provided clear guidance for staff to follow to evacuate people from the building in case of emergency. There was no written evidence that the fire alarm had been checked for over a month.

A training plan was in place and new staff were required to complete an induction programme during the first 12 weeks of their employment. However, staff employed within the last four months said they had not

had the time to work through this properly and more experienced staff had not been available to assess their competency. Staff also said the training provided was good and they were required to complete this, including moving and handling. Although not all staff followed this when using hoists to assist people to move around the home.

There were systems in place for the management of medicines and we observed staff completing records as they administered medicines but, the guidance for staff to give out some medicines, such as those prescribed 'as required', was not clear.

All but one of the staff had attended safeguarding training, some had completed this at their previous job and was up to date. They demonstrated an understanding of abuse and said they would talk to the management if they had any concerns. They knew that referrals were made to the local authority and how to make these, but they had not needed to do this. People said they were comfortable and relatives felt people were safe living at Bramber Nursing Home.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them with personal care. Activities were provided for people to participate in when activity staff were available.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met.

We recommend the provider takes advice from an appropriate source to ensure fire safety is fully managed.

We found one breach 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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were not enough staff to meet people's needs and there was a reliance on agency staff.

The provider had not followed the fire risk assessment and people's health and safety was not protected.

Medicines were given out safely and records were up to date, however there was not enough guidance for staff about giving 'as required' medicines.

Risk to people had been assessed and managed as part of the care planning process and staff had a good understanding of these.

Staff had attended, or were booked to do so, safeguarding training and had an understanding of abuse and how to protect people.

Recruitment procedures ensured only suitable people worked at the home and there was on going advertisement and recruitment of staff.

Is the service effective?

Requires Improvement

The service was not consistently effective.

A staff training plan was in place, but did not ensure that new staff completed an induction programme and had the understanding and skills to support people living with dementia.

People were provided with food and drink, although people's changing needs had not been met. some people's changing needs had not been met..

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

The service was consistently caring.

The manager and staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them with kindness and respect. Staff ensured that people's equality and diversity needs were respected.

People were encouraged to maintain relationships with relatives and friends. Relatives were able to visit at any time and were made to feel very welcome.

Is the service responsive?

Requires Improvement

The service is not consistently responsive.

People decided how they spent their time. Some activities were provided but only when activity staff were available.

Staff aimed to provide personalised care, but there were not enough staff to enable them to do this.

People's needs had been assessed before they were admitted to the home, care plans were developed from this information, people and relatives were involved in reviews of care.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The quality assurance and monitoring system was not effective, areas for improvement had not been identified and services had not been developed to meet people's needs.

The feedback from staff questionnaires raised a number of concerns and action had been taken to address these.

Statutory notifications were used to inform CQC about accidents and incidents and included actions taken to prevent re-occurrence.

Bramber Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 28 November, 2 and 5 December 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information provided by the local authority, contracts and we spoke with the quality monitoring team. We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. Before the 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. They told us they had not returned a PIR due to issues with email connections and they had contacted CQC to prevent future problems.

As part of the inspection we spoke with all of the people living in the home, three relatives and two visitors, eight staff including the cook, registered manager and provider. We contacted health professionals following the inspection, but did not have any responses. We observed staff supporting people and reviewed documents; we looked at four care plans, medication records, four staff files, training information and policies and procedures in relation to the running of the home. Including safeguarding, medication and complaints policies.

Some people who lived in the home were unable to verbally share with us their experience of life at the home, because they were living with dementia. We spent time with people in their own rooms and in the lounge and, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People said they were comfortable and relatives told us their family members were safe living at Bramber Nursing Home. One said, "I think my relative is quite safe here, the staff know her very well and look after her." Relatives said the staff were very good but, "There aren't really enough of them some times during the day" and, "We keep an eye on residents when the staff are called to help other residents, some are a bit wobbly when they try to walk about." Staff also said there were not enough of them to consistently provide the care people needed or that they wanted to provide. We found that despite the positive comments there were areas that needed to be improved.

There were not enough staff working in the home to meet people's needs. People sat for long periods in the lounge or their own room without any interaction with staff. Staff said they did not have time to sit and talk to people and relatives told us there were times when there were no staff in the lounge. Staff said the nurse usually, "Keeps an eye on everyone," while they assisted people to wash and get up, remain in their rooms or sit in the lounge, but nurses had their own responsibilities and they spent very little time with people. Staff told us they were also required to cook, serve and assist people with the evening meal. One said, "There is only three staff in the afternoon to assist people who want to go back to their rooms or use the bathroom, which means some people have to wait as most require two people to assist them."

The provider and registered manager said a full team of staff had been in place until May/June 2016, when a number of permanent staff left and three new staff had been appointed. The registered manager said they had employed the same agency staff for long periods as much as possible and the agency staff said they were booked to work at the home for over 6 weeks rather than individual days. Following the first day of the inspection the registered manager had increased the number of care staff during the day from four to five, which would allow one of the care staff to be available to be with people in the lounge at all times and, they had advertised for an evening cook. In addition, the registered manager said they would not admit people to the home until they increase the level of staff on the floor. The expectation is that relevant training will have been provided; the staff will have the appropriate skills and a clear understanding of supporting people living with dementia, so that their needs can be met.

The fire safety records were not up to date and the provider had not followed the fire risk assessment guidance that had been put in place at Bramber Nursing Home. There were gaps in the fire detection and fire alarm equipment records. These showed that the last fire alarm test had been completed on 22 July 2016 and the last fire drill on the 3 November 2015, although staff said the fire alarms had been tested in November and they had attended a more recent fire drill. Personal evacuation plans (PEEPs) had been completed but, they did not include relevant information about how staff would assist people to move out of the home. For example, they stated people on the first floor would be assisted using an evacuation sheet but, did not identify the fire escape staff should use to transfer them to the ground floor and out of the building. Two new staff had not had fire training and, although they had been told where the fire exits were, they said they were not sure what to do if the fire alarm went off.

We recommend the provider takes advice from an appropriate source to ensure fire safety is fully managed.

There were systems in place to manage medicines, but the guidance for staff to follow with regard to 'as required' medicines (PRN) was not clear and, people may not have been given medicines they needed. For example, the care plan stated that care staff should inform the nurse if a person was uncomfortable and needed pain relief. The nurse said staff would look at the person's facial expressions and body language and would let them know if they were in pain but, there was no descriptive information in the care plans to guide agency staff to assess people's needs in this way. This was discussed with the nurse as an area that needed to be reviewed and changes made to guide staff.

We reviewed the Medicines Administration Records (MAR) for eight people, we observed the dispensing of medicines at different times and looked at the provider's medicine management policy. The MAR contained photographs of people for identification purposes, their GP and contact details as well as any allergies they had. Staff locked the medicine trolley when leaving it unattended and did not sign MAR until medicines had been taken by the person. There were no gaps in the MAR and staff were knowledgeable about the medicines they were giving. Nurses said there were regular audits of the MAR to ensure they were completed correctly and the pharmacist had recently completed an external audit. Medicines were kept in a locked trolley, which was secured in the lounge; other medicines were kept in locked cupboards in the locked clinical room.

Risk assessments were specific for each person; these were recorded in the care plans and on the daily handover sheets, with guidance for staff to follow to keep people safe. The assessments had been based on each person's specific needs and included mobility and moving and handling, nutritional risk with details of special dietary needs and risk of falling. Staff said they had a good understanding of risk for each person and they ensured people's safety without restricting them. One member of staff said, "We know that some people are at risk of falls and they don't always use the right aid to walk about safely, but we don't stop them getting up we just reduce the risk as much as possible by helping them." Equipment, such as hoists, walking frames and pressure relieving devices were used to protect people, and staff knew which ones were used for each person.

As far as possible people were protected from the risk of abuse or harm. Staff had undertaken adult safeguarding training within the last year and had an understanding of protecting people from abuse. They identified the correct safeguarding procedures should they suspect abuse and, were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. The registered manager worked with the local authority when safeguarding issues had been raised and made referrals when appropriate. Staff said they had read the whistleblowing policy and said they would have no problem raising issues if they thought people were at risk in the home. Staff told us, "I would report anything I was not happy about straight away." Relatives said that people living at Bramber Nursing Home were safe; that the staff were good and new how to provide the support their family members needed.

A system was in place to record accidents/incidents with actions taken to prevent them as far as possible. Accidents were recorded with information about what had happened and, these were referred to the local authority under the multi-agency safeguarding procedures as required. We looked at the records for an un witnessed fall; these showed that an investigation had been completed to ascertain what had happened and how a re-occurrence could be prevented, as much as possible. Such as using a pressure mat to alert staff when people had gotten out of bed or had stood up from a chair in their own room.

Recruitment procedures were in place to ensure that only suitable staff worked at the home. We looked at the personnel files for four staff. There were relevant checks on prospective staff's suitability, including completed application forms, two references and evidence of their residence in the UK. A Disclosure and

Barring System (Police) check, which identify if prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff. Systems were in place to check nurses were registered with the Nursing and Midwifery Council (NMC) and therefore able to practice as a registered nurse. This meant they had the correct registration to provide nursing care.

The home was clean and there was evidence of on going maintenance. Records showed that relevant checks had been completed, including emergency lighting, hot water, call bells and electrical equipment. External contractors maintained the lift, electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details.

Requires Improvement

Is the service effective?

Our findings

People said the food was good. One told us, "I like sweet things, I enjoy the cakes." There were contradictory comments from relatives and visitors, some were positive about the quality and amount of food provided, while others felt staff had not offered appropriate choices when people's needs had changed. Relatives said the staff were trained to look after people living in the home and told us the support and care was what people needed. However, some staff felt they had not completed the training necessary to provide the care people needed.

The meals provided had not consistently met people's changing dietary needs. For example, one person no longer used their dentures, so had difficulty chewing. Staff said they knew the person had not used dentures for some time but, they were given chips for lunch. They were unable to eat them and an alternative was not offered or provided. Staff said a list was displayed on the fridge in the kitchen which identified people's specific needs and their preferences. The list did not state that this person's dietary needs had changed. The cook told us they followed the list and relied on staff to make any changes. All staff felt it was essential to ensure the information was correct but, they were not sure who was responsible for doing this. The list was removed from the kitchen during the inspection, staff said it was being updated. The registered manager told us supervision would be used to ensure staff were aware of their responsibilities.

Food and fluid charts were completed by the end of the morning or evening, rather than when people had had something to eat and drink, which may increase the risk of errors. The registered manager said they would investigate why staff had not done this; to ensure staff completed the forms for people they assisted, when they actually did so, rather than later.

New staff were required to complete a formal induction training period, which included working with more experienced staff and completing an induction booklet during the first 12 weeks they were employed at the home. Staff gave a range of responses when asked if the induction programme was appropriate. One said, "I worked with more experienced staff for four shifts, then I felt comfortable looking after people. Usually with other staff as most people need two of us." Another told us, "I haven't had the time to complete the induction booklet. I did work with more experienced staff and I have picked things up as I have worked. I don't think anyone has assessed my ability to do the work, but, I think they would tell me if I was doing something wrong." The registered manager said the induction programme had been developed on the basis that nurses and more experienced care staff would assess the competency of new staff as they worked with them and observed their practice. As part of the supervision programme any issues would be picked up and additional training provided if needed. However they told us, it had been difficult to monitor new staff over the summer holidays and due to sickness. The registered manager and provider were aware that a review of the training programme for new staff was needed; to ensure appropriate support was in place for staff to develop the skills and understanding to meet the need of people's living with dementia.

A training plan was in place and records showed that most staff had attended relevant training, including dementia awareness, infection control, moving and handling, food hygiene and safeguarding. The provider said the training and any updates were mandatory and staff told us they were required to attend. The

registered manager said training was provided internally and externally or electronically depending on the specific training. For example, moving and handling training was provided by an external trainer. We asked one member of staff how they had put a person to bed as they had been on their own. They told us they had used a hoist on their own to transfer a person from chair to bed, although they knew two staff were needed. The registered manager told us they would pick this up in supervision, repeat the training and assess their competence before they assisted people.

The supervision programme showed that regular one to one supervision had been provided or was planned. New staff told us they had not yet had supervision with the registered manager, but they had been told this would be arranged as part of their induction process. Supervision records showed staff attended regularly and appraisals had been carried out for staff who had worked at the home for over six months.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA), including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. The registered manager and some staff had completed training and understood the MCA aims to protect people who lack capacity, and enabled them to make decisions or participate in decisions about the support they received. Staff told us most people living in the home were able to make decisions about some aspects of the care provided although they were all living with dementia. One said, "People can make some decisions even if they can't tell us, we know if people don't want to get up and we know when they are tired and want to go back to their room for a lie down." Staff had attended training in Deprivation of Liberty Safeguards (DoLS) or were booked to do so, which is part of the MCA. The purpose of DoLS is to ensure someone, in this case, living in a care home is only deprived of their liberty in a safe and appropriate way. Staff were aware that the locked front door, which prevents people entering and leaving the home, was a form of restraint. DoLS applications had been made to the local authority for people who wanted to leave the home, as a result of confusion and living with dementia.

There were systems were in place to ensure people were supported to have a nutritious diet. The cook and staff said snacks and drinks were available at any time and if people did not want their meal at the usual time it was kept and they could have it when they were ready. People told us they liked the food and staff asked them what they wanted as they gave out the meals. Staff said they did not ask people what they wanted to eat before each meal as they knew what people liked; there was only one main choice for lunch but people could have something different if they wanted it. Meals were prepared and presented in relation to people's needs, with mashed, pureed and cut up food provided. Staff said people sat where they wanted to sit for their meals, with some in the lounge, dining room or their own room. Staff supported people, although some had to wait for assistance and prompting, and relatives and friends also supported people with their meals. Condiments and drinks were available and the atmosphere was relaxed and comfortable. Staff told us they would tell the nurse or registered manager if, "Residents were off their food" and, records showed that people were weighed regularly and referred to their GP if there were any concerns. Relatives felt the food was good and people could have what they wanted. One relative said, "Some people need assistance and staff are very good and make sure they eat enough."

People had access to health care professionals as and when they were required. These included the community mental health team, continence nurse, dentists, opticians and chiropodists. GPs visited the home as required and staff felt they could contact them if they had any concerns. One relative said, "Staff contact the GP when they are needed and they let me know." Advice had been sought from the speech and language team (SaLT), occupational therapist (OT) and physiotherapist (PT). Records were kept of their visits, this included changes in their support needs and specific guidance for staff to follow. Such as ordering a suitable chair to support a person whose needs had changed.

Good

Is the service caring?

Our findings

Relatives said staff were kind and caring and provided the support people needed. One told us, "They know residents needs and they look after them very well, which is good." Another said, "I visit any time I like and they staff are always very good, they know just what people need." Staff told us, "We make sure residents decide how we care for them" and, "Although we are quite busy we always make sure they do what they want to do."

Staff were respectful when they spoke with people; they used their preferred name and people responded with smiles and laughter as they joked and chatted. Staff sat next to people and made sure they could see them. They attracted each person's attention by holding their hand if necessary and smiled as they asked them if they were comfortable or wanted a drink and, when they assisted them with their meals. Staff said they read the care plans, when they had the time, and demonstrated a good understanding of peoples likes and dislikes and how they preferred to spend their time. Some people liked to sit at the dining tables and we sat with them during the inspection, as staff offered them soft toys and magazines of their choice. Another person joined us and sat quietly watching what we were doing and what the staff were doing. The atmosphere was relaxed and staff supported people without rushing them.

People's preferences were recorded in their care plans with the section 'My Life' showing how they had spent their lives before moving into Bramber Nursing Home. These included details of the people that were important to them, their work history, hobbies and interests. Staff said relatives and friends were encouraged to visit people when they wanted to; relatives told us they could visit at any time and we saw they were made to feel very welcome.

Staff understood the importance of protecting people's privacy and dignity. When they assisted people to get washed and dressed bedroom doors were kept closed and, they discretely asked people if they needed to use the bathroom or return to their room to change their clothes. Staff said their job was to support people with their personal care with kindness and respect, so that each person was comfortable and able to live the life they wanted to as much as possible. One staff member told us, "I think of residents as if they are my relatives. I respect them and offer the care they want and if they refuse I ask again later."

Staff demonstrated an understanding of people's need to move around the home and responded appropriately when people's mood changed. People were supported to mobilise independently, with support and guidance, if they were at risk of falls. Staff told us, "Residents should be able to walk around as much as they can, as long as they are safe we don't restrict them" and, "If residents try to stand up and they can't weight bear we try to distract them by talking to them, offering a drink or looking at magazines, if they like doing that." One person used a dining room chair when walking around the lounge/dining area during late afternoon. Staff said this was usual for them; they offered the person a walking aid to use but they refused to use it so staff observed and supported them to move around as they wished safely. Another person's behaviour changed when they returned from a trip out. Staff spoke quietly but clearly to them, distracted them as they moved around; they raised their voice and picked up objects and staff responded only to keep them and other people safe.

People's equality and diversity needs were respected and staff were aware of what was important to people. Support was provided to meet people's religious and spiritual needs and a member of a local church sat with some people to pray. People were supported to dress as they wished, some used make up and several had had manicures and wore jewellery of their choice. One person liked to dress with matching clothes of particular colours and staff supported them to do this.

Requires Improvement

Is the service responsive?

Our findings

Relatives said they had been involved in discussions about their family members care needs and they were kept up to date with any changes. One told us, "The manager came to talk to us before my relative moved in and we talk about the care and support they provide every time I visit." Staff said activities had improved since the activity person had been appointed and a number had been planned with Christmas in mind.

Different activities were provided on the first day of the inspection, such as games and music and, an activity programme had been developed to cover the Christmas period. However, the activity person had booked time off after the first day and, on the second and third days of the inspection appropriate activities were not provided. One day the TV was on a news channel for most of the inspection, when asked staff, were unable to tell us who had put the TV on or if people liked to watch the news and, alternatives were not offered. Three people in the lounge told us they had not been watching the TV. The registered manager agreed this was an area that needed to be improved and activities should involve all staff working in the home.

A handover sheet was used at the beginning of each shift to inform staff of any changes in people's needs. It included a short description of their care plan, their medical and social needs, their mobility, moving and handling and their behaviour. Staff said it was updated daily and was particularly important if staff had been on leave. However, some of the information was not consistently passed on during the handover, which may put people at risk. For example, one person had been assessed by the Speech and Language team (SaLT) as they had difficulties with swallowing. The care plan showed that the person was at risk of choking and thickener was to be added to drinks and meals, such as soup, and staff were to use a small spoon to assist them to have a nutritious diet. The information on the handover was up to date but, some staff did not know that changes in the person's needs had occurred while they were on leave. Staff said they should all be aware of changes in people's needs; these should be discussed at handover between the nurses and during the daily meetings and was any area that they needed to work on.

Daily meetings had been introduced by the registered manager before the last inspection, but had not continued regularly while the registered manager had been off work. The meetings had been recognised as a useful way for staff to talk about people's needs, put forward ideas and discuss any concerns they might have about the care provided. Staff said because the meetings had stopped they had been unable to raise or discuss issues or concerns. Such as the lack of planning for the allocation of work, with each other or the person in charge of the shift. Staff told us they provided the care people needed, but did not have the time or support to offer the level of care they wanted to. One said, "Because there are not enough of us, and some are still learning, it's mainly task orientated rather than person centred. We know what we should be doing, just don't have the time." The registered manager had recognised that changes needed to be made to ensure personalised care was provided.

People's needs had been assessed before they moved into Bramber Nursing Home and relatives told us they and their family members had been involved in discussions with the registered manager, to see if their needs could be met. The information from the assessment was used as the basis for the care plans, which included people's individual needs, such as communication and mental health and well-being. Relatives

had been involved in reviews of the care plans. One told us, "Yes I know about the care plan and staff always ask me what I think about the care provided. I think it is very good." Staff had a good understanding of people's specific needs and explained how they met them. They explained pressure relieving mattresses and cushions were in place, to reduce the risk of pressure damage, for people who had been assessed as at risk. Staff told us they checked the mattress and cushion settings daily and records supported this. Repositioning records were also kept to show staff assisted people who remained in bed to change position and reduce the risk of pressure damage.

Activity staff had been developing an activity programme based on what people wanted to do. They had been working at the home for two months and were still getting to know people and their relatives. Activities included film afternoons, music sessions, games and one to one for the two people who remained in their bedrooms. Outside entertainers visited the home for sing-a-longs and carol singers and craft activities linked to Christmas had been arranged to start when the activity person returned to work. Relatives told us the activities were much better and the activity staff had a good understanding of what people wanted to do and supported them to do this when they wanted rather than when staff wanted them to. One said, "I think it will be really good over Christmas. I know they are going to be making cards and residents will be involved in making and putting up the decorations and the tree." Care staff said they did not have a lot of time to spend with people doing activities, but two felt they should be involved in this and expected this to change when they have a full complement of staff.

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home, and given to people and their relatives. People told us their only concern was about the staffing levels and they were aware that new staff had started working at the home and more staff had been interviewed. Relatives said if they did they had any concerns they would talk to the registered manager, provider or the staff and, "Things get sorted out." One told us, "I don't have anything to complain about, they look after wife very well, and me when I visit."

Requires Improvement

Is the service well-led?

Our findings

Relatives said the management at Bramber Nursing Home was generally very good. The registered manager was always available when at the home and the provider was very involved in decisions about the home and how services developed. One told us, "The staff are generally very rushed, we know they are trying to get more staff, so hopefully things will get back to normal quickly." Another said, "They are very good, they keep an eye on what is happening."

The local authority had been working with the provider and registered manager to develop an effective quality monitoring system and some audits had identified areas where improvements were needed. Such as the MAR audit, which had found gaps in the MAR, and checks had been put in place to ensure staff completed these records. However, we found gaps in the fire alarm test records; care plans had not been updated when people's needs had changed; there was no clear protocols in place for giving as required medicines; there was no system in place to support people to spend time doing hobbies or activities of their choice and there was no system in place to effectively support or assess new staff during their induction period.

The provider had failed to ensure an effective quality assurance and monitoring system was in place to identify areas for improvement, to make changes and develop the service to meet people's needs. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff were encouraged to complete satisfaction questionnaires. We looked at the responses to the staff questionnaires that had been given to staff just before the inspection. There were positive and negative comments about the management and the staff team. The low staffing levels were the main concern. Most said their colleagues were friendly and supportive but, they did not feel all the staff worked as a team and, although the work was satisfying they said there was a lack of communication. One told us, "The lack of communication impacts on staff morale, which is low at the moment." The registered manager said the changes in staffing, including the use of agency staff, had affected the way staff worked as a team. They were aware of this and would be supporting staff to discuss their concerns at the daily meetings or during supervision.

The provider and registered manager had actively advertised for nurses, care staff and support staff. A number of interviews had taken place and there were records to support this. The registered manager said there had been difficulties finding staff with relevant skills or an interest in supporting people living with dementia. They told us, "Bramber Nursing Home is our residents home and the staff are here to support them to live the best they can, so we are very careful who we employ, they have to fit in with our ethos. We do use agency staff at the moment and we ask for staff who have worked here before and know the residents." In addition, they had advertised for a senior member of staff so that the registered manager had the time to manage and develop the services provided. A nurse had been appointed as the 'head of care' the week before the inspection and, they had been observing staff and discussing with the provider and registered manager areas where they felt improvements were needed.

Staff said they enjoyed working at the home and that, "It could be a really nice home for people to live in." However, they were not sure what their role and responsibilities were. They told us they needed additional training and support from senior staff and management and, they said the head of care was a positive addition to the staff team. One said, "The manager is very busy, we need someone on the floor to see what is going on." The registered manager and head of care told us, "We will be working together, all of us including the care staff and nurses, to build up a good staff team that knows exactly how to support each resident as an individual and provide appropriate care."

Relatives said they were able to talk to the registered manager and staff at any time. One relative said, "If I have a problem I just talk to the staff or manager and they deal with it." Staff told us relatives were very involved in decisions about the care provided and they spoke with them whenever they visited and if residents were not well or their needs had changed.

The registered manager used statutory notifications to inform CQC about accidents, incidents and issues raised under safeguarding and, we found information had been sent to CQC within appropriate timescales.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure an effective quality assurance and monitoring system was in place to identify areas for improvement, to make changes and develop the service to meet people's needs.