

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Bramley House Residential Home

Westcott Street, Westcott, Dorking, RH4 3NX

Tel: 01306740003

Date of Inspection: 25 April 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Fiona Collins
Registered Manager	Mrs Fiona Collins
Overview of the service	Bramley House provides accommodation, care and support for up to sixteen older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

The last inspection found shortfalls with regards to the safety of the environment and set a compliance action.

At this inspection, in addition to inspecting in other areas, we also reviewed the actions the provider had taken in response to the compliance action. We found that the provider had met the previous compliance action.

During our inspection we set out to answer our five questions; Is the service safe?, Is the service effective?, Is the service caring?, Is the service responsive?, Is the service well led?

Below is a summary of what we found. The summary is based on our observations during our visit, discussions with people who used the service, their relatives, the staff supporting them and looking at records.

Is the service safe?

We found the service provided safe and appropriate care and had identified risks to people who used the service. As a result people's safety was ensured as plans were put in place to manage the risks identified. Staff were aware of the safeguarding procedures and had received training to ensure they had the most up to date guidance in relation to this. People who used the service told us they had no complaints and felt safe at the home.

We found that that the concerns identified in the previous inspection in relation to the environment had been addressed.

Is the service effective?

All the people who used the service told us the home was a "Lovely place" and they "Liked" being there. People's health and care needs were assessed with them, and people

who used the service told us that they were involved in their care plans. We observed that people could move around the home and grounds freely and independently or with support if they needed this. We saw that staff promoted people's independence and gave people the level of support they wanted, with knowledge and practices that reflected the care plan.

Is the service caring?

We saw that people's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's care plan. We observed staff took time to make sure that people were not hurried or rushed. We saw that people were relaxed and that interactions with staff were positive.

Is the service responsive?

We found that the service responded appropriately to any risks to people's safety. For example one person moved furniture on their own and the service responded to this by making sure that they monitored that this person did not put themselves at harm or risk of harm.

We saw that if people's needs could no longer be met by the service then this was identified promptly so that the appropriate care could be provided. The service responded to comments and complaints and had regular meetings to make sure that they met people's needs.

Is the service well-led?

People who used the service told us they had no complaints about the service. The service had made the necessary improvements to ensure that people were safe and responded in a timely manner.

We saw that the provider attended the service on a regular basis to keep updated and in touch with how the home was running. We spoke with the manager who demonstrated knowledge of the maintenance needs of the home identified in the last report and an awareness of risks so they could be managed to keep people as safe as possible. For example some windows had been replaced due to their poor condition.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We saw that care plans contained consent forms that people who used the service signed to give and record their consent to care and treatment.

We noted that these consent forms ensured that consent was sought and recorded for people who had the capacity to consent. The manager told us they would have to appropriately assess about a quarter of the people who used the service to determine their capacity. Then they would be able to obtain consent either directly from the person, or through a best interest meeting, depending on the outcome of the assessment.

We found that where a person may not have capacity, the service had suitable arrangements in place to establish capacity to consent, This meant that the service could not act in accordance with the best interests of the person and in line with the Mental Capacity Act (MCA) 2005.

Staff had undertaken training in the MCA and we saw records that confirmed this.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People who used the service told us that staff involved them in their care plan. We saw that the service carried out a pre-admission assessment with people before they moved into the home. This was to make sure that they could meet people's needs. Care plans included people's views and reflected their wishes. For example one person liked to be involved in household chores and the service made sure that this was facilitated. This was confirmed by us on the day of the inspection.

We saw that the staff interacted positively with people who used the service and that the atmosphere in the home was calm and relaxed. People told us that the staff were "Nice"

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We found that the service carried out risk assessments for each person to ensure that they were safe. These risk assessments included but were not limited to mobility, nutrition, self-administration of medicines and the risk of falls. For example one person who was living with dementia liked to walk round the service independently. Staff were aware of this person's needs and were able to describe to us what actions they took to make sure the person was safe.

We saw that people's care plans contained health records, risk assessments, health care consultations and appointment records, weight monitoring records, nutrition screening and assessment tools, food intake records and hydration records. We found these were regularly reviewed to ensure that staff would be aware of the most up to date information to meet people's needs.

We saw that the home had contingency plans to continue care in emergencies, for example, in the case of fire, medical emergencies, hospital admission, electricity power cuts, heating, and adverse weather condition and had evacuation plans.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People who used the service told they had "No complaints" and felt "Safe" at the home.

We saw that the home had the local safeguarding authority's procedure in place so that they could be familiar with local procedures and act accordingly should there be an incident or concern raised with them.

We spoke to staff who were able to describe the action they would take if there was a safeguarding concern raised. The records we saw confirmed that all staff had received recent training or refresher training in this area so they had the most up to date information to protect people.

Staff were also aware of the services whistle blowing policies and procedures and their responsibility for reporting abuse. The manager confirmed that training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) had occurred so that staff were aware of people's rights where they may not have capacity to make a decision themselves.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained.

People told us they liked their rooms and the home and their room was not too hot or cold and their washing facilities worked properly. One person told us it was a "Lovely place" and they "Couldn't fault it".

We saw that the home provided accommodation over two floors with access via stairs or a stair lift. There was sufficient communal space for activities and meals with a lounge, a kitchen and a dining room. We saw that bedrooms were of sufficient sizes to meet people's needs.

We saw that the building was hygienic and clean. Toilets and bathrooms were clean, as was the rest of the building. Toilets were functioning, regularly cleaned and had supplies of paper towels and liquid soap.

There was a fire alarm system which was regularly checked and fire doors had automatic closing devices, smoke seals and there were internal emergency lighting systems in the event of a fire.

We saw that there were environmental risk assessments to ensure that the premises are suitable and safe. These included the stairs.

The last inspection found the thermometers used to check the water temperatures were not accurate. At this inspection we saw that new thermometers had been acquired to replace them. This made the monitoring of water temperatures more accurate and meant the service could protect people better from scalding.

The last inspection found a lack of thermostatic mixer valves throughout the home. These were needed to keep temperatures safe and prevent scalding to people. At this inspection we saw that new thermostatic mixer valves had been acquired and were in the process of being fitted.

The last inspection found some window restrictors were missing and others were not secure. At this inspection we found that new window restrictors had been fitted. The last inspection found some windows were unsafe. At this inspection we saw that windows around the home had either been repaired, or temporarily made safe. The last inspection also found the kitchen window unsafe with insecure glass hanging out of the frame and in need of some update.

At this inspection we saw the kitchen had been completely refurbished with new fixtures, fittings and floor and wall coverings. Staff commented on how this had improved their working environment.

The last inspection found the home did not always keep a cupboard with hazardous materials locked. This inspection found that the cupboard was secure and that there were no hazardous chemical or sharp items around the home that could present a potential risk to people.

The last inspection found staff smoking in an area where the propane cylinders were stored. The manager informed us that this area was no longer the smoking area. The last inspection found that there were trip hazards on the first floor. At this inspection we saw that this had been rectified by the provider.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw that the health and safety of people was promoted, reviewed and audited.

We noted that the complaints system was monitored for appropriate action needed to identify any overall trends where changes may be required to improve quality for people.

We saw that the home was subject to external audits including for example, finances and the home's business development plan. We also saw the manager did a range of audits including medication, records and care plans, and we noted that there were systems to monitor this. This allowed the provider to monitor the overall quality and approve any actions required.

We spoke with the manager who demonstrated knowledge of the maintenance needs of the service. They were able to identify any emerging risks so they could be managed to keep people as safe as possible. For example, the windows with the highest risk due to condition were being replaced or repaired first.

This demonstrated to us that the monitoring of the environment had improved and the provider and manager were aware of and monitor progress better and ensure that work occurred in a timely manner.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that quality feedback surveys were distributed to people who used the service and their relatives, to gain their views and experiences in the way the service was provided and delivered. We found the outcome of these surveys had been analysed in order for the service to have an informed view of the standard of care that was being provided and to identify areas for improvement.

The manager gave us an example of where the organisation had analysed the outcome of surveys and house meetings for the people and their relatives, and monitored complaints for trends in order for the service to have an informed view of the standard of care that was being provided and to identify areas for improvement.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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