

# Key inspection report

## Care homes for older people

<b>Name:</b>	Bracken House
<b>Address:</b>	Bracken Close Burntwood Nr Walsall WS7 9BD

<b>The quality rating for this care home is:</b>	three star excellent service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Keith Jones	2   9   0   6   2   0   1   0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Bracken House
Address:	Bracken Close Burntwood Nr Walsall WS7 9BD
Telephone number:	01543686850
Fax number:	01543670326
Email address:	jakki.hamer@staffordshire.gov.uk
Provider web address:	

Name of registered provider(s):	Staffordshire County Council Social Care And Health Directorate
Name of registered manager (if applicable)	
Helen Margaret Brown	
Type of registration:	care home
Number of places registered:	34

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	34	0
mental disorder, excluding learning disability or dementia	34	0
old age, not falling within any other category	0	34
physical disability	34	0
Additional conditions:		
Age: Dementia (DE) age 50 and above. Mental disorder, excluding learning disability or dementia (MD) age 50 and above. Physical disability (PD) age 50 and above.		
The maximum number of service users who can be accommodated is: 34		
The registered person may provide the following category of service only: Care Home Only (Code PC) To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Dementia (DE) 34 Mental Disorder, excluding learning disability or dementia (MD) 34 Old age, not falling within any other category (OP) 34 Physical disability (PD) 34		

Date of last inspection								
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**Brief description of the care home**

Bracken House was built in 1968 to provide care and accommodation to older people. Located on an estate the home is not in a conspicuous position, overlooking a school and near to the centre of the village of Burntwood. The City of Lichfield is approximately four miles away. Standing in its own grounds the home continues to be upgraded internally and externally. Occupancy at Bracken House is for thirty-six older people. The home provides care for long term stay older people with dementia or related conditions of old age. The two storey building has bathing and toilet facilities throughout the home. The first floor can be accessed via the stairs or shaft lift. Within the home there has been created three lounge diners, Roseview remains a self contained dining room lounge with a small kitchen area. The laundry and main kitchen are located on the ground floor away from any service users bedrooms. The home has a separate hairdressing room, treatment room and staff room on the ground floor. From the information received the current fees are available on application to the Care Manager, being dependent on the type of service one would receive. Additional costs would include hairdressing, private chiropody, personal toiletries and periodicals.

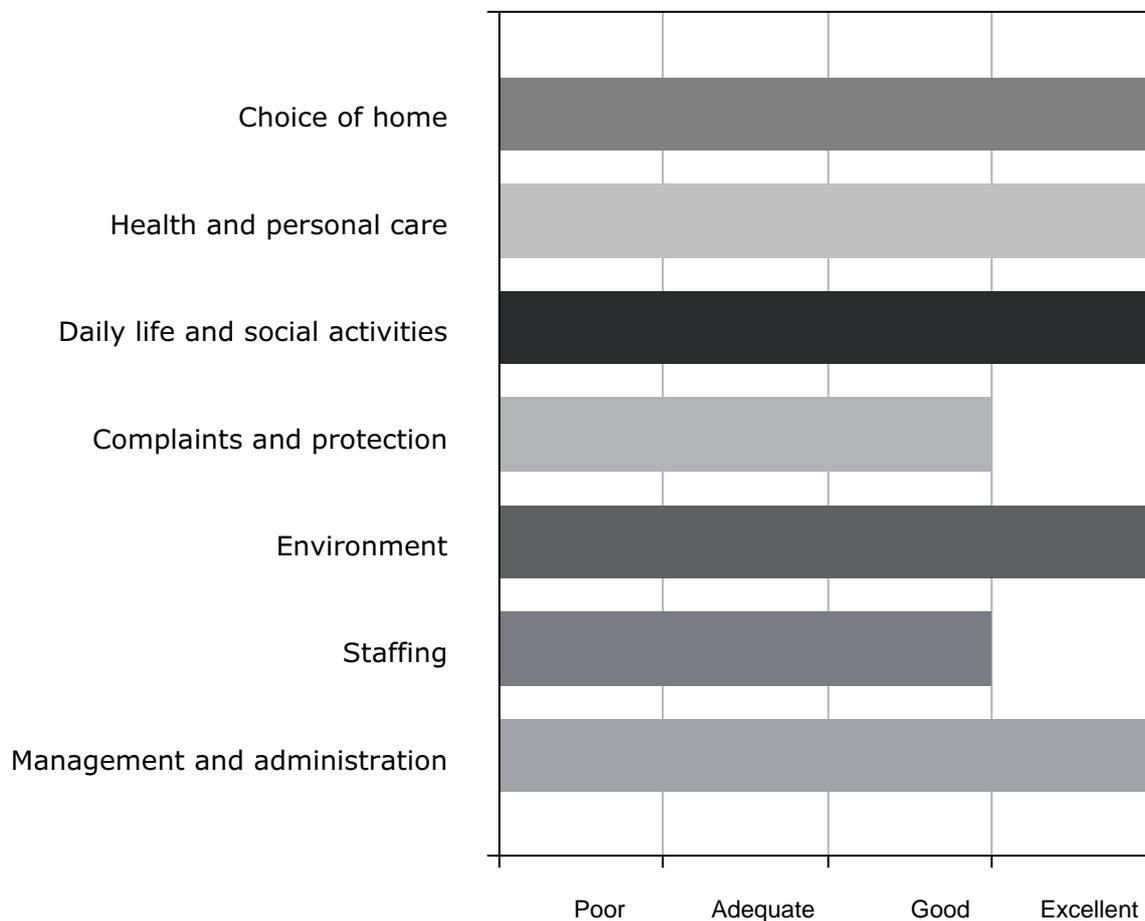
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

We conducted this unannounced inspection with the Registered Care Manager, Deputy Care Manager, and care staff on duty, whose input contributed to this report. Our inspection of the building allowed us free access to all areas and open discussion with people who use the service, relatives and staff. There were 33 people in residence on the day of our inspection. We looked at how care is being arranged and supported for a range of people with dementia and mental health care needs. To do this we looked at (case tracked) four people's care records from pre-admission to the present time, and four staff records were examined. We also looked at other information such as complaints, events, other professional reports, and what the service has told us about things that have happened in the service, these are called 'notifications' and are a legal requirement.

We took the opportunity to speak with a number of people who use the service, relatives and members of staff, who took an active role in the inspection process, and

contributed to the subsequent report. We acknowledged receipt of the Annual Quality Assurance Assessment (AQAA), nine survey forms we received from those people who use the service some weeks before the inspection, and five surveys from staff working at Bracken House. The AQAA is a self-assessment that focuses on how well outcomes are being met for the people using the service. It also gave us some numerical information about the service.

Relatives who were present were complimentary of the family approach to care, the freedom they enjoyed and the involvement that the Care Manager and her staff encouraged. It was evident that they were inclusive in the process of care. Everyone appeared comfortable and at ease with their surroundings.

We inspected a sample review of administrative procedures, practices and records, confirming consistent good practice and effective management. There followed a report feedback, in which we offered an evaluation of the inspection, indicating those recommendations resulting from the inspection.

## What the care home does well:

We found that Bracken House presents a high quality commitment to care with an open and highly personable approach. Staff are competent and friendly, and understand the needs of the people living here. People can feel confident they will be treated with respect and dignity at all times. We were told:

"I cannot suitably put into words to express the love and care that is given to my mother. It is a great comfort to me and the family to see the love and care given, every day. They are a very special team of people at Bracken House", which we recognise reflects the professionalism and homeliness of a confident relationship between carer, and those people using the service:

"Although I was dreading moving into a home the Manager came and told us about Bracken House, and made me feel easier. Now I am very happy with the care given and the quality of the Home".

From our examination of care records we established that there was a thorough assessment, care planning and review of individual needs, which are meaningful and robust in formulating an excellent standard of care. When we discussed the quality of care with those people using the service, it was made clear that they appreciated this highly personable attitude and approach to care. The service's Statement of Purpose states: 'Bracken House intends to deliver a high quality, twenty four hour service that focuses on promoting and enabling independence, and supporting individuals to fulfill their potential', this we found to be true.

We considered that the overall management style demonstrated a very positive approach in maintaining an environment conducive to the care of the elderly mental ill and people with dementia. There is a regular appraisal and review process of facilities and services, conducted by the Providers, to maintain that environment.

## What has improved since the last inspection?

We found that the home has addressed the issues raised in the last Inspection Report, with a review and streamlining of policies, procedures and practice relating to care of people with dementia and mental health care needs, with a closer involvement of people who live in the Home, and their relatives in the planning and review of care, through a Person (Homes) Care Plan process.

We acknowledge that the deployment of care staff in numbers and qualification are of a high quality and consistently pursued by the Registered Providers, providing a platform for the delivery of an excellent service. We recognise an improved, and comprehensive training process undertaken to ensure that staff are proficient and aware of changing needs of people, and of the care environment. We found that there has been a reinforcement of the impact that social activities play, that reflect the interests of the people in the Home at any one time.

We have found a considerable improvement, and continuing development in the decor and physical presentation of the Home, to ensure that it remains a safe, comfortable and homely environment. The management of the Home has continued to maintain a solid professional management style, thoroughly implemented, to achieve high

standards of set aims, objectives and care.

**What they could do better:**

The achievements in establishing an excellent standard of care have been recognised, areas of detail, outlined through recommendations, will continue to play a part in the ongoing development and maintenance of an excellent service.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The needs of people are appropriately assessed before they are offered a place. They and their relatives can be confident that the service will be able to meet their needs.

Evidence:

We examined the service's recently revised Statement of Purpose and Service User Guide, and found them to provide an excellent, informative description of the home's aims, objectives, and the way it operated. It is recognised that the Statement of Purpose represents the foundation on which the Home operates upon, offering those people who may use the service, and their relatives the opportunity to make an informed choice about where to live, clearly indicates the terms and conditions, which are discussed prior to admission.

We saw that the Statement of Purpose could be produced in large print, as and when necessary. We consider that the Service User Guide be presented for ease of access to people, and an audio and pictorial version would help people who have difficulty

Evidence:

reading small print.

Through our case tracking of four people's care records we clearly identified that the Care Manager, or her deputy, at the point of reference, conducted the pre-admission assessment. We found that the documentation identified a clear dependency assessment, forming a comprehensive foundation for care planning to meet needs, which included a copy of the care plan from social services, prior to admission. The objective is for this assessment to be produced with the full involvement of people who may use the service and their family, allowing them to influence the direction of care. We found this to be true, with each individual having a plan of care, which included a detailed care plan, daily care programme, risk assessments with goals and outcomes. Any special needs of the individual were discussed fully and documented, ensuring their personal needs would be met. Comments we received from surveys we sent out before the inspection to people who use the service:

"Before my mother went into Bracken House my sister and I researched carefully. Now we have experience of this many more questions have arisen which should have been asked at the time. But we have not regretted the final choice of care home".

"Although I was dreading moving into a home the Manager came and told us about Bracken House, and made me feel easier. Now I am very happy with the care given and the quality of the Home".

Case tracking confirmed that a valuable exchange between people and the assessor took place and resources made available. These resources were seen to be an appraisal of staffing skills, equipment and general environment. From discussions it was evident that people who may enter the Home and their relatives are able to visit and assess the quality, facilities and suitability of Bracken House at any reasonable time, to meet with staff and management. People can come in for a trial period initially to enable all parties to evaluate whether the Home is an appropriate placement and mutual adjustment before any contractual agreement is signed. Staff are aware of the special period of personal anxiety that people have under those conditions, a point well illustrated through our discussions, and examining records on case tracking.

There were no people assessed and referred solely for intermediary care at the time of inspection.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The health and personal care, which people receive, is based on meeting personal needs, with clear principles of respect, dignity and privacy put into practice.

Medicine administration systems are safe and secure.

Evidence:

Care records and case tracking we examined provided clear evidence to show that the pre admission assessment represented the foundation for a well considered, and detailed care planning process, in association with Social Services reports. We found that the profile of each person's social, physical and psychological status offered an individual plan of care, based upon dependency assessment and activities of daily living, frequently reviewed in an individual plan of care that is reviewed monthly, to reflect their changing needs and adapting care profiles, supported with a substantial and very informative daily progress report. Established monitoring systems following a process of goals, care and evaluation of high quality care plans, appreciated by those people and relatives alike. A comment we received from a relative:

## Evidence:

"I cannot suitably put into words to express the love and care that is given to my mother. It is a great comfort to me and the family to see the love and care given, every day. They are a very special team of people at Bracken House"

The strength of purposeful planned care lies within the frequency of the review process in monitoring and adapting care profiles. The AQAA stated, and we confirmed, that those people who use the service, families and friends are invited to participate in the care planning process, and established monitoring systems following a process of goals, care, and evaluation of quality care plans. As is appropriate and observed, a checking chart ensures that constant monitoring of people with high dependency needs is carried out.

A daily report is maintained to control monitoring, and offer a very comprehensive account of care and service given. Risk assessments were carried out on an individual basis and frequently reviewed. Included in the care records were applications of established monitoring systems following a process of goals, care and evaluation models of monthly assessment.

Our case tracking of four people's care confirmed to us that specialist support and advice are sought as needed, with each person having access to a local Doctor, Community Psychiatric Nurse (CPN), Dentist, Optician, Chiropodist, and Occupational Therapist as required. Through case tracking, our discussions and inspection of records, it was recognised that the Home arranges for health professionals should special health care needs be recognised. Our observations showed that generally people using the service appeared to be content, comfortable and happy with their life style, highly complimentary regarding the quality of their lives and the care they were receiving at Bracken House:

"Bracken House staff are always in regular contact with relatives to update on resident's welfare and needs. Staff are always very pleasant and welcoming, nothing is too much trouble".

"Take very good care of all the resident's needs".

"The staff already do a very good job in everything they do".

We confirmed that the administration of medicines adhered to procedures to maximise protection for people who use the service. We found that the Care Manager is responsible for overseeing all matters relating to medicines, with senior carers taking operational responsibility for day to day actions. The manager has effected a well

## Evidence:

developed, and smooth process of ordering, receiving, storing, administering and disposing of medicines. Records were seen to be complete and easy to follow through, with no observed breaches in the system. Controlled Drug management was comprehensive. We acknowledged the efforts made to maintain focus when administering medications, including a tabbard with a 'Do not Disturb' message boldly displayed.

The Statement of Purpose, Charter of Rights, admission assessment and care plans are geared to engender a sense of individuality and privacy. These policies are reinforced with an effective staff induction programme and supervised practice. Case tracking confirmed that the policies were implemented, with all people spoken with being complimentary of the degree of respect given, by each and every member of staff. The inspector observed the free, courteous interaction between people and staff based on a level of confidence of mutual trust and respect. Several comments we received from visitors and people living in the Home on the day indicated:

"Mum is encouraged in all aspects of her social, and physical welfare, and we are always well looked after" "After all this time I know all the staff, who are extremely kind and pleasant, I am very pleased with my situation".

It is stated in the services Statement of Purpose and the AQAA, that independence, privacy and dignity are encouraged, with the full involvement of family in all matters concerning the well being of people. This was confirmed in our discussions with people who use the service, visitors and staff. Relatives and friends have freedom of visiting, which emphasised the importance of maintaining social contact.

We looked at bedrooms presented to facilitate privacy for the individual, which included medical examinations and personal care procedures being performed in private. Our discussions with people confirmed that individual spiritual persuasions, and individual diversity was seen to be respected. People are able to attend Communion held once a month, and Roman Catholic services are given as requested. Our discussion with visitors on the day was a fruitful exchange, with all being very complimentary of care.

The Inspector was impressed with the confidence and closeness within the Home of staff, residents and visitors, and the mutual respect that prevailed. It was also acknowledged that there exist extremely good working relationships with regular professional contacts, CPNs and General Practitioners for the Home. We recognise that Bracken House has joined a dignity and care campaign with the National Health Service, reinforced during staff induction, training and staff supervision.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

### This is what people staying in this care home experience:

#### Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's rights to live a meaningful life are promoted, and people are offered opportunities to exercise choice and control over their lives.

People are offered a healthy, well balanced diet.

#### Evidence:

We found daily life to be flexible to accommodate people's needs and capabilities, offering choices at meal times, and during personal and social activities, including recognition of varied religious needs. Our discussions with people who use the service and staff, identified a relaxed atmosphere in which people's needs were respected, with the security that there are familiar events to the day they could relate to.

Our discussions with people clearly identified a relaxed and informal atmosphere in which the peoples needs were paramount. Each member of the care staff contribute a daily activity programme, which is an integral part of the care planning process, and is clearly well accepted by people who use the service and staff alike. Evidence was clear in identifying events and results of efforts made. On the day of the inspection, a number of people were engaged in exercises, hobbies and craft work, and general chatting. One to one sessions were also prevalent and valued by people using the

## Evidence:

service. Individual life histories are discussed and used as a basis for personalised social care offering choice and support. Some comments we received from surveys sent out before the inspection:

"The home is a very caring one, the food is very good, it is always clean and the staff are always very kind. They are good with providing dignity, personalised care, liaising with relatives by a well trained staff, meeting individual needs. Creating a feeling of 'home', excellent management creating a friendly and welcoming atmosphere".

"There are always activities going on and everyone's interests are catered for, for example; knitting, crafts and trips out. Rooms are kept immaculate, tidy and clean".

"More than satisfied. The activities are fun, various ideas. A hard working practical and committed team".

"More resources would be helpful in getting innovative ideas to fruition, and more social activities".

Families and friends are actively encouraged to participate in the daily life of the home, with no restriction being placed on visiting times. During the course of the inspection we saw staff and visitors interact with people in a positive and polite manner. Comments we received from relatives on the day confirm their appreciation and involvement with the progress of their loved ones health and social status

It is stated in the Statement of Purpose and AQAA, through a Charter of Rights, that personal choice, dignity and self determination are respected in policy and action, which we found to be true. Those individual's rooms we inspected showed a very positive influence of personalisation in the inclusion of belongings, some furniture and general decor, demonstrated a degree of expressed individuality.

The Home operates a secure system of handling peoples monies, with only small amounts of petty cash, which was efficiently handled through the administrator's office, and subject to regular Provider inspections and audits.

The Care Manager emphasised that the strength of protecting personal rights was secured through the robustness of the procedures in place. This was confirmed on examination of records. Advocacy procedures and services are available to those who require them. Relatives and carers meetings with people have been attempted and will progress to form valuable forums for open communications.

## Evidence:

The Home offers a good catering service, observed to provide a menu on a four weekly cycle offered a wholesome, varied choice. There was a Summer 2010 variation in use at the time of inspection. We confirmed that the cook knew all of the people using the service, and most of the relatives. We discussed diversity with the cook, who indicated an awareness in meeting individual needs; there were no special cultural needs at the time. Individual preferences were conveyed to the catering staff, who met with, and discussed their requirements. A very pleasant lunch of sausages and Yorkshire pudding, or a vegetable bake was served during inspection, served in pleasantly furnished and clean dining rooms. Staff were seen to offer discreet assistance to those who required it. The choice of dining room, lounge or bedroom was at the discretion of people in the home. People interviewed confirmed that the quantity and quality food provided was good. Comments we received in the course of inspection:

"The food here is always good and tasty, always hot, and the staff are very helpful".

"Very good standard of cooking and choice available. It's always set out so nice".

"The meals are generally satisfactory and we appreciate being able to dine in our own room".

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are given opportunities to freely express any concerns, and these are quickly responded to.

People are protected from abuse, and their human rights are promoted.

Evidence:

Through the course of inspection we confirmed that people's legal rights are protected by the systems in place in the home to safeguard them, including the continual review and assessment of care planning, and policies in place, including the complaints procedure. The complaints policy was seen and records examined. All people who use the service had received information on the procedure to complain, including reference to the Care Quality Commission (CQC). On discussions it was evident that any small matters were handled immediately, discretely and to the satisfaction of all concerned. A complaints book would enhance quality control on this issue, with clear recognition of concerns, complaints and allegations. Comment we had received in the course of inspection stated:

"Since I came here the staff have been very kind, I do know how to make a complaint, but so far I've had no need to".

"Staff are sometimes guarded when we point things out, but I think this is because they want the best for us".

Evidence:

"Staff are always ready to listen when we point things out".

Case tracking confirmed the effectiveness of a Provider, Care Manager and staff sensitive to peoples needs, and a readiness to test the robustness of their information and report structures. No complaints or safeguarding issue had been received by us since our last inspection. We acknowledge a satisfactory handling, with Social Services of three cases of service users' altercations. The overall policy of openness and transparency was acknowledged. We were informed that all the people who used the service had received information on the procedure to complain, including reference to us.

Individual's legal rights are protected by the systems in place in the home to safeguard them, including their contract, the continual assessment of care planning, and policies in place, including the complaints procedure.

The care management showed satisfactory evidence of a protocol and response to anyone reporting any form of abuse, to ensure effective handling of such an incident. The Annual Quality Assurance Assessment completed by the service prior to the inspection confirms all staff employed have undertaken a satisfactory Criminal Records Bureau (CRB) check, confirmed by examining four staff files. Staff induction and in-house training programmes led by the training and development manager, clarified the responsibilities of all staff in their daily contact with people who use the service, especially their privileged position in protecting those people from abuse, of all natures

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The Home provides a safe, well-maintained, clean and comfortable environment for the people who use the service, which encourages independence.

Evidence:

Through the course of inspection we confirmed that people's legal rights are protected by the systems in place in the home to safeguard them, including the continual review and a tour of the Home verified that the premises were fit for purpose, clean warm and tidy, and being satisfactorily maintained. External car parking and grounds are spacious and well maintained, with the large enclosed garden and patio areas offering a very pleasant area for fresh air and reflection. The state of repair and maintenance is generally very good, offering a comfortable, homely yet secure environment. There are plans to make improvements on an outside patio area, with plants and shrubs for interest and colour. It is expected that people will be given the opportunity to do some light gardening and attend to and water the plants in fine weather. External access is provided in a small housing estate, within reasonable access to Burntwood town centre. Internal access was facilitated with suitable fittings of hand and grab rails, in adequate, well lit and airy corridors. Wheelchair access was satisfactory throughout all areas of the Home.

On admission the Care Manager assesses each individual person's needs for equipment and necessary adaptations. All communal areas are of a high standard,

## Evidence:

offering social as well as private reflection, as the mood takes. The lounge spaces allow activities to be presented in very pleasant areas of the Home, with furniture and fittings of good quality. The dining areas are well furnished, and presented to provide a conducive environment to enjoy a good meal. Staff supervision is available throughout the day.

Bedrooms were well maintained to meet people's personal preferences. On inspection most bedrooms were highly personalised, with most displaying the person's own furniture, and personal belongings. Efforts had been made to provide a homely atmosphere, and the decor in most areas was found to be of a good standard, with a development programme for continuing upgrading of decor in progress. Each bedroom has adequate space to assist with personal care and dressing assistance.

The carer call alarm system was satisfactorily tested, and personal electrical equipment (PAT), that is televisions, radios, etc, were seen to be tested. There is an adequate lighting, and bedside lamps are available where risk assessed. Radiators are protected; smoke detectors fitted and adequate electrical sockets available. TV and telephone points were available in each bedroom, equipped with large keypad telephones for people's personal use. A locked facility and lockable bedroom doors was available on request, following suitable risk assessment. Several people spoken to expressed a sense of belonging and satisfaction in the quality and presentation of their living areas.

The heating arrangements throughout the home are by central heating with guarded radiator convection, providing an ambient temperature. Lighting facilities, including individual bed lights, and overall emergency lighting were installed and regularly maintained by the handyman. Water temperature were randomly tested and found to be within normal limits. Each room was fitted with a tested fire/smoke alarm. Ventilation is by direct door and window airing.

Corridors were seen to be free from obstruction, fitted to aid mobility and well lit to facilitate safe access throughout the Home. The housekeeping services in the home were seen by us to be of a high standard. The people spoken to generally remarked that they find the environment always very clean and fresh. To complement the presentation there were numerous floral and decorative displays. Comments we received from surveys we sent out:

"The home excels in all aspects of care, to cleaning and hospitality".

"The care staff and management at Bracken House have been excellent while my

Evidence:

mother has been there".

"It would be nice to have a flower garden with raised beds for the residents, and also a visiting room would be nice, but it is a very good place with very caring management and staff".

"Very clean and tidy at all times, much superior to other homes I have experienced".

People have the provision of sufficient and suitable lavatories and washing facilities within the home. The standard and presentation of all the toilets and bathrooms were of a high quality, clean, uncluttered and freshness. Adequate attention has been given to ensure maximum privacy within risk assessed boundaries. Infection control figures highly within the staff induction and supervisory training programmes. Care and domestic staff were approached, and were fully aware of the importance of infection control. Sluice facilities are suitable to assist in control of infection. Notices regarding chemical handling the areas that store chemicals displayed appropriate COSHH posters and information charts.

Kitchen presentation showed satisfactory standards of cleanliness, and evidence of sound food hygiene practices. An award for customer care and best public sector catering service was recently achieved.

The Annual Quality Assurance Assessment completed by the service prior to the inspection confirms that the building complies with the requirements of the local fire service and environmental health department, and records are kept accordingly.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff in the Home are trained, skilled and in sufficient numbers to fulfill the aims of the unit and meet the changing needs of people using the service.

Evidence:

There were 33 people receiving nursing care from a total of 34, at the time of the inspection. Two weeks of duty rotas were examined, in which the daily care staffing rota showed adequate balance between skills, qualifications and numbers to provide a foundation for a high standard of care. The Care Manager worked supernumerary, but is supported by a Deputy who contributes fully to the staffing rota. Agency coverage has not been used to support shortages of care staff, reliant on fully supported flexible rostering to meet shortfalls. Discussions with staff also confirmed their commitment to providing a quality service and their awareness of the principles of good practice. At the time of the inspection there were two Senior Carers and seven care staff on duty, as well as the Care Manager and Deputy. An average daily care staff coverage showed:

Morning shift 2 Senior Carers and 7 carers (Plus Care Manager).

Afternoon shift 1 Senior Carer and 7 carers

Night duty 1 Senior Carer and 2 carer.

## Evidence:

It was considered that the staffing levels are at a consistently good level on day duty for the number of people being cared for at this time, although we considered that with an increased dependency of people with dementia care needs, that staffing levels on night duty be reviewed to manage those demands and the layout of the Home. Nevertheless we acknowledge the willingness of the senior care management to supervise staff on night duty through announced and unannounced visits. The administrative, maintenance, catering, and housekeeping hours were determined and found to be experienced, caring, and of sufficient hours for the size of the Home, and the needs of people.

We sampled three staff files, and found them to be consistent and up to date. Staff are employed in accordance with the code of conduct and practice set by the General Social Care Council. We recognise that the management have established a comprehensive procedure for interview, selection and appointment of staff, reinforcing the policy that the thoroughness of staff selection has a significant effect upon the provision of care to ensure protection of people.

The Providers are committed to a learning environment. We saw that staff induction programmes are well established; very well designed, forming the base upon which in service supervision and training are planned and achieved. The records we examined showed that 80% of care staff are in receipt of National Vocational Qualification (NVQ) level II or level III, with a further 10% undertaking NVQ training at the time of inspection. All staff have had Dementia awareness training, and are to attend Multi Agency Public Protection Arrangement (MAPPA) training level 1, and Deprivation of Liberty safeguarding training. Fire training, manual handling, safe working practice, COSHH, Food Hygiene, POVA and infection control were seen to be well organised and all inclusive. The management were aware of their expected roles within the Mental Capacity Act 2007, including Deprivation of Liberties with the need to ensure awareness at all levels.

Three staff on duty were interviewed, each having had a statement of terms and conditions. It is a declared policy that recruitment is based on equal opportunity. Each member of staff spoke well of the training and supervision offered to them, and of the good working conditions that prevail. Each were very settled and enjoyed their positions, and were proud of the high standards of care given. There were no problematic issues raised by the staff. Overall the evidence shows a substantial account of a meaningful schedule of training to meet mandatory and specific demand. Staff employment and training records examined demonstrated the good standards we observed. Records were available to demonstrate an on going process of supervised

Evidence:

practice, showing training sessions and appraisals to be a routine feature of staff development.

"At Bracken House we are all a happy and friendly home. We all work as a team, although at times we have low staffing levels. We all pull together and work as a team, we all aim and meet the needs of every individual within the home".

"Gives a very high standard of care, well trained staff, keep up to date with all training eg, Movement and Handling and Health and Safety. Offers excellent nutritional food, catering for all".

"I am personally satisfied that Bracken House gives a very good standard of care and can't think of anything that the home could do better".

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be assured that the home is run in their best interests. The ethos of the service is based on openness and respect.

The care team, through good working practices, promote the health, safety and welfare of people who use this service.

Evidence:

The Registered Care Manager, Helen Brown, has demonstrated a long term commitment and competence in running Bracken House, in establishing a solid professional policy portfolio that has been implemented, to achieve a high standard of set aims and objectives. She has achieved her Registered Managers Award, NVQ level IV, and numerous qualifications completed over the past ten years of working in the care sector. She is supported by a Deputy Manager who has extensive professional and clinical experience. We recognise the efforts made to enhance the Keyworker team concept, supported by a stable, and experienced team of carers and departmental staff. We were impressed by the openness and confidence in the

## Evidence:

observed interactions of staff, relatives and people using the service. The relationships were seen to be of mutual trust and respect.

The Registered Providers have a high profile and involvement in the smooth running of the Home, and are prepared to delegate a wide range of management responsibility to good effect. Comments we received from staff interviewed on the day:

"The home is of a very high standard, I think we move forward with the times well and often introduce new ways of working towards promoting individual's lives for the better".

"The home has achieved awards, which the staff are very proud of. The home supports and meets the needs of each individual, respecting their dignity and rights, no matter what their individual needs are".

"I feel the home meets all the requirements satisfactorily".

"Bracken House is a very well respected home by all visitors and families".

Appropriate risk assessments are in place for people, through care planning and recording, staff selection and the maintenance of the general environment; these are up to date and accurate. Health and safety notices can be seen throughout the home. The Providers with the Care Manager, have developed a formal approach to monitoring quality across a wide range of activities. This includes a care plan review process that is recorded at least once a month, a staff training programme, and a quality development programme, including the setting of objectives, and target dates to aim for. Social Workers review meetings are often a vehicle for assessing quality. The service's completed AQAA states that the home has quality monitoring systems in place, and they also consult the people who use the service and their relatives about the service. This we found to be true.

We identified that people are encouraged to be independent with regard to financial affairs with the assistance of their relatives. Small amounts of cash were efficiently handled by the administrative officer, through the Provider's office, although essentially the home operates a 'cashless society'.

The Home has an open door policy and a commitment to equal opportunities. As previously mentioned there is a willingness to create a training environment, and a staff supervision policy and procedure is in place in the home. Cascading supervision programmes are established as part of the normal management/training process, with

## Evidence:

all care staff receive six sessions of individual formal supervision annually. Equality and diversity issues were also discussed covering a wide range of issues, including food, religion and staffing.

An examination of administrative, monitoring, planning and care records showed an organised and professional attitude to effective record keeping. Random samples of records they were found to be well maintained, accurate and up to date, ensuring that the peoples rights and best interests are safeguarded. Records inspected included, hoist, fire prevention tests on equipment, regular fire training and procedures, water quality checks for Legionella. Health and Safety checks on equipment servicing and planned preventative maintenance and risk assessments.

The procedures manual was randomly examined, and found to offer a very comprehensive reference. The Manager offered evidence of safe working practices including: Missing person, medicines, and challenging behaviour. Relevant legislation was discussed and is fully understood by the management, i.e. introduction to CQC, updates The Mental Capacity Act and Deprivation of Liberties paper. The health and safety of people using the service and staff are promoted with safe storage of hazardous substances, regular electrical PAT and servicing of electrical appliances. The accident book was seen and found to be in order for staff, people using the service, and reporting arrangements to Riddor. A monthly analysis is recorded on trends and frequency. Health and safety notices can be seen throughout the home.

The administration and management of the home is efficient, uncomplicated and sensitive to the needs of people.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	1	We consider that the Service User Guide be presented for ease of access to people, and an audio and pictorial version would help people who have difficulty reading small print.
2	16	A Concerns, Complaints and Allegation book be established to more effectively monitor incidents.

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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