Care Quality Commission

Key inspection report

Care homes for older people

Name:	Bramley House
Address:	Castle Street Mere Warminster Wilts BA12 6JN

The quality rating for this care home is:	three star excellent service

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.

Lead inspector:	**Date:**							
Sally Walker	0	8	1	2	2	0	0	9

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 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

The mission of the Care Quality Commission is to make care better for people by:

- 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:	Bramley House
Address:	Castle Street Mere Warminster Wilts BA12 6JN
Telephone number:	
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Sursum Limited
Name of registered manager (if applicable)	
Mrs Elizabeth Ann Miller	
Type of registration:	care home
Number of places registered:	37

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
dementia	5	0
old age, not falling within any other category	0	36
physical disability	1	0
Additional conditions:		

Date of last inspection								

Brief description of the care home

Bramley House is registered to provide care and support to 37 older people, 5 of whom may have a dementia and one person with a physical disability. Sursum Limited are the registered providers and Mrs Elizabeth Miller is the registered manager. She is also a registered nurse but is not employed in that capacity as the home is not registered to provide nursing care. Bramley House is a Victorian building with a large extension. Although some of the bedrooms are registered as double rooms, all rooms are single occupancy. There are three sitting rooms, two downstairs and one upstairs providing views of the well maintained gardens. The home is within easy walking distance of the

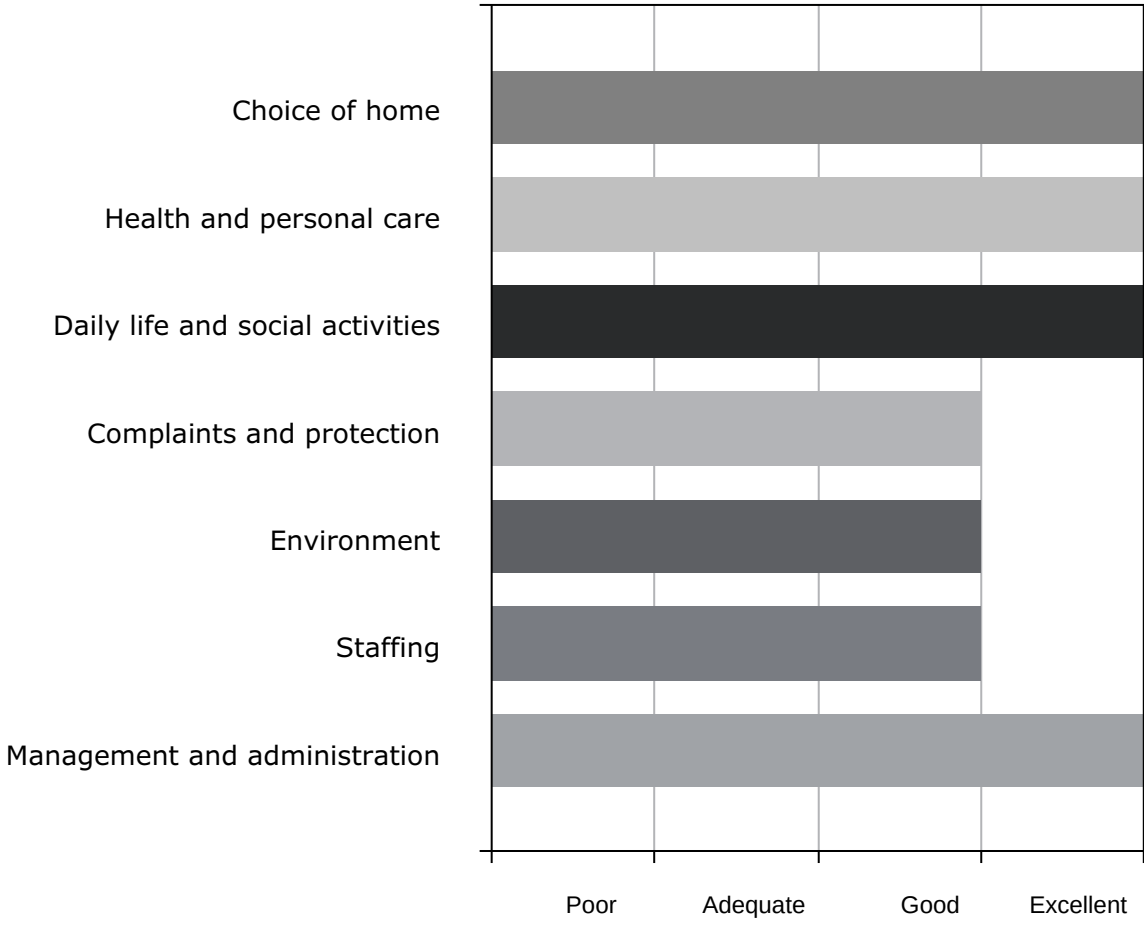
Brief description of the care home
village centre where there is a range of different shops and other amenities. The staffing levels are a minimum of three care staff and a senior carer in the mornings and two care staff and a senior during the afternoons and evenings. At night there are two waking night staff. Details about the weekly fees can be obtained directly from the home. The home's telephone number is 01747 860192. The home's fax number is 01747 860110. The email address is sursum@btconnect.com.

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:

This unannounced Key inspection took place on 8th December 2009 between 9.05am and 5.05pm. This was the first Key inspection since the providers were registered as a limited company. Mr and Mrs Saunt have run the home for over ten years. Mrs Liz Miller, registered manager, was present during the inspection. We also met with Mr Saunt of Sursum Limited for part of the inspection.

We asked the home to complete an Annual Quality Assurance Assessment (known as the AQAA). This was their own assessment of how they were performing. It told us about what has happened during the last year and about their plans for the future.

As part of the inspection process we sent survey forms to the home for people who use the service, staff and healthcare professionals to tell us about the service. Comments are found in the relevant part of this report.

We spoke with four people who use the service, a relative and two staff. We looked at care plans, risk assessments, menus, the arrangements for people's medicines, activities, staff recruitment and training and made a tour of the building.

The last key inspection was on 18th January 2008.

The judgements contained in this report have been made from evidence gathered during the inspection, which included a visit to the service and takes into account the views and experiences of people using the service.

What the care home does well:

The manager makes sure that detailed comprehensive assessments are carried out with people who are thinking of moving in. If any equipment or services are needed, they are put in place before the person moves in, for continuity of care. The home makes sure that the needs of people who regularly use the respite service can still be met.

People benefit from having all their care and support needs set out in comprehensive care plans. People have good access to healthcare professionals and members of staff make sure that any concerns about people's health are promptly referred to the relevant person. People's risk of developing pressure sores or any risk of malnutrition are regularly monitored and addressed.

People can administer their own medicines following a risk assessment and are provided with lockable storage. Safe systems are in place for managing people's medicines.

People are confident in letting management know when things go wrong or if they want to make a complaint about the service. Complaints are taken seriously and fully investigated. Mrs Miller makes sure that the complainant knows about the outcome of her investigations and what the home is doing to make things better.

People benefit from a range of things to do that interest them. The activity programme provides a range of group activities, entertainers, one to one time for people who do not necessarily like groups and trips in the locality. Each activity, as well as being what people have asked to do, has a purpose, for example, to encourage movement, memory, stimulation and a sense of achievement and wellbeing.

People benefit from a home that is comfortable, very well maintained, warm and clean. People personalise their bedrooms with small items of furniture and possessions.

People benefit from having members of staff available at times when they need them. Staff are experienced and receive relevant training for the work that they do. Staff benefit from regular supervision. A robust recruitment process means that people are protected from anyone who is unsuitable to work with them.

Mr and Mrs Saunt and Mrs Miller make sure that people who use the service and those involved in their care, know about any changes or things as they happen in the home. There is a newsletter and Residents Forum so that people can learn about events and make their views known. People's views are sought when the annual quality audit is carried out.

The providers and Mrs Miller work well with us and let us know about things that happen in the home.

Everyone's health and safety are regularly monitored.

What has improved since the last inspection?

Care plans and risk assessments are reviewed and revised more regularly with more

detail about how people's care and support needs are to be met and monitored.

Medicine is now being checked when it is delivered from the pharmacist. A lock has been fitted to the door where the medicine and other information is kept. Handwritten entries in the medicine administration record are now being witnessed and signed. The home has made sure that details of prescribing instruction on prescriptions rather than 'as directed by your doctor' have been sought.

Information about what action to take if there was a medicine error, from the medicine policy, is now in the medicine administration record.

A new member of staff has been appointed to provide regular activities for people who use the service. The hours for this post have been increased to thirty.

New carpets have been fitted to the downstairs corridors, sitting rooms and dining room. Many of the fire resistant doors were in the process of being replaced with new. The central heating and hot water boilers have been replaced. People have chosen new curtains for their bedrooms.

What they could do better:

People's care plans must be kept securely when they are not being used.

The home must keep its own notes on any nursing treatments rather than rely on those kept by the district nurse.

Body maps should be used to record the healing of wounds, with evidence of size, colour, depth and dates and whether the skin is broken.

Care plans should identify the reasons for giving different pain relieving medicine when more than one is prescribed.

Staff members should have updated training in the local safeguarding vulnerable people procedure. This is so that they know what the process is and people are better protected as a result.

The home's policy on reporting abuse should be reviewed and revised in line with the local safeguarding policy and procedure. It should identify the point at which a safeguarding referral is made.

In order to fully meet the regulation about reviewing the quality of the service, a report must be produced showing details of how the home is improving the 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.
You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

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.

People benefit from detailed assessments before they move in, so that they know the home will be suitable for them. The home makes sure that any special services that people need are put in place before they move in.

Evidence:

Mrs Miller or one of the deputies carried out assessments with people who were considering using the service. The assessments were detailed and comprehensive. Equipment or specialist healthcare services were arranged before the person moved in. We saw that the assessments of people who had recently moved in were comprehensive. The assessments not only included the person, but other people involved in their support network. Assessments were also carried out with people who regularly used the respite service to ensure their needs could still be met.

In the AQAA Mrs Miller told us that she planned to develop a website for the home, so people who were considering the home could have more detail about the service and

Evidence:

see the facilities and services that were offered.

Mrs Miller told us that people were encouraged to visit for the day or a longer period and have meals and meet the other people who lived there and discuss the home. Mrs Miller told us that some local people regularly used the respite service before deciding to move in. In a survey form one person told us "Several people said before I came that they couldn't find any fault with Bramley House, and I agree." One person told us about an information pack that they had been given when they moved in.

In a survey form one of the healthcare professionals told us "The manager is particularly thorough in her assessments and is also very warm and welcoming, providing clear information and reassuring to clients and relatives when the do an initial visit. When the manager visits the hospital to carry out assessments she ensures she gathers accurate information and always communicates well with the hospital to ensure a smooth transition of care. [Do better] Ensure that any staff that deputise for the manager have the skills to provide the same standard of welcome information etc to prospective clients."

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.

People benefit from having all their care and support needs set out in comprehensive plans which are regularly reviewed. Detailed risk management means that people are safe. People have good access to relevant healthcare professionals. Safe systems are in place for people's medicines.

Evidence:

Action had been taken to address the requirement we made that care plans must identify people's current needs and how they are to be met. Each person had a care plan which set out all their care and support needs and how they were to be met and monitored. People had assessments of different aspects of their care needs, for example, moving and handling, risk of falls, risk of pressure damage, risk of malnutrition, bathing and going out alone.

Care plans and risk assessments were regularly monitored as we required at the last inspection. People's medical history was included in their care plan. The home requested a 'patient summary' from people's GPs, with the person's consent. There was good information about how people should be supported, for example, wearing

Evidence:

the right footwear and use of walking equipment, to reduce the risk of falls; ensure people who were hard of hearing had their hearing aids fitted; how to support people who had swallowing difficulties, continence care and supporting people living with diabetes. There was clear guidance on what action to take when individual blood glucose levels were outside the parameters for their wellbeing. The district nurse administered insulin injections and one person administered their own insulin. Care plans were clear about using different sites for each injection and where the needle disposal box was located. Mrs Miller told us that she had developed 'do not disturb' signs for the district nurses to use on people's bedroom doors when they were carrying out private treatments. People were regularly weighed and any concerns about weight loss referred to their GP. Food and fluid charts were used when necessary.

In the AQAA Mrs Miller told us that she had "found a dentist and optician who will visit residents at Bramley House."

There was also good information about supporting people's emotional wellbeing, with good access to the consultant psychiatrist or community psychiatric nurse. Although the home is not registered for people with mental illness, some extra support had been sought when different things had affected some people's emotional wellbeing.

People were having their risk of developing pressure sores regularly assessed. The format for the assessment gave an outcome score but gave no guidance on what that meant for the person. We thought that because Mrs Miller is a nurse she was able to determine the risk outcome, where care staff members may not. It was clear from the communication sheets and the daily report that any concerns about people's tissue viability were referred to the district nurse, pressure relieving equipment provided and treatment carried out by the district nurse. The nursing notes were kept in the home with all the information about treatment and healing. We said that the home must keep their own notes on any nursing interventions and progress in healing, rather than rely on the district nurses notes. Body maps were not being used, but they would provide a clearer record of any wounds and their condition.

In the AQAA Mrs Miller told us that the "falls co-ordinator brought in a bone scanner for residents who wished to be tested for osteoporosis and results passed on to GP."

The cabinet where care plans were kept was unlocked, so people's care plans were not kept securely.

We saw that those people who we spoke with in their bedrooms, had their call bells

Evidence:

and a fresh jug of water or juice within easy reach. One person, referring to their call alarm, told us "they come immediately if I pull this."

We asked people about their medicine. Most people told us that members of staff gave them their medicine. One person said "I have paracetamol and they always give it to me when I want it." One person's care plan showed that they were taking two different pain relieving medicine. One was clearly identified to be given before a wound was treated. The other medicine was described as "for pain relief." We said that the care plan should be more detailed. Other care plans were varied in their detail of pain relieving medicine to be taken only when needed. One care plan was explicit that the prescribed paracetamol was for pain in the person's shoulders.

People could administer their own medicine following a risk assessment. People were provided with lockable storage for this. All other medicine including controlled drugs were kept securely. Medicine was being checked when it was delivered from the pharmacist as we required at the last inspection. Handwritten entries in the medicine administration record were now being witnessed, signed and dated as recommended at the last inspection. The home had sought more details of prescribing instruction on prescriptions rather than 'as directed by your doctor' as we recommended at the last inspection. Information about what action to take if there was a medicine error, from the medicine policy, was now placed in the medicine administration record as we recommended at the last inspection.

Staff members had recently gained Level 2 in the safe administration of medicine. Staff members continued competency to administer medicine was regularly monitored.

We asked one person who told us that had difficulty in walking, how they were supported to get around. They showed us that their armchair seat rose so they could stand. They told us that members of staff used a hoist if they were in the sitting room and needed to stand.

Extra staff were provided if anyone needed palliative care and many of the staff were trained in this area.

In a survey form one person told us "Bramley must be one of the nicest homes around. I am very happy here. We all love our manager Liz who is always helpful and caring. Also the staff who are very kind at all times."

In a survey form a healthcare professional told us "Bramley House is a very well run establishment they put people first and foremost and deliver an excellent service for

Evidence:

all clients and their families. The home is warm, friendly and welcoming; staff treat residents with utmost respect, privacy and dignity." Another healthcare professional told us "The service, as far as I can tell from my visits, always acts in a way which promotes residents' dignity. I have had occasion to nurse end of life patients in Bramley House. The manager Liz Miller actively promotes residents' rights to remain at Bramley to die should they wish. The staff always act in a most dignity promoting and conscientious way to facilitate their residents' wishes. I am always made to feel most welcome. Have an excellent working relationship with the manager Liz Miller, her deputies and her staff who always assist me in undertaking my various nursing duties. I would have no hesitation in recommending residing at Bramley House to those I encounter in the community."

Another healthcare professional told us "The service is very good in contacting health professionals to seek further advice, to access suitable equipment etc in order to meet their clients' needs." A further healthcare professional told us "Provides high standard of nursing [sic] care. Assess and manage patients changing health needs. Work with the health services team including specialist."

In a survey form one of the GPs told us "Thorough caring proactive approach to residents' individual needs. Prepared to extend services to maintain residents at the home and obviate hospital admission, particularly during terminal care. Excellent, strong, clear and directed management." Another GP told us "Excellent residential care, really good knowledge of their clients and helpful and competent in their delivery of health care. Good at communication with us and with the families. Willing to extend their services/increase care when clients become unwell. An excellent home with very committed and caring staff."

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 benefit from an extensive range of things to do that interest them, both at the home and in the locality. People are encouraged to make decisions about their daily life. People have their say about the menus and are offered a range of meals from ingredients that are sourced locally.

Evidence:

People told us that they followed their own routines and made their own decisions day to day. One person told us "I'm on my own which is a great benefit, but they like you to go down sometimes for meals. I like someone to be with me in the lift. They bring my supper here. They tell you if there's something going on, like the coffee morning today. I expect they'll come and tell me. We had a band playing yesterday. They arrange quite a lot of things; most afternoons there's entertainment. I'd rather be on my own." There was good information about people's social histories in the long term needs assessment part of the care plans. Mrs Miller told us that this was being developed with people and their families.

In the AQAA Mrs Miller told us that as a result of listening to people, she ensured the "Teletext is running on the television in the middle lounge for the resident who has hearing difficulties and when attending the film afternoons." She had also provided a

Evidence:

monthly singing and music group with a visiting music therapist. Mrs Miller told us that she planned to support people to attend more events in the locality; charity coffee mornings, church and open gardens.

The activity programme for Christmas was well underway. There was an event happening on each day until after Christmas. One person showed us the things they had made for the Christmas coffee morning which took place that day. They were helping the activities co-ordinator to set out the tables for the things that people had made. Nearly everyone was going to a local pub later in the week for a Christmas lunch. A trip to a local pantomime was also being planned. We saw that the activities programme for the month was displayed in the entrance in large print. There was also a large board advertising events for the week, in the dining room. The activities co-ordinator kept a record of each event outlining its purpose and what people could achieve from each activity.

People's friends and relatives were invited to join in with all the events. The member of staff responsible for activities told us about the knitting group, exercises groups with a visiting physiotherapist, entertainers and individual games that were available. They told us about the different things they would offer to those people who preferred to have a one to one session; reading the newspaper, board and card games, talking about the individual's life and experiences or a walk around the grounds. There were memory boxes to assist discussions about people's lives. Someone regularly visited with their dog as part of the Pets as Therapy scheme. The dates of when the mobile library visited were posted on notice boards. There was a collection of books in the front hall for people to help themselves to.

The activities co-ordinator took people shopping or out for a cup of tea in the home's vehicle. Other activities included: bingo, skittles, darts, craft making, painting, quoits, a clarinet player, bell ringers, films, singers and playing the piano. The activities co-ordinator told us that more trips in the surrounding area were planned for the Spring. They also said that they had a plan for things for people to do after Christmas.

One person told us that one of the local churches came every month to give Communion which they enjoyed very much. They told us they wished they could go to their church but their mobility made it too much of an effort. We saw that staff members joined in with the activities. One member of staff had met with one of the ladies to paint their nails and spend time chatting.

Most people had their own telephone lines, some with large keypad phones. One person had an email access telephone.

Evidence:

One of the relatives we spoke with described the home as "absolutely perfect, super. The staff are pleasant and the manager's got the time to talk. The home has a nice feel." They said that the providers wrote to them if there was anything they needed to know.

Everyone we spoke with made very positive comments about the meals provided. One person described the food as "excellent". We looked at the menus. The cook showed us the menus which had been compiled especially for the Christmas period. There was a hot meal for lunch with a vegetarian alternative. The evening meal was a home made soup, a hot dish and another choice. Salads and fresh fruit were available. The menus were varied. In the AQAA Mrs Miller told us that as a result of listening to people she had "improved further choices for diabetic puddings, helped by a resident monitoring what she had had and then feedback to improve variety and therefore choice."

The cook told us that she would meet with people at the Residents Forum to discuss the menus. All the ingredients and fresh produce were sourced locally. We saw the lunch being served according to each person's appetite. The meal was steamed beef and onion pudding with carrots, cabbage and potatoes. Mrs Miller told us that gravy boats had been implemented following people's requests. She went on to say that tureens for people to serve themselves to vegetables had not been a success. In the AQAA Mrs Miller told us that if people had difficulties with eating and felt embarrassed in front of others, they were offered their meals in their rooms. We saw that each of the dining room tables had a display of fresh flowers.

In a survey form one person told us "[Do better] cook more imaginative meals." Another person told us "the care is excellent. The staff are happy which makes a big difference. They cater for each one individually for instance, I like Bovril and cheese biscuits at night, I'm probably the only one, but they don't mind." Another person told us "visitors can come any time and can stay for a meal and are always offered tea or coffee which is nice." Another person told us "Quite well organised, informal establishment. They let me have my own furniture which gives a homely atmosphere, quite well really. [Do better] Too early start in the morning. I get woken at 6am which is a trifle early. This seems to be for the benefit of the staff and not the customers! (By the way, the toast has the texture of leather)." Care plans identified people's preferred routines.

In a survey form one of the healthcare professionals told us "Gregarious folk are stimulated with a variety of daily activities while the less outgoing have their wishes to

Evidence:

remain in their rooms respected."

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's complaints and concerns are taken seriously and thoroughly investigated. Staff are confident in recognising and reporting any allegations or observations of abuse to management.

Evidence:

We asked people about the complaints procedure. Everyone we spoke with told us they would speak to staff or the manager if there was anything they were not satisfied with or wanted to make a complaint. One person told us "I expect it's with that bunch of papers they gave me when I came here." Another person said "I've no grumbles." Someone else said "I'd get one of the girls or Liz; she's around all the time and she knows what's going on." The home kept a log of complaints. There was information about any investigations, outcomes and action taken to address any issues. It was clear that the home took all complaints and comments seriously and apologised to each individual. Mrs Miller gave us an example of how she was supporting one person to take their concerns to the relevant authority as she could not address the issues.

Some people kept small amounts of cash in the home's safe. The administrator made sure that people could access their money and kept records and receipts of all transactions.

We asked staff members about the local safeguarding procedure. They were quick to tell us that they would report any observations or allegations of abuse to senior

Evidence:

management. However they were not always certain of the local reporting process and could not find the copy of the local booklet in the staff room. One staff showed us the homes policy on reporting abuse. It referred to internal investigations and it was not clear at which stage a referral should take place. We said that the policy should be amended to include the local safeguarding process. Mrs Miller placed another copy of No Secrets in Swindon and Wiltshire in the staff room. We saw in the training records that staff had not received training in safeguarding vulnerable people since 2006. Whilst it was not staff's direct responsibility to make referrals, they should be aware of the process. We advised that staff members should receive updated training in the local procedure.

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

People benefit from a home that is suitable for their needs, comfortable, very well maintained, warm and clean.

Evidence:

Two people told us "I've got the best room in the house." We saw that people had personalised their bedrooms with small items of furniture and pictures. The majority of the bedrooms had ensuite facilities or a bathroom nearby. Bedrooms were on the first and ground floors, accessed via a passenger lift, stair lift and various staircases. There was a choice of three sitting rooms.

There had been many improvements to the building since we last visited. New carpets had been fitted to the downstairs corridors, sitting rooms and dining room. Many of the fire resistant doors were in the process of being replaced with new. The central heating and hot water boilers had been replaced. In the AQAA Mrs Miller told us that she had "completed an audit of all curtains throughout the house, every resident where replacement was required, chose their own colour and style. New windows in various rooms, dining room and landing." One of the people we spoke with showed us their new window and told us about the benefits of no drafts and the reduction in noise. Mrs Miller told us that the planned extension would provide a care office, medicine storage area, larger laundry facilities and a hairdressing salon.

Evidence:

We saw that radiators were guarded to make sure that people did not scald themselves. The windows to the first floor had restricted openings to reduce the risk of people falling out.

The home was cleaned to a high standard, including those areas not easily accessible or visible. There were no unpleasant smells. There were disposable gloves, aprons and disinfecting hand gel available when needed. Staff told us they had been trained in infection control.

We looked at the laundry area. It was clean and well organised with systems for dealing with soiled items. People told us they were satisfied with the laundry system.

The home's kitchen had been awarded five stars following an inspection by Wiltshire Council Environmental Health Department.

In a survey form one person told us "[Do better] sometimes laundry goes astray but it is usually found again. I have my own things around me in my room which has helped me to settle and feel content."

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.

People benefit from having staff available when they need them. A robust recruitment process means that people are protected from anyone who is unsuitable to work with them. Members of staff are experienced and have regular training in the work that they do. The majority of staff members have an NVQ Level 2 in care.

Evidence:

The care staffing rota showed that there was a minimum of three care staff members and a senior carer on duty in the mornings. In addition two extra staff were available between 7.30 and 8.00am to assist with breakfast. During the afternoons and evenings there was a senior carer and two care staff. There were two waking night staff.

One staff member told us about their previous experience of working with older people. They said they had had a period of induction when they first started work. They had also received training appropriate to their role. They told us there were regular staff meetings and supervision.

There was very little staff turnover. The recruitment files showed that no one commenced work without a Criminal Records Bureau certificate to confirm their suitability to work with people who may be vulnerable. All the documents and information required by regulation were available on file. New staff members were

Evidence:

inducted into their role. Mrs Miller told us that three bank carers had been employed to cover the increase in annual leave.

Mrs Miller kept a matrix of training that staff were expected to undertake with details of when updated training was due. Mrs Miller told us of the difficulties of obtaining training locally as training providers expected a large number of staff to attend each session. A tutor from a local college visited twice a week to support staff members with distance learning.

Mrs Miller had obtained a grant for staff training for the coming year. Staff had recently undertaken training in diabetes, fire safety, dementia care, infection control and first aid. Mrs Miller was the homes trainer in moving and handling. She told us that this was a practical session. Mrs Miller said she had recently ordered a DVD on person centred planning for staff training. She also said she was trying to source some staff training in mental health issues.

We saw staff engage with people, sitting and chatting with them. It was clear that good relationships had been established.

In the AQAA Mrs Miller told us that "all but two carers have at least NVQ Level 2 and six have NVQ Level 3."

Mrs Miller showed us the risk assessments in place for college students who did placements at the home. There were clear guidelines and boundaries for what they could be involved in, in a 'job description'. They never worked alone and would always shadow a member of staff.

One person told us "staff are very good, kind and helpful. They give me all the help I need. There's two staff at night and one upstairs [sleeping on the premises]. Staff have a lovely attitude."

In a survey form one staff member told us "Training is always of a high standard and offered as and where needed." Another staff member told us "We encourage and promote independence enabling our residents to live their lives as they wish. [Do better] We need to be sharper/work harder at passing on information to domestic staff."

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.

Mrs Miller is qualified, competent and provides good leadership in the home. The home is run in people's best interests. People benefit from being asked for their comments on different aspects of the service. Everyone's health and safety are regularly monitored.

Evidence:

Mrs Miller is a registered nurse and although she remains on the register, is not employed in that capacity. She has considerable experience of working in hospitals and managing nursing and care homes. She has the Registered Managers Award and NVQ Level 4 in management and care. She keeps herself up to date with current good practice with regular training, some was part of her nurse registration. Mrs Miller was the home's qualified moving and handling trainer.

Mrs Miller works well with us and lets us know about things that happen in the home. All three requirements and three recommendations from the last inspection had been addressed.

Evidence:

Mr and Mrs Saunt and Mrs Miller made sure that people who use the service and those involved in their care, knew about any changes or things as they happened in the home. There was a residents' forum where people could express their views.

Staff members told us that they felt well supported by Mrs Miller. They said they could discuss things with her at any time.

Mrs Miller told us that the yearly quality audit had commenced with questionnaires just sent out to people who use the service and their relatives. She showed us a graph from last years audit, which showed the degree of people's satisfaction with each aspect of the service. We said that in order to fully comply with the regulation, a report must be produced showing what the home deems necessary to improve the service. Mrs Miller told us she would send us this following the inspection. It has not been received at the time of writing.

Risk assessments were carried out on the environment, use of equipment and any tasks that people were involved in. These assessments were regularly reviewed and amended where necessary. Staff had received training in fire prevention, first aid, infection control and moving and handling. Mrs Miller told us that the home's fire risk assessment had been recently reviewed and revised.

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
1	7	17	Care plans must be kept securely. So that people's information is kept confidentially.	01/03/2010
2	7	15	The home must keep their own records of nursing intervention and progress of healing of any wounds, rather than rely on the district nursing notes. As evidence of good care planning and practice.	01/03/2010
3	33	24	In order to fully meet the regulation regarding consultation with people about the quality of the service, a report must be produced showing details of the necessary measures the home intends to take to improve the quality and delivery of the services provided.	01/03/2010

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
			To show how the home is improving the service and listening to what people say.	

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	7	The use of body maps would improve the recording of healing of wounds, with evidence of size, colour, depth and dates and whether the skin is broken.
2	9	Care plans should identify the reasons for giving different pain relieving medicine when more than one is prescribed.
3	14	In light of the comment from one person about being woken too early, the home should ensure that staff are waking people at the time that they want.
4	18	Staff members should have updated training in the local safeguarding vulnerable people procedure. So that they know what the process is.
5	18	The home's policy on reporting abuse should be reviewed and revised in line with the local safeguarding policy and procedure. It should identify the point at which a safeguarding referral is made.

Helpline:

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