Key inspection report

Care homes for older people

<table>
<thead>
<tr>
<th>Name:</th>
<th>Braywood Gardens Care Home</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Millbrook Drive</td>
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<tr>
<td></td>
<td>Carlton</td>
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<tr>
<td></td>
<td>Nottingham</td>
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<td>NG4 3SR</td>
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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.

<table>
<thead>
<tr>
<th>Lead Inspector:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Lynda Dyer</td>
<td>1 7 0 6 2 0 0 9</td>
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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.

<table>
<thead>
<tr>
<th>Outcome area (for example Choice of home)</th>
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<tbody>
<tr>
<td>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</td>
</tr>
<tr>
<td>This box tells you the outcomes that we will always inspect against when we do a key inspection.</td>
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<tr>
<td>This box tells you any additional outcomes that we may inspect against when we do a key inspection.</td>
</tr>
<tr>
<td>This is what people staying in this care home experience:</td>
</tr>
<tr>
<td>Judgement:</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Evidence:</td>
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<tr>
<td>This box describes the information we used to come to our judgement.</td>
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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**

<table>
<thead>
<tr>
<th>Document Purpose</th>
<th>Inspection report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<td>Audience</td>
<td>General public</td>
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### Information about the care home

<table>
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<th>Braywood Gardens Care Home</th>
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<tr>
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<td>01159381300</td>
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<tr>
<td>Fax number:</td>
<td>01159381371</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:fionamoor@nottscc.gov.uk">fionamoor@nottscc.gov.uk</a></td>
</tr>
<tr>
<td>Provider web address:</td>
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<thead>
<tr>
<th>Name of registered provider(s):</th>
<th>Nottinghamshire County Council</th>
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</thead>
<tbody>
<tr>
<td>Type of registration:</td>
<td>care home</td>
</tr>
<tr>
<td>Number of places registered:</td>
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### Conditions of registration:

<table>
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<tr>
<th>Category(ies)</th>
<th>Number of places (if applicable):</th>
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<tbody>
<tr>
<td></td>
<td>Under 65</td>
</tr>
<tr>
<td>dementia</td>
<td>30</td>
</tr>
<tr>
<td>old age, not falling within any other category</td>
<td>0</td>
</tr>
<tr>
<td>physical disability</td>
<td>15</td>
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**Additional conditions:**

Nottinghamshire County Council is registered to provide accommodation, nursing and personal care at Braywood Gardens for persons of both sexes whose primary needs fall within the following categories:- Older Persons, not falling into any other category Dementia Physical Disability

One person aged 54 years named in connection with application number V35653 dated 6th October 2006 may be admitted to the Intermediate Care Unit within Braywood Gardens Care Home

Up to 15 service users in the category of Physical Disability (PD) aged over 55 years may be admitted to the Intermediate Care Unit within Braywood Gardens Care Home

Up to 30 service users in the category of Dementia (DE) or Dementia aged over 65 years DE(E) may be admitted into Braywood Gardens Care Home

Up to 5 service users in the category of Physical Disability (PD) aged over 55 years may be admitted to the main part of the home at Braywood Gardens Care Home

Up to 60 service users in the category of Old Age, not falling into any other category
<table>
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<tr>
<th>Brief description of the care home</th>
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<tr>
<td>Braywood Gardens is owned by Nottinghamshire County Council Social Services and is a purpose-built care home for up to 60 older people. The home opened in 2002 and is a two-storey building divided into four residential units. There is a shaft lift to assist independent access between floors.</td>
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<tr>
<td>All of the homes bedrooms are for single occupancy with ensuite facilities. The home is located within a housing estate, close to local amenities, which include shops, pubs and a leisure centre. There are well-maintained gardens, which are accessible to residents.</td>
</tr>
<tr>
<td>Car parking is provided at the front of the building. One of the units provides intermediate care and is jointly funded and staffed by National Health Service and Social Services personnel. There is also a day centre for people living in the community, the day centre has separate facilities and operates seven days each week.</td>
</tr>
<tr>
<td>We were told on the day of the inspection that the fee's were currently £345-£432 per week.</td>
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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:

Choice of home: Good
Health and personal care: Good
Daily life and social activities: Excellent
Complaints and protection: Good
Environment: Excellent
Staffing: Adequate
Management and administration: Good

How we did our inspection:

The focus of inspections undertaken by the Care Quality Commission is upon outcomes for people who live at the home and their views on the service provided. This process considers the providers capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provision that need further development.

The last time we visited this service was July 27th 2006.

'We', as it appears throughout the Inspection Report refers to The Care Quality Commission.

One inspector carried out an unannounced site visit to the agency, which took place over a period of six hours. The Registered Manager was unavailable due to personal development and so the administrator, team leaders and staff assisted us during the site visit to the home.
We have introduced a new way of working with owners and managers. We ask them to fill in a questionnaire about how well their service provides for the needs of the people who live there and how they can and intend to improve their service, this is called an AQAA (Annual quality assurance assessment). We received the AQAA back from the manager in good time. The form was completed well and gave us all the information we asked for.

We also sent out surveys called, 'have your say', to people who use the service, staff that work there and relatives. This meant we could get an idea of what people thought about the way the home was run.

We had 30 completed surveys back and we have included some of the comments in this report. We have not included comments that could identify the writer as we want people to feel they can be open about the way they feel the service is run.

We also reviewed all of the information we have received about the agency since we last made a visit to them and we considered this in planning the visit and deciding what areas to look at.

The main method of inspection we use is called 'case tracking', which involved us choosing three people who use the service and looking at the quality of the care they receive by speaking to them, observation, reading their records and asking staff about their needs.

We spoke with five members of staff, two health professionals, a visitor and six people who live in the home to help us to form an opinion about the quality of the service being provided to people.

We read documents as part of this visit and looked at the environment and facilities of the home to form an opinion about the health and safety of people who use at the service.

The Commission have a focus on Equality and Diversity and issues relating to this are included in the main body of the report.
What the care home does well:

We spoke with two people who live in the home and viewed their care plans and there was evidence that the home completes a full needs assessment for people prior to them being admitted to the home.

People living in the home have access to aids and equipment that they need to support them with bedrooms being personalised to the individual's taste and having en-suite toilet and walk in shower areas.

One relative told us, "The staff makes the building a welcoming place, a home from home" One person living in the home said, "The place is spotless"

When we asked relatives about the staff in the home, one said, "Very impressed with all the staff I have come into contact with whilst visiting the home, they are very friendly, efficient and caring" and "I find the staff very helpful and cheerful"

What has improved since the last inspection?

We saw evidence of the home providing training for staff in the Mental Capacity Act and associated Deprivation of Liberty safeguards 2005 and this shows that staff are aware of their duties and responsibilities under the Act.

Activities that the home offers now include, regular 'Bar bingo evening', flower arranging sessions, greenhouse planting, reflexology, musical movement sessions, local church visits, in house coffee mornings and themed food tasting evenings. There are also entertainers that visit the home and trips out arranged regularly to places of interest.

What they could do better:

The home could improve some of it's medication procedures and it could address issues raised about staffing.

Comments from members of staff included, "I enjoy working here but at the moment we are experiencing a shortage of care staff and new carers are not always aware of peoples needs and sometimes forget to hand over information", "We are getting more dependant service users with more complex needs and we do not have the staff to manage the needs effectively" and "Braywood is a well run home but we could do with more care staff and more time to do care plans".

Comments from people living in the home included, "They could do with more staff", "They are always short staffed but they do everything for you and do their best" and "We need more staff, they are run off their feet".

The home has a record of consistently providing good quality health care and we are confident that any matters raised in this report will be addressed appropriately by the manager.

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 (standards 1 - 6)
Health and personal care (standards 7 - 11)
Daily life and social activities (standards 12 - 15)
Complaints and protection (standards 16 - 18)
Environment (standards 19 - 26)
Staffing (standards 27 - 30)
Management and administration (standards 31 - 38)
Outstanding statutory requirements
Requirements and recommendations from this inspection
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 good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Peoples needs are assessed before they move into the home so that staff know how to meet their needs. People are offered a range of information before they choose to move into the home. People who are admitted for intermediate care are helped to maximise their independence and return home.

Evidence:

The manager told us in the homes AQAA (Annual Quality Assurance Assessment) that the home insists upon a full social work assessment and social worker involvement before a person is admitted to the home. They then ensure the sharing of information to enable informed choices to be made.

We saw information that the home offers to people prior to admission, which includes information for people interested in moving into the home or have a short stay visit. There is also a Nottinghamshire County Council information pack which includes details of the fee's, information on how to pay to live in a care home and what it is like
Evidence:

for people living in the care home.

We viewed the care plans of three people living in the home and these all contained a full needs assessment that was completed prior to admission.

We spoke with two people who live in the home and they both said that their family visited the home and received a warm welcome and plenty of information about the home before they decided to live there.

The home has a unit dedicated to intermediate care. This unit is solely for people who require short term re-habilitation to enable them to return home. We spoke with staff about the unit and they gave us information on the re-habilitation that was provided.
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 good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in the home have up to date and relevant care plans to enable staff to deliver the appropriate individual care and people are happy with the care they receive. Some medication procedures are not safe.

Evidence:

The manager told us in the homes AQAA (Annual Quality Assurance Assessment) that the main focus of the home is the quality of care given and the complete and accurate recording of care details including reviews. They also said that staff with the necessary experience and potential are encouraged and supported to undertake their medicine management and administration training.

We viewed the care plans of three people living in the home and they all included information that was important to them and showed how individual choices around daily living were being maintained. Information surrounding people's wishes regarding palliative care and death was not present in the care plans we viewed.

The care plans contained risk assessments and information on what care support is
Evidence:

needed and how staff will deliver that care to ensure the risks are managed. They also contained evidence of regular intervention from external health professionals.

Although the staff are trained in the Mental Capacity Act and associated Deprivation of Liberty safeguards, the care plans of people living in the home do not reflect the act to ensure that, wherever possible, people make their own decisions about their care and if decisions have to be taken on their behalf, they are always taken in their best interests.

In surveys we sent to people we asked people living in the home if they received the care and support they needed and fifteen people said they always or usually did and one said they sometimes did. All sixteen people said they always received the medical support they needed.

We spoke with two health professionals who were visiting the home on the day of the inspection and they told us that staff worked well with them to ensure people's health care needs were met in the home.

Medication procedures around storage and administration showed some gaps in safety. We observed one member of staff sign the medication administration record before administering the medication. Some handwritten entries on medication charts did not have the required witness signature in place. Some medicine bottles had not been dated when they had been opened.

We observed staff respecting people's privacy and dignity on the day of the inspection and staff spoken with gave a good account of how they made sure they respected privacy and dignity. One person living in the home told us, "Staff are always very respectful to me".
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 living in the home are given the opportunity to participate in recreational activities and maintain social contacts. People receive a nutritious and appetising diet with individual preferences being met.

Evidence:

The manager told us in the homes AQAA (Annual Quality Assurance Assessment) that the home offers choices with daily living activities. There are regular and varied activities tailored to residents preferences. Menus are influenced by resident's needs and they are involved in catering meetings.

We received completed surveys from people living in the home, visitors and staff. In these surveys we received a comment from a relative which said, "The home could offer more activities related to the disposition of the clients". A member of staff said, "There could be more trips out for people that would like to go."

When we asked what the home could do better, four people living in the home told us that they would like more activities.

However, we looked at the activities that the home offered and we saw evidence of a
Evidence:

variety of activities that went on in the home such as a regular 'Bar bingo evening', flower arranging sessions, greenhouse planting, reflexology, musical movement sessions, local church visits, in house coffee mornings and themed food tasting evenings.

There had also recently been a trip to the coast, regular trips for pub lunches and other places of interest and two external entertainers visits. The home had organised a trip to the theatre to see 'We'll meet again' and this was followed by a party in the home, which was themed around the end of the war.

The hair dresser is in the home three times a week and there is a dedicated salon for this. There is a garden area with a greenhouse and the staff told us about people living in the home being involved in planting and growing seeds. The home has a lounge/bar area with a variety of newspapers and magazines on display for people to read. There is also a tuck shop which is run by one of the people living in the home and is opened throughout the week.

We spoke with people living in the home and people visiting the home and they told us that they were supported to keep in contact with their relatives and friends. One person living in the home said, "They look after me very well and they make my family welcome when they visit".

We observed lunch being served in the well presented dining area and spoke with four people living in the home, during lunch. The meal consisted of three courses and one person living in the home told us, 'The food is lovely'. There was a choice of the main course available on the menu displayed and people I spoke with told me that they only had to say they didn't fancy what was on the menu and another alternative was offered.

A member of staff told us, "We make sure service users are included in the daily choice of food and what activities they would like".
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 **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in the home are safeguarded, they know how to raise concerns and feel that the concerns will be responded to appropriately.

Evidence:

The manager told us in the homes AQAA (Annual Quality Assurance Assessment) that they ensure all residents and staff are made aware of and given regular reminders of the complaints and representations procedures. They also stated that staff are trained in safeguarding vulnerable adults.

The home has received ten complaints in the last twelve months and records were in place to show that the manager has responded to the complaints raised and that a satisfactory resolution has been obtained on all but one complaint, which is still ongoing. The Commission has not received any complaints about the home in the last twelve months.

Staff told us in completed surveys and when we spoke with them that they knew what to do if someone raised a concern with them.

The home has a complaints procedure on display for people to read.

The manager ensures people have opportunities to have their say about the home, what is working well and what needs to improve. This is done through regular
Evidence:

meetings held for people living and visiting the home. We viewed records of these meetings and saw that people were being encouraged to raise any concerns and suggestions for improvements they had about the home. We also spoke with people living in the home and they told us that they were reminded at meetings how to raise a concern.

We viewed three staff files and found that staff are trained in how to safeguard people from abuse. The home has the current local safeguarding referral procedures in place and staff have access to appropriate policies.

One person living in the home said, "They make me feel safe, cared for and comfortable".
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.

Ongoing maintenance and housekeeping procedures provide people with clean, safe and homely surroundings in which to live.

Evidence:

The manager told us in the homes AQAA (Annual Quality Assurance Assessment) that resident's are encouraged and supported in personalising their own rooms and in contributing ideas towards the furnishings and other contents of group living areas. They also stated that all staff are trained in infection control and are encouraged and supported in maintaining high standards.

On the day of the inspection we found the home to be very clean and homely. All areas viewed were nicely decorated and well maintained.

The layout and design of the home allows for small clusters of people to live together, with separate day areas and dining areas on all four units in the home. On the unit we spent most of the day, there was a bar area and a tuck shop for people to use. There is also a well maintained, accessible garden with seating areas and a greenhouse for people living in the home to do some gardening.

We viewed the bedrooms of three people living in the home and found that they had access to aids and equipment that they needed to support them. Each room was
Evidence:

personalised to the individual's taste and they were well maintained and homely. All bedrooms have a good sized en-suite facility with a toilet and a walk in shower area. People told us that they liked their rooms and were able to bring in personal possessions.

Bathrooms and toilets all held equipment to maintain infection control procedures and there was variety of lifting equipment in place to support people who required assistance with moving around.

One relative told us, "The staff makes the building a welcoming place, a home from home" One person living in the home said, "The place is spotless"

All of the sixteen people living in the home who filled in surveys for the Commission told us that the home was always fresh and clean.

Staff are trained in infection control procedures and we saw staff observing these procedures on the day of the inspection.
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 adequate quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff are safely recruited and are trained to provide care to people. People feel that their needs are met by staff but there is not always enough staff presence to ensure people’s needs are being met effectively.

Evidence:

The manager told us in the AQAA (Annual Quality Assurance Assessment) that staff are well trained and that around 80 percent of care staff have achieved or are working towards a recognised qualification and that they apply robust recruitment and selection procedures.

The information we have received from surveys we sent to staff working at the home told us that staff are properly recruited and when we looked at staff files we confirmed that a robust recruitment procedure is followed in practice which ensures that people are safe from anyone that may be unsuitable to work with them.

Staff told us that they receive regular training to enable them to undertake their role and understand the needs of people they care for. We saw evidence of this in the three staff files we viewed on the day of the inspection.

External professionals that we spoke with, told us that the staff team respond to each person’s needs and properly monitor people’s health.
Evidence:

Relatives told us things like, "Very impressed with all the staff I have come into contact with whilst visiting the home, they are very friendly, efficient and caring" and "I find the staff very helpful and cheerful" People living at the home told us in completed surveys and when we spoke with them that the staff were wonderful and worked very hard. They told us that they have their needs met and feel cared for by the staff.

However, on the day of the inspection we found that there was one member of staff who had only been working at the home for a few months on duty along with an agency worker who was not that familiar with the unit. There was a further care assistant and a team leader that was on duty and who were 'floating' around the four units to support staff if they needed it.

We received comments in the surveys we received from people living in the home, visitors to the home and staff working in the home.

Comments from visitors included, "Given the resources available I think that the staff provide an excellent service. However they are sometimes under extra pressure when resources are stretched through absences and unfilled positions".

Comments from members of staff included, "I enjoy working here but at the moment we are experiencing a shortage of care staff and new carers are not always aware of peoples needs and sometimes forget to hand over information", "We are getting more dependant service users with more complex needs and we do not have the staff to manage the needs effectively" and "Braywood is a well run home but we could do with more care staff and more time to do care plans".

Comments from people living in the home included, "They could do with more staff", "They are always short staffed but they do everything for you and do their best" and "We need more staff, they are run off their feet".

On the day of the inspection there was a period of time during the staff hand over where there was not any care staff presence on the unit. One person living in the home needed some personal care and was seen wandering around the lounge in a partial state of undress looking for a member of staff. We had to ask the caretaker to summon a member of staff to assist this person.
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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.

The home is run in the best interests of the people living there and people using the service are given the opportunity to express their views and opinions in of how the home is run.

Evidence:

The home has a registered manager who is experienced and she completed the Annual Quality Assurance Assessment (AQAA), when we asked her to and in this she gave us accurate and clear information about the home.

We saw evidence of the home providing training for staff in the Mental Capacity Act and associated Deprivation of Liberty safeguards and this shows that staff are aware of their duties and responsibilities under the Act.

We know from looking at staff records that the staff team are properly supervised and trained well in areas of health and safety practices. We also saw evidence of a good variety of moving and handling equipment in place for staff to use.
Evidence:

The manager told us that the home's fire alarm is tested on a regular basis and staff spoken with confirmed that these tests took place every week. The systems in place to monitor the quality of the services provided includes giving people the opportunity to voice their opinion and bring about improvements in the daily life at the home.

There are suitable and safe accounting systems in place when people are unable to manage their own personal finances.

We received comments from visitors to the home such as, "The home provides a service where the staff are very kind and understanding to my relatives needs" and "In my experience everyone from the home manager to the care staff actually seem to care and be helpful".

The manager regularly keeps the Commission informed of incidents that occur in the home.
Are there any outstanding requirements from the last inspection?

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
</table>

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.
### 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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
</table>

### 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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>13</td>
<td>Medication Administration Record (MAR) charts must be signed immediately after the medication has been administered and not before. This will ensure medication is administered safely.</td>
<td>03/08/2009</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>13</td>
<td>Handwritten entries on the medication administration records must be signed by staff and witnessed with a further signature. This will ensure people receive their medication safely.</td>
<td>03/08/2009</td>
</tr>
<tr>
<td>3</td>
<td>27</td>
<td>18</td>
<td>There must be sufficient suitable and competent staff on duty at all times to meet the needs of people living in the home. This will ensure the assessed needs of the people living in the home will be met.</td>
<td>01/09/2009</td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>No</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>It is recommended that care plans include reference to the Mental Capacity Act and records made that show that wherever possible, people have made their own decisions about their care and if decisions have to be taken on their behalf, they are always taken in their best interests.</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>Peoples wishes with regard to palliative care and death should be recorded in their care plan.</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
<td>When bottles and boxes of medicines are opened they should be dated with the date of opening.</td>
</tr>
</tbody>
</table>
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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