

Review of compliance

<p>Sursum Limited Sursum Limited Bramley House</p>	
Region:	South West
Location address:	<p>Bramley House Castle Street Mere Wiltshire BA12 6JN</p>
Type of service:	Care home service without nursing
Date of Publication:	October 2012
Overview of the service:	<p>Sursum Limited Bramley House is registered to provide care and support to 37 older people some of whom may have a dementia. Currently there is no registered manager. This is one of two care homes in the South West run by the provider.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Sursum Limited Bramley House was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us they were very happy at the service. They made positive comments about the members of staff. People were offered a range of activities, both in groups and one to one.

A district nurse made positive comments about the staff's knowledge of people's needs and told us they were quick to alert them to any health concerns.

People's care and support needs were being met, but this was not always evident from the care plans. The care plans had not been fully reviewed or revised since the previous registered manager had left in March 2012.

People's morning medicines were not being given to them directly from the original sealed pack from the pharmacy. Members of staff did not sign the medicine administration records after each administration of medicines. This meant people were at risk of receiving the wrong medicine.

A new manager was in post and had worked at the service since December 2012. They told us they worked alongside the previous registered manager as part of their induction until April 2012 when they formally took up the post of manager. They told us they were in the process of applying to become registered with us. They had received their Criminal Records Bureau certificate and were in the process of filling out the registration application forms.

Members of staff said they felt well supported by the new manager. Staff had regular ongoing training.

Records were not regularly reviewed or kept up to date with detailed information about people's care and support needs.

Action plans were in progress to improve the quality of the service.

What we found about the standards we reviewed and how well Sursum Limited Bramley House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

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

The provider was meeting this standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The provider was meeting this standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

People were not protected from the risks of unsafe or inappropriate care and treatment because records were not regularly reviewed, up to date or kept securely.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

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

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

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

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We asked people for their views on the service. One person told us "No one interferes with me, I please myself. I'm going for a walk in the garden, but the weather doesn't look good. I looked round before I moved in." Another person said "We have activities, but I don't go to all of them, only the quizzes and crosswords." Another person said "They are very friendly. We choose to go out to lunch or not. There's lots of entertainment: telling jokes, singing with a cup of tea and a bun."

Other evidence

We saw staff respected people when delivering care. All personal care was given behind closed doors. Members of staff acknowledged people and found time to chat with people as they were going about their work. The language used in recording was respectful.

People were supported in promoting their independence and community involvement. There was a member of staff who provided activities for 28 hours a week. An external provider was offering people one to one activities and some group sessions, for example, reminiscence and song. We saw the different activities advertised for the current week in the dining room. The manager showed us photographs of when someone had brought birds of prey and farm animals to show people who used the

service. We were told people really enjoyed a recent percussion session, and Pimms and strawberries while watching Wimbledon. A fete had been arranged later on in the year to raise money for charity.

Resident meetings were held regularly with minutes kept. People could contribute to the agenda. People had been consulted about the redecoration colour schemes.

People's diversity, values and human rights were respected. We saw signage around the building, this meant people could find their way to the nearest facilities like the toilets or the lift. The manager gave us an example of an advocacy service being involved to support one person when decisions were to be made about them. People's mental capacity was assessed when they moved in. Capacity would then be re-assessed when as appropriate, when people's mental capacity changed and important decisions needed to be made.

We saw everyone who used the service had a bowel chart in their file. There was no information in the care plans about why these were to be completed. We asked members of staff why this was carried out for everyone. They told us that staff filled them out because they were included in the reporting format. The provider may find it useful to note this is not a personalised approach to providing care and support and could be considered intrusive.

We saw the hairdresser using one of the bathrooms to wash people's hair. One person was sitting underneath the hair dryer which had been set up in the corridor. The hairdresser told us this was the only facility for providing a service to people. The manager said the provider planned to include a hairdressing salon in the next set of refurbishments, which would provide greater privacy.

Our judgement

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We asked people about the care and support they received. One person told us "I'm looked after well. The staff are good. The food's good too." Another person told us how members of staff were supporting them with managing diabetes. They said "They know what to do when I have high readings. They come in at night and see if I need a chocolate biscuit and a drink."

One person told us "I like to get up at 9.30am. I went to see the manager because staff weren't coming to help me get up 'till 10. After that they always come at 9.30am."

Another person told us "I keep my own tablets in that locked drawer over there. Nothing is too much trouble for the staff. There's always someone about if you ring the bell. The evenings are long and dreary, nothing going on, I don't see anyone." No one else made similar comments.

We spoke with a district nurse who told us "They provide a high standard of care, it's never changed. Staff know about pressure ulcer prevention. No one has pressure ulcers. They are good at keeping turn charts and quick to order equipment. The quality and attitude of the staff is good. They keep an eye on things and are quick to phone us with problems and act on our advice. They are good at supporting families. They listen to us and support us."

Other evidence

Each person had a care plan which set out an assessment of need when they first

moved in. There were individual care plans for each need, including health, social, physical, emotional and spiritual needs.

Members of staff were able to tell us about different people's needs and how they were meeting them. People told us they were asked if they needed prescribed medicines for pain. There were risk assessments in place for people who chose to administer their medicines themselves.

People were often assessed for their risk of developing pressure ulcers by the district nurse. Pressure relieving equipment was in place.

The deputy manager told us palliative care could be provided with the support of the district nurse. We were told the visiting GPs discussed resuscitation with people and the manager. This meant people could discuss decisions about emergency treatment. GPs visited the service one day a week to see people and discuss their medical care and treatment. GPs could be asked to visit at other times when needed. We saw a GP had provided detailed information about managing one person's complex medical condition.

We saw people in their bedrooms had a drink within easy reach. People who were spending time in their bedrooms had their call bells within easy reach.

People's care and treatment reflected relevant research and guidance. The deputy manager told us mental capacity assessments were being started using the Alzheimer's Society format. An external trainer had delivered training and guidance in assessing capacity for people with a dementia. Assessments of cognitive impairment had been carried out as well as assessments of how people with dementia experienced pain. Best practice guidelines published by the Alzheimer's Society were available to members of staff.

No one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

We asked staff to tell us about safeguarding. They were able to describe what might constitute abuse and signs to look for. Some staff knew the local reporting procedure and others did not. The manager said they would address this in a training session at the next staff meeting. The manager said both the Wiltshire and Dorset safeguarding policies were used to report suspicions or allegations of abuse.

Staff were more aware about the whistle blowing policy. They described where the information was kept if they needed to raise a concern.

The activities co-ordinator told us they did shopping for people who use the service. They showed us the arrangements for obtaining receipts and recording all transactions. The manager showed us the individual records for holding small amounts of cash on people's behalf. The records were regularly audited to make sure all transactions and balances were correct to reduce the risk of financial abuse.

Our judgement

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

The provider was meeting this standard.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is non-compliant with Outcome 09: Management of medicines. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

One person described the arrangements so they could take their medicines themselves.

Other evidence

In general discussions about the service we were told night staff were putting people's morning medicines in pots during the night and not administering them until the morning, some five hours later. We were told the medicine administration records were not signed until all the medicines had been given to all people in the home. We were told the pots of medicines were locked away until the medicine was administered. This is contrary to good practice guidance and means there was a high risk of medication administration and record keeping errors occurring.

Our judgement

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

One member of staff told us they had National Vocational Qualification (NVQ) Level 2 in care. They said they had recently completed training in end of life care, stoma care, infection control, diabetes and medicines. They said they had asked for dementia care training.

Members of staff told us they had regular supervision with the manager and that records were kept of these meetings.

The deputy manager told us they had completed an NVQ Level 3 and had trained in palliative care.

A member of staff said they had received a full induction into their work. They had completed a work book to show the areas covered. They had also completed mandatory training during this time.

The manager said training needs were discussed with staff during supervision. Most staff had reported they wanted training in dementia care and this had been arranged. Other training that had been provided included moving and handling, safeguarding and end of life care. Each member of staff had a training file showing certificates of training. Members of staff told us the manager was very approachable and made time for them to discuss things. They said they could discuss any concerns with the manager and

they would receive feedback on what action was taken. Members of staff said they had set out their goals for the next year.

A member of staff told us they were qualified to train staff in moving and handling. They also had a qualification in health and safety.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We asked people if they were asked about the service they received. One person described actions taken when they raised an issue. They said "It wasn't a complaint. We have a form to fill in if we want to raise anything. My bed's not been made but it doesn't matter. They will make it if I ask them. I like to have it made before my friends come. It's a really lovely place."

Other evidence

People who used the service, their representatives and staff were asked for their views about the home. The manager sent out yearly questionnaires to people who used the service, their families and staff. Responses were then collated and comments taken into consideration and changes made.

The provider held monthly quality meetings with the manager. Discussions included improvements to the service and action plans were in place following these meetings. The manager showed us their audit of accidents. There was a record of what had been done to address any patterns. The manager told us they had regular health and safety meetings with members of staff.

The manager had an action plan to address the findings of the quality audit. The maintenance and health and safety audits fed into the action plan. There was a form for staff to fill out if repair and maintenance was needed. The manager showed us the redecoration and upgrade plans for the service, which included the kitchen, communal bathrooms, extra storage, replacement furniture and redecoration of all the rooms.

Most of the communal rooms and corridors had been repainted and the heating and water boilers replaced. The manager said everyone who lived and worked at the service had been informed about the upgrade plans.

Contracts were in place for maintenance of equipment, drain cleaning and other services. There was a fire risk assessment in place and each person who used the service had an individual fire evacuation plan. A member of staff had the delegated responsibility for fire prevention. A company was contracted to provide staff with fire safety training.

The provider took account of complaints and comments to improve the service.

The manager told us the policies and procedures were being updated specifically for this service.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The provider was meeting this standard.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We asked people for their views on the records kept about them. Everyone we spoke with was unaware there was a written plan about how their needs were to be met.

Other evidence

We saw the medicine administration records were kept on the top of the medicine trolley in a public space. This meant confidential information could be accessed by anyone. Other records were kept locked in the offices.

When we asked members of staff about people's care and support needs, they told us care needs were not accurately documented in the care plans. We found moving and handling assessments had not been reviewed since July 2011. Assessments of falls and pressure ulcers had not been reviewed since February 2012. One person's medical condition had not been reviewed since February 2012. People were being regularly weighed each month, but there was no documented overview in their care plans. We saw in the professional visits sheet that the GP had been contacted when significant weight loss was noted. One person who had described the arrangements for supporting them with diabetes did not have a care plan reflecting what they told us. The diabetes protocol described by staff was not available in the care plan. Care plans had not been regularly reviewed since February 2012. This meant it was difficult for staff to determine each person's current care needs.

We saw some records were not sufficiently detailed to give information about the person's care and support, for example, "mark on buttock" and "mark on leg." There was no information about the size, colour or whether the skin was broken and the action to be taken to treat or monitor these injuries. One person had been assessed as at high risk of developing pressure sores, but there was no care plan for how this risk was to be managed.

A member of staff told us they wrote in the daily records, but not the care plans. They said they looked at the care plans sometimes, mainly to look at people's social history to get a better picture of the individual. The care plans were kept in the manager's office and the daily reports were kept in the staff office. The manager said the offices were not locked so staff could access both parts of the records. The manager said the issues would be addressed with a system for keeping both records together to enable better recording.

Our judgement

People were not protected from the risks of unsafe or inappropriate care and treatment because records were not regularly reviewed, up to date or kept securely.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People were not protected from the risks of unsafe or inappropriate care and treatment because records were not regularly reviewed, up to date or kept securely.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

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

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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