

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

Bramley House Residential Home

Westcott Street, Westcott, Dorking, RH4 3NX

Tel: 01306740003

Date of Inspection: 05 March 2013

Date of Publication: April 2013

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✗ Action needed

Safeguarding people who use services from abuse ✓ Met this standard

Safety and suitability of premises ✗ Action needed

Staffing ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✗ Action needed

Complaints ✓ Met this standard

Details about this location

Registered Provider	Mrs Fiona Collins
Registered Manager	Mrs. Fiona Collins
Overview of the service	<p>Bramley House is a turn of the century property set in gardens. The home is registered to accommodate up to sixteen older people.</p> <p>Accommodation is provided over two floors. A stair lift is available.</p> <p>People have their own bedroom. Most bedrooms have their own private bathroom and en-suite facilities. The home provides a range of communal areas including a conservatory, which over looks the gardens.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We sent a questionnaire to people who use the service, talked with people who use the service and talked with staff.

What people told us and what we found

At the time of our inspection there were thirteen people living in the service. We observed that staff supported people in a kind, dignified and sensitive manner. We spoke with seven people who used the service. They said "I am happy with the care provided", "the staff are very caring and cheerful" and "the staff are respectful and polite". Six out of seven people we spoke with said that they thought that the staffing arrangements were satisfactory and that staff responded when they required assistance.

People had care plans in place that were up to date, which they were consulted about. The home had completed some risk assessments but they had not completed nutritional screening assessments.

Staff received training and supervision to be able to meet the needs of people living in the home.

Although the service provided a comfortable and homely environment to live in we found some areas of potential safety risks to people who used the service.

Feedback surveys had not been distributed recently to gain the views of people who used the service about the quality of the service provided.

People who used the service told us that they would feel to raise any concerns if they had any. A person said "The staff are very good listeners". Some people who used the service said they were not aware of the home's written complaints procedure.

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

What we have told the provider to do

We have asked the provider to send us a report by 25 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. We saw information which confirmed that people were consulted about their care and treatment. Care plans were developed to meet their needs. We saw that care plans had been signed by people or their representative.

We found that Information had been gathered about people's hobbies and interests, their likes and dislikes and their preferred routines. A person we spoke with said they were able to get up in the morning when they liked. Another person said that staff supported them with their personal care and supported them to be as independent as possible.

The manager told us that before a person moved in to the home an assessment of their needs was completed that people or their representative were involved in. We saw some assessments which confirmed this. People we spoke with said that they or their representative had visited the service before they had moved in to help them decide if this was the right home for them. A person who used the service said they had stayed at the home for a trial visit for two weeks.

People's diversity, values and human rights were respected. The home provided a relaxed and unrushed atmosphere. We observed people's bedroom doors were shut when staff supported them with their personal care. We saw staff knocking on people's bedroom doors before entering. We saw staff providing sensitive and dignified support to people who needed it. People we spoke with said that the staff were polite and respected their right to privacy. Comments included, "The staff are very caring", "they are always cheerful", "the staff are always ready to help" and "I made the right decision choosing this home".

Home meetings took place in consultation with people who used the service and feedback surveys had been distributed to gain people's views about the care provided, although these had not been recently updated.

Some people said if they didn't like their meal they could request an alternative. Our observations confirmed this. Two people told us that they were asked about their food preferences and they were told about the meals available each day. However one person said that they did not like fish but they were provided with this meal. The provider may find it useful to note that there was no written menu on display to assist people in reminding them what was for lunch and that they could request an alternative.

The service provided therapeutic and social activities. At the time of this inspection a group of people were participating in an exercise class. Other activities included arts and crafts, music and visiting entertainers. Links were maintained with the local community and Holy Communion was provided. People we spoke with said that they enjoyed the activities which they could choose to participate in or not.

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

Our judgement

The provider was not meeting this standard.

People did not always experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at four people's care plans. They included information about their personal, health history, emotional, safety, communication, nutritional, social and cultural and religious needs.

Care plans provided guidance and instructions for staff to follow which ensured that they would be able to meet people's needs. We saw that the care plans were up to date. Daily records of people's care were recorded. People we spoke with said that they were happy with the care that they received.

Care and treatment was not always planned and delivered in a way that ensured people's safety and welfare. We saw that moving and handling risk assessments were completed. Information included details about any equipment that people required to mobilise safely and the number of staff required to ensure that their safety welfare was promoted.

There was evidence of other individual risk assessments. Examples seen included bathing, community access, use of the stair lift and administration of medicines. The risk assessments identified what action should be taken by staff so that risks to people safety could be minimised. However one person's care plan identified that they had a history of wandering. The care plan identified that this person required supervision in the garden but a detailed risk assessment had not been completed. This meant that the service was not always able to demonstrate how they were protecting people against the risks of unsafe or inappropriate care.

One person's care plan identified that that they had a past history of weight loss before admission. We saw that food intake monitoring records were maintained and regular weight checks were made. We also found that this person was prescribed a food supplement. Staff told us that where any concerns were identified in relation to people's nutrition a referral was made to the General Practitioner. We found that nutrition screening assessments had not been completed by the home which did not ensure people were

protected from the risks of inadequate nutrition or dehydration.

People were supported to access a range of health care professionals including, General Practitioner, district nurses and chiropody. We spoke with a visiting health care professional who said that the staff always followed their instructions.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used 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 service had safeguarding procedures in place. This made reference to Surrey County Council (SCC) multi agency safeguarding vulnerable adults from abuse procedures. The manager told us that the service's local policy was in the process of being reviewed to ensure it reflected the latest guidance. People we spoke with told us that felt safe living in the home.

We spoke with two members of staff who were aware of their responsibilities in reporting any incidents to the appropriate person should they witness or be made aware of any incident where the safety of person using the service may be compromised. We looked at the staff training matrix and training certificates which confirmed that they had undertaken safeguarding training.

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

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The home provided a comfortable and homely environment to live in that was accessible to people. At this inspection we saw people enjoying spending time in the garden that was maintained to a good standard.

However we saw some areas of potential risk. Although radiator protectors were provided in the communal areas we found that these were not provided in some people's bedrooms that we were invited to visit. Staff told us that these were being installed this year but the date for when this work was to be completed could not be confirmed. A risk assessment had not been completed. This posed a potential safety risk to people who used the service.

We observed in one person's bedroom that their window was not sufficiently restricted. We also found this to be the case in one of the upstairs bathrooms. This posed a potential safety risk to people who used the service. Staff told us that as the windows were old and that these were going to be replaced this year but a date for when this work was to commence could not be confirmed at this inspection. A risk assessment had not been completed which identified how this risk could be minimised.

We observed that the conservatory at the rear of the home is used as the entrance. This area was unlocked. There were no people or staff in the conservatory when we arrived. This posed a potential security risk to people living in the service. Staff told us that this had been identified and an alternative entrance was being explored.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

As the registered provider who was also the registered manager was not available for this inspection. Another member of staff who was the acting manager was present. This member of staff told us that they were making an application to the Care Quality Commission to become the registered manager. This member of staff also said that they were completing National Vocational Qualification (Level 5). Staff we spoke with said that they enjoyed working in the home.

At this inspection there were thirteen people residing in the home. They were being supported by two care staff. There was also a cleaner and a cook. The manager told us that this was the usual staffing arrangement. We looked at the staff duty book which confirmed these staffing levels. The manager told us that staffing levels were flexible and they were increased if people's needs changed. The provider may find it useful to note that the duty book did not contain information about the times of the shift patterns or their designated role.

Six out of seven people we spoke with said that they thought their needs were being met by the numbers of staff on duty and that they were always available if they required assistance. Although one person said that staffing levels could be improved. Staff we spoke with felt the numbers of staff on duty was sufficient to meet people's needs.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff received appropriate professional development. We looked at the staff training record and some members of staff's certificates. We found that staff had completed all of the required training including safeguarding, health and safety, moving and handling, fire awareness, fire safety, infection control, food hygiene and first aid training. This was also confirmed by staff that we spoke with.

Staff received additional training, which ensured that they would be able meet the needs of people using the service. Examples included training in dementia and diabetes. The majority of care staff had attained National Vocational Qualifications (NVQ).

We saw information, which confirmed that staff were appraised and they received regular supervision. Staff we spoke with confirmed that they received supervision.

Assessing and monitoring the quality of service provision

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider did not always have an effective system to regularly assess and monitor the quality of service that people receive.

The provider did not have an effective system in place to identify, assess and manage all risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and treatment but the outcome of this survey had not been analysed in order for the service to have an informed view of the standard of care that was being provided and to identify areas for improvement. We were told that the feedback survey was being reviewed and that it would contain more questions. This was due to be distributed shortly.

We saw that consultation meetings were held with people that enabled them to share their views about the service provided. Regular staff meetings were conducted. We saw information which confirmed this. The manager said that all of the home's policies and procedures were in the process of being updated.

We saw that the home had a business development plan in place and the home was externally audited in 2011 using a system called 360 Forward Standard Framework. After this inspection we were provided with a progress report on the improvements that had been made as a result of the recommendations made. Examples included areas such as care planning, activities, staff training and premises improvement. We were told that this audit was due to be reassessed. However the home had not yet fully developed internal systems to assess and monitor the quality of the service provided and to identify, assess and manage all risks to the health, safety and welfare of people who use the service and others.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw that incident and accident records were maintained. The manager told us that these were reviewed for trends and appropriate referrals were made for further advice where this was required. The provider may find it useful to note that these had not been signed by the manager or included written

information to confirm what action that had been taken.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately

Reasons for our judgement

The service had a complaints procedure in place and a system for recording complaints if any were received. The manager informed us that the service had not received any formal complaints. The complaint procedure was available in the home's statement of purpose. Staff told us that the complaints procedure was currently being updated to provide the right guidance.

People we spoke with said that they would feel confident to raise any concerns with staff and they thought that their concerns would be acted upon. One person said "The staff are very good listeners". However the provider may find it useful to note that some of the people we spoke with were not aware of the home's written complaint procedure.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p>
	<p>How the regulation was not being met:</p> <p>People did not always experience care, treatment and support that met their needs and protected their rights. Regulation 9 (1) b) ii).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safety and suitability of premises</p>
	<p>How the regulation was not being met:</p> <p>Some areas in the home were identified as potential risks to people who used the service.</p> <p>People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises. regulation 15(1) (b) (c)</p>
Regulated activity	Regulation
Accommodation for	Regulation 10 HSCA 2008 (Regulated Activities) Regulations

This section is primarily information for the provider

persons who require nursing or personal care	2010
	Assessing and monitoring the quality of service provision How the regulation was not being met: The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. The provider did not have an effective system in place to identify, assess and manage all risks to the health, safety and welfare of people who use the service and others.

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 by 25 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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