



# AUDIT REPORT

## Bramshaw House

**Date of Visit:** 3<sup>rd</sup> & 4<sup>th</sup> of September 2025

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**Service Name:** Bramshaw House

**Provider:** Liaise (Southeast) Limited

**Address of Service:** 13 Shakespeare Road, Worthing, BN11 4AR

**Date of Last CQC Inspection:** 27th September 2018

## Ratings

**CQC's Overall Rating for this Service:**






Good



**SRG's Overall Rating for this Service:**

Good



Key Questions	Rating	Overall Score
Safe	Good 	75 (out of 100)
Effective	Good 	75 (out of 100)
Caring	Outstanding 	90 (out of 100)
Responsive	Good 	85 (out of 100)
Well-Led	Good 	78 (out of 100)

## Overall Service Commentary

Depending on what we find, we give a score for each evidence category that is part of the assessment of the quality statement. All evidence categories and quality statements are weighted equally.

Scores for evidence categories relate to the quality of care in a service or performance:

- 4 = Evidence shows an exceptional standard
- 3 = Evidence shows a good standard
- 2 = Evidence shows some shortfalls
- 1 = Evidence shows significant shortfalls

At key question level we translate this percentage into a rating rather than a score, using these thresholds:

- 38% or lower = Inadequate
- 39 to 62% = Requires improvement
- 63 to 87% = Good
- 88 to 100% = Outstanding

## INTRODUCTION

An audit based on the CQC Key Questions and Quality Statements, aligned with the Single Assessment Framework, was conducted by an SRG Consultant over two days on 3rd & 4th of September 2025. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

## TYPE OF INSPECTION

Comprehensive inspections take an in-depth and holistic view across the whole service. Inspectors look at all five key questions and the quality statements to consider if the service is safe, effective, caring, responsive and well-led. We give a rating of outstanding, good, requires improvement or inadequate for each key question, as well as an overall rating for the service.

## METHODOLOGY

To gain an understanding of the experiences of people using the service, a variety of methods were employed. These included observing interactions between people and staff, speaking with the Registered Manager, deputy manager, support staff, and some people using the service, along with observations of how people were being supported.

A tour of the building was conducted, along with a review of key documentation. This included 3 support plans in detail and a sample of 2 more, 2 staff recruitment files were reviewed, along with records pertaining to staff training and supervision.

Medication records and operational documents, such as quality assurance audits, staff meeting minutes, service users' meetings, activities and health and safety and fire-related documentation, were also assessed.

## OUR VIEW OF THE SERVICE

The service is registered with CQC for Accommodation for persons who require nursing or personal care. Bramshaw House is a residential care home. The service has specialisms in caring for adults over 65 yrs, caring for adults under 65 yrs, Learning disabilities, Mental health conditions, Physical disabilities, and Sensory impairments. The service provides support for up to 10 people; there were 10 people living in the home at the time of the visit.

People were supported by a dedicated staff team, who knew people's needs extremely well. People were kept safe, in an environment which was inclusive for their individualised needs. Medicines were safely managed. The service had a warm, welcoming and homely feel.

Support plans were person centred, to enable staff to follow up to date guidance about how to support people, in line with their needs, wishes and preferences. Staff knew people very well and were alert to any changes in people's well-being and health. If staff had any concerns they sought appropriate professional advice in a timely way. Communication was a key focus of the service, and staff communicated with people in different ways which suited their needs.

The service was extremely well led; staff were happy and supported in their roles.

## PEOPLE'S EXPERIENCE OF THIS SERVICE

People using this service were comfortable and happy. There was a vibrant and positive atmosphere with a lot of noise, laughter and banter between staff and people using the service. This really demonstrated how comfortable people felt living in the home.

Observations during the assessment were used to evaluate the quality of care. Staff sought consent before providing support, staff were fully interacting with people during support and ensuring they were happy with the care provided.

People had ample opportunities to live fulfilling lives that met their needs and aspirations. If people became upset or distressed, staff knew why and responded in a way that alleviated any distress. People were encouraged to maintain and develop their independence, by taking part in different daily activities

## DISCLAIMER

The matters raised in this report are only those that came to the attention of the reviewer during this visit. The work undertaken is advisory in nature and should not be relied upon wholly or in isolation for assurance about CQC compliance.

## RATINGS

Our audit reports include an overall rating as well as a rating for each of the Key Questions.

There are 4 possible ratings that we can give to a care service.

**Outstanding** – The service is performing exceptionally well.

**Good** – The service is performing well and meeting regulatory expectations.

**Requires Improvement** – The service is not performing as well as it should, and we have advised the service how it must improve.

**Inadequate** – The service is performing badly and if awarded this rating by CQC, action would be taken against the person or organisation that runs the service.

*Please be advised that this represents the professional opinion of the reviewer conducting the audit, based on the evidence gathered during the review visit. This evaluation considers compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and is aligned with the CQC's current assessment framework.*



Key Question	Applicable Regulations	Quality Statements and Comments
<p><b>Safe</b></p>	<p><b>Regulation 12: Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 19: Fit and Proper persons employed</b></p> <p><b>Regulation 20: Duty of Candour</b></p> <p><b>Regulation 15: Premises and Equipment</b></p>	<p><b>Learning culture – Score 3</b></p> <p>Accidents and incidents were recorded onto the electronic system. Learning was in place following any untoward incidents that may have had the potential to cause harm. For example, following a medication error the importance of allowing staff to administer medication without interruption was reiterated. In such cases, debriefs also took place and those viewed evidenced reflective practice by staff where they identified anything they could have done better at the time.</p> <p>Work is being completed around the completion of incidents. Care needs to be taken to ensure that bruises go onto body maps and that potential explanations should be recorded such as bruising for someone who takes warfarin. <b>(SR 1)</b></p> <p>Staff meetings were used to share learning and review practice, which helped to embed and implement improvements.</p> <p><b>Safe systems, pathways and transitions – Score 3</b></p> <p>Continuity of care was promoted, including when people moved between different services. For example, when someone went into hospital, staff made sure that the hospital staff had the information they needed.</p> <p>Staff contacted professionals such as GP's or SALT, if people needed support. If professionals gave advice that needed to be followed this was updated into the support plans.</p> <p><b>Safeguarding – Score 3</b></p> <p>There were processes in place to safeguard people from abuse and harm. A safeguarding policy was in place that detailed the types of abuse and how to escalate concerns if staff suspected or saw abuse to ensure people were protected.</p> <p>Staff had been trained in safeguarding adults. Staff were aware of their responsibilities to keep people safe and knew what represented a safeguarding concern and who they would report their concerns to. Staff knew</p>

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		<p>how to access outside agencies, such as CQC, if they felt their concerns were not being acted on. However, staff spoken with felt that safeguarding was taken seriously and if they raised any concerns, these would be dealt with.</p> <p>There were no current safeguarding matters open in relation to the service. The Registered Manager understood their responsibilities in relation to safeguarding.</p> <p>People spoken with said they felt safe living at Bramshaw House.</p> <p><b>Involving people to manage risks – Score 3</b></p> <p>Individualised risk assessments were in place which were specific to the person. These included personal support, medical and health care, decision making, activities, end of life and moving and handling.</p> <p>Although, overall, the actual risk assessments contained less detail, the information on how to manage risks was detailed within the support plans. These included detailed guidance on areas such as moving and handling and the use of hoists, for example.</p> <p>In addition to the standard regular risk and support plans, individual specific risks were identified. These included gastronomy, asthma, oxygen, and suctioning for example.</p> <p>The support plan and risk assessment for oxygen detailed key risks such as low oxygen, respiratory failure, signs to look out for and when to support. The support plan also identified the person’s normal SATS and when to administer oxygen and how to use. There was guidance about to set up and use the equipment. There was also information on how to maintain and store the equipment.</p> <p>Where one person had asthma the support plan identified the signs of an asthma attack, although the support plan identified how to keep the asthma under control, it did not really explain what do in the event of an emergency and an attack. The asthma risk assessment referred to the asthma care plan and the</p>



Key Question	Applicable Regulations	Quality Statements and Comments
		<p>oxygen care plan, but there was a lack of information in both on how to manage asthma in the event of an attack. <b>(SR 2)</b></p> <p>There was no separate risk assessment or support plan for suction, and in addition there was no reference in the medical and healthcare plan. There was no attachment or reference to an attachment. There was a reference within the personal care support plan which stated It may be necessary for the to receive suction care after their morning routine and again they may need support with suctioning after teeth cleaning. This was addressed at the time of the visit and a support plan for suctioning was put into place. A quick review identified that this included how to carry out the procedure, but it did not highlight when it would be most likely to need the suction such as during oral care, for example and that the suction machine needed to be at hand. <b>(SR 3)</b></p> <p>There were positive behaviour support (PBS) plans in place to help staff understand what possible individual behaviours indicated. There was no one using the service who exhibited challenging behaviours but could at times refuse support or become agitated.</p> <p>The PBS plans were about how these may manifest themselves. There was one person who could display self-injurious behaviours or aggression to others, there was a support plan in place.</p> <p><b>Safe environments – Score 3</b></p> <p>Bramshaw House was an older building with bedrooms on the ground and first floors. There was appropriate equipment in place such as overhead hoists and manual hoists. There was a lift that served the first floor, so people in wheelchairs could access their bedrooms easily.</p> <p>Communal areas were laid out so people could move around freely and safely in manual and electric wheelchairs.</p> <p>There was an ongoing maintenance programme, which continually addressed the upkeep of the service.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>The fire risk assessment and health and safety risk assessment had been completed in October 2023, with the water risk assessment completed in March 2024. Additional servicing and checks were completed on an annual, six-monthly or quarterly basis for equipment and appliances. A check on the system showed that these were in date.</p> <p>Fire safety was managed. Regular checks took place including a daily fire patrol, a weekly fire alarm test, weekly fire door checks, monthly fire extinguisher checks, a monthly fire door check, and regular monthly fire drills. Equipment was in place to help people leave the service in the event of an emergency with Albac mats in place individual rooms.</p> <p>Personal emergency evacuation plans (PEEPs) were in place, with reference to the use of oxygen and flammable creams. Although there was a lack of clarity in relation to night evacuations, and it would be useful to include this. <b>(SR 4)</b></p> <p>Oxygen was now in use at the service. It was confirmed that the fire risk assessment had been reviewed and that oxygen had been considered.</p> <p>Additional health and safety checks included carbon monoxide checks, water temperature checks, plug checks, and window restrictor checks, for example.</p> <p><b>Safe and effective staffing – Score 3</b></p> <p>There were enough staff to support people safely. People had the correct staffing level throughout the day. For example, people who needed 2 staff to support them in the community always had this available, so they could leave the service when they chose to.</p> <p>Staff said there were enough staff to support people and people’s assessed staffing levels were adhered to at all times. Staff were very present at the service, always being on hand to support people at any given moment. Observations showed that staff were proactive at offering support and responsive when people made requests.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Where bank staff were used, which were staff who did not work regularly at the service, they confirmed that they were given the information they needed to support people at Bramshaw House.</p> <p>Recruitment was managed by a central team from head office. They carried out all checks as required by regulation. Evidence of recruitment was kept electronically. A check was made on two staff members recruitment records.</p> <p>Recruitment procedures were generally in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff records viewed contained the necessary documentation, such as a clear disclosure and barring check (DBS), appropriate references, a medical questionnaire, right to work checks, proof of I.D. and proof of address. The only area which needed monitoring was checks on employment histories, as there was an inconsistent approach. For example, one member of staff had a month gap in their employment history, but had not been asked for an explanation, whereas another member of staff who also had a month gap had been asked to provide a reason. Where staff did provide an explanation, this was in the form of a text message which lacked authenticity as to who it was from. <b>(SR 5)</b></p> <p>New staff attended an interview and people living at Bramshaw House were supported to be involved in these.</p> <p>New staff were supported with the Liaise induction programme. The induction included an introduction to the organisation and the service, alongside a robust induction training programme, which followed the care certificate standards and the Liaise training programme. Observations were completed during induction along with regular supervision to monitor progress.</p> <p>Staff were supported with an ongoing training programme. This was primarily online through the training provider Your-Hippo. Training compliance was at 100% in both mandatory and required courses.</p> <p>Additional training was sourced for the specialist needs of people using the service including enteral feeding training with nutrition and dietetics team.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Competency assessments were in place where staff provided specialist support such as the administration of medication, Peg feeding and suctioning. These were currently at 96.3%, 100% and 92.3% respectively. It was reported that team leaders had been assessed as being competent to carry out these assessments.</p> <p>Currently, both oxygen and catheter competencies were not being completed, although staff supported people with both these areas. The Registered Manager reported that they were aware that these needed to be completed but was facing some challenges in accessing the right support for this. However, they had taken steps to safeguard people's care by supporting staff to access on-line catheter care training with additional training booked in for the end of September, and a nurse had delivered training via Zoom in relation to oxygen training. They were in the process of accessing appropriately qualified assessors to carry out competency assessments.</p> <p><b>Infection prevention and control – Score 3</b></p> <p>Arrangements were in place to manage infection risks. Staff were trained in infection prevention and control and food safety.</p> <p>There were sufficient supplies of PPE for staff to help them minimise infection risks.</p> <p><b>Medicines optimisation – Score 3</b></p> <p>Each person had a medication folder which included information about their support needs. This included any medication changes, stock charts, body maps and cream applications, PRN protocols, any SALT guidelines, and hospital passport.</p> <p>Each person had a profile which identified how people liked to take their medicines and how staff should support people. There was no information in relation to what medicines people had, what they were for and what the side effects were, and it might be worth considering this. There is a format other services use in Liaise and it might be worth considering using this. <b>(SR 6).</b></p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>A check of the MAR charts showed that staff were not always signing when they had administered medicines. For example, the omeprazole for one person had not been signed for the morning of 4 September, and the administration of Maxijul was not signed for at the lunch time on 31 August. When checks were made against tablets administered and the MAR charts, additional gaps were seen. However, there were no actual errors and a check against the medicines that the correct amount was in stock. <b>(SR 7)</b></p> <p>PRN protocols were in place to provide staff with specific guidance on how to recognise when people required these medicines. PRN is medication required for people as and when needed. Staff recorded the dosage of PRN medication administered, and the reasons why this was administered.</p> <p>Staff were not signing to say that they had read and understood where creams were to be applied or the PRN protocols. This was a procedure in the service and staff need to ensure they follow these. <b>(SR 8)</b></p> <p>There was a dedicated clinical room, which was clean and tidy. This had an air-conditioning unit to ensure medicines were stored at the temperature and temperatures were taken daily. It was explained that medicines were kept in a central location to promote safe storage, as the temperature could not be controlled in individual bedrooms.</p> <p>There were systems in place for collecting, recording and disposal of medicines.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p><b>SRG RATING: Good</b></p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation”.</b></p>

Key Question	Regulations	Quality Statements and Comments
<b>Effective</b>	<b>Regulation 9: Person Centred Care</b>  <b>Regulation 11: Need for Consent</b>  <b>Regulation 14: Meeting Nutrition and Hydration Needs</b>  <b>Regulation 18: Staffing</b>	<p><b>Assessing needs – Score 3</b></p> <p>People had been living at the service for several years. Regular reviews of their individual care and support needs were undertaken. Evidence was seen that changes were made as needed.</p> <p>Everyone had an assessment of their health, care, wellbeing and communication needs. Each person had an individual support plan which identified individual needs.</p> <p><b>Delivering evidence-based care and treatment – Score 4</b></p> <p>Discussions were held around how meals were modified to meet individual needs as people needed support with a range of textures such as soft and bite sized, minced and moist, pureed, and a regular texture, for example.</p> <p>Specialist equipment was in place to help prepare meals, this included scissors to cut food items to the right size, different blenders so food could be prepared separately, and moulds to help prepare food items suitable for people, such as sandwich moulds.</p> <p>The Registered Manager also shared how changes had been made to the preparation of potatoes, so these were now whisked rather than blended which meant that they were prepared to a more suitable consistency. When speaking with staff, they showed an in-depth knowledge of how to prepare meals to a different texture to suit individual needs.</p> <p>Staff had received training from the SALT team to ensure they had the skills to prepare meals to the correct levels. Staff spoken with were knowledgeable about how to prepare meals and could describe in detail the preparation and individual needs of people using the service.</p> <p>As identified within the safe section of this report, there were detailed support plans for individual specialist support needs such as the use of oxygen, suction, and catheter care. The additional training helped staff to deliver care and support effectively.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Individual medical conditions were described in the support plans and these identified how they may affect people in their daily living.</p> <p>The management and staff team fully understood the importance of STOMP (Stopping Over Medication of People with a learning disability, autism or both with Psychotropic Medicines).</p> <p>The manager explained how they had worked with local health care teams to have oxygen/steroids and antibiotics to be kept in the home. They had required authorisation, and this had resulted in the reduction hospital admissions for one person.</p> <p><b>How staff, teams and services work together – Score 3</b></p> <p>Hospital passports were in place, which were used to share information with other services. Information included within this passport supports the other services to be aware of the most pertinent things they needed to know about the person.</p> <p>The District Nurses visited daily to support one person with clinical procedures, and another person twice a week.</p> <p>The management team had built close working relationships with the G.P. surgery and attended workshop meetings with them on a regular basis. It was reported that they had a direct line to access when support was needed.</p> <p>Good working relationships had also been built with the SALT team, and specialist health care professionals in relation to support with individual specialist health care needs.</p> <p><b>Supporting people to live healthier lives – Score 3</b></p> <p>People were supported with annual health reviews and the clinical pharmacist visited to complete medication reviews.</p> <p>Allergies were included and identified in support plans.</p>



Key Question	Regulations	Quality Statements and Comments
		<p>Monthly health checks were carried out to monitor individuals' well-being. These checks included examining skin conditions, oral care, nail care, concerns related to bowels, specific health care needs, and recording individual weights without any issues. These health checks were performed monthly.</p> <p>Key areas of risk such as pressure care, constipation, and choking were identified within the support plans with information for staff on how to monitor for these risks, with actions to take to support people.</p> <p>Nutritional needs were considered, and fresh meats, vegetables and fruit were readily available. Where people had swallowing difficulties, smoothies were provided to help promote a healthy diet.</p> <p>People's weights were monitored to ensure they stayed healthy.</p> <p>In some of the communication support plans and risk assessments there was some reference to pain but given the communication needs of people using the service, I suggest that this is an area that could be developed. <b>(ER 1)</b></p> <p><b>Monitoring and improving outcomes – Score 2</b></p> <p>Dependent on individual needs, a range of monitoring records were in place. These included food and fluid charts, bowel charts, oral hygiene charts, body maps, and general observations.</p> <p>Although monthly health checks were being completed, there was a tendency for staff to not record any detailed information, for example, staff frequently recorded 'good' or 'all fine', rather than record in depth review of individual health care. <b>(ER 2)</b></p> <p>In some support plans there was detailed information about specific care tasks that needed to be completed on a regular basis, such as twice daily, daily or weekly.</p> <p>One person needed regular checks on their oxygen levels and the support plan identified when these should happen and what their normal levels were. A review of the recording of the vitals identified that staff had not always been recording the oxygen levels twice a day. This had been addressed at a staff meeting, but there</p>

Key Question	Regulations	Quality Statements and Comments
		<p>was still a lack of consistency when recording the levels twice a day. At the time of the visit, an alert was placed onto the tasks system to remind staff to take the oxygen levels twice a day.</p> <p>Where one person's PEG should be advanced and rotated daily, this was not being recorded as per support plan. One person also needed a 'water balloon change' on weekly basis and this had not been recorded for one week.</p> <p>It is important that staff recorded care and support as per support plans. <b>(ER 3)</b></p> <p>Body maps were in place where a wound, bruise or mark had been identified. A sample seen evidenced that these were reviewed, but this was not consistent and at times slow to be completed. However, this was happening.</p> <p><b>Consent to care and treatment – Score 3</b></p> <p>The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.</p> <p>Individual and decision specific MCA assessments were in place. Assessments included Medical and health support, personal care, finances, and end of life planning, for example.</p> <p>The service was working within the five key principles of the MCA. A sample of the MCA assessments identified that consideration was given to how to involve the person. For example, staff met with people in private and support was provided to help people comprehend the information being presented through different ways of communication such as using objects of reference, and pictorial guidance. This helped people to understand the decision which was being discussed.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Some of the actual responses in the functionality section would benefit from some further detail, for example where it stated that <i>Is the Person we support able to retain the information for long enough to make an effective decision?</i> There was a tendency to record no, it does not appear so, without evidence of why it does not appear so. <b>(ER 4)</b></p> <p>Best interest decisions were recorded, with reasons why these decisions were made.</p> <p>There were some restrictions in place for safety such as bed rails, cameras (for monitoring of epilepsy, for example), and lap belts. Restriction reduction plans were in place, but these areas had not been assessed under the MCA to check whether people could consent to these or needed an assessment. <b>(ER 5)</b></p> <p>Where people had capacity, this was respected, and consent agreements were in place. Staff recorded that they always asked people for consent, when providing care and support.</p> <p>People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. This is known as Deprivation of Liberty Safeguards (DOLs). Applications were made as needed.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good</b></p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflect these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work”.</b></p>		

Key Question	Regulations	Quality Statements and Comments
<b>Caring</b>	<b>Regulation 9: Person-centred Care</b>  <b>Regulation 10: Dignity and Respect</b>	<p><b>Kindness, compassion and dignity – Score 4</b></p> <p>Throughout the visit there was a relaxed atmosphere where it was obvious people living in the home were content and felt safe.</p> <p>Staff spoke about people knowledgably and with kindness and compassion. They always made sure people were happy with what was happening and how they were being supported.</p> <p>Throughout the visit observations showed that staff treated people with kindness and respect. Staff took time to listen to people, and they really understood people using the service. Observations showed that every time someone needed support there was a member of staff available.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>For example, one person was struggling to use their communication aid, but a member of staff was there to help guide them, and spent time to help them use it.</p> <p>Consideration was given to individual strengths and abilities without judgement, observations during the whole of the visit showed that staff never took over and spent time listening to people.</p> <p>An impromptu but enthusiastic and noisy karaoke session which involved people using the service and staff again demonstrated how relaxed and comfortable people and staff were together.</p> <p><b>Treating people as individuals – Score 4</b></p> <p>Everyone living at Bramshaw House was treated as an individual. Aside from the person-centred support plans, staff knew people. When speaking with staff they could describe individual needs and preferences. For example, when describing how people needed to be supported staff were able to explain different needs, such as where one person preferred specific music, and staff were aware of their individual preferences.</p> <p>Where people needed different levels of food modification, individual preferences were still considered, and individual meals were prepared for people in line with their requests. Observations showed that food was prepared individually and presented on the plate in individual portions, and moulds such as sandwich presses were used to ensure people were able to eat meals that they chose.</p> <p>Communication tools were used to help people identify to staff support needs. These were embedded within the culture of the service.</p> <p><b>Independence, choice and control – Score 4</b></p> <p>Everyone living at Bramshaw House had a say about how they spent their day. Staff supported people to plan their day-to-day lives around their wishes. Staff described how they gave people choices and never assumed that people could not choose what they wanted to do.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Throughout the visit evidence was seen of people making choices and choosing how they wanted to spend their day.</p> <p>Support plans evidenced what people could manage for themselves, and staff spoke positively of how they supported people to maintain their independence as far as practicably possible.</p> <p>People received regular feedback surveys, to give feedback about their care. People also received monthly reviews with their key workers and people were involved in activity planning.</p> <p>It was the little things that mattered to people, such as the use of the ‘signing in and out’ board where people moved their pictures to show whether they were in or out. People felt this was important to them.</p> <p><b>Responding to people’s immediate needs – Score 3</b></p> <p>If people became upset or distressed, staff knew why and responded in a way that alleviated any distress. For example, one person could become upset when retuning to the home after going out, staff knew how to support them.</p> <p>Some people preferred specific staff, and if they were not available could at times refuse support. However, staff worked proactively with them with different staff offering different choices to help support them. For example, one person initially refused their lunch because it was not offered by their preferred member of staff as they had gone out of the say. But another member of staff spent time with them and offered an alternative which they happily accepted.</p> <p>Staff were vigilant and responsive to people’s needs. They knew and understood when people were becoming restless or bored and made arrangements for different activities to happen, including going out or taking part in an activity in the home.</p> <p>Incident records showed how staff responded and supported people appropriately.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Referrals were made to external health or social care professionals if concerns about their welfare were identified.</p> <p><b>Workforce wellbeing and enablement – Score 3</b></p> <p>There were support mechanisms to help staff maintain their wellbeing.</p> <p>There was an employee assistance programme, which staff could access for counselling and support, and a life assurance benefit.</p> <p>Staff had access to the blue light card, which gave staff discount in different stores.</p> <p>There was a refer a friend scheme, and a colleague recognition scheme, whereby staff could nominate other staff who they thought had gone above and beyond.</p> <p>The management team worked flexibly with people to help them create a rota that worked for them and balanced home and working life.</p> <p>Staff said they felt well supported and there was an open-door policy.</p> <ul style="list-style-type: none"> <li>This service scored 90 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: OUTSTANDING</b></p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity are respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</b></p>		





Key Question	Regulations	Quality Statements and Comments
<b>Responsive</b>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 16: Receiving and Acting on Complaints</b></p>	<p><b>Person-centred Care – Score 4</b></p> <p>There was an exceptional person-centred care approach which focused on ensuring people had choice and control in their daily lives. People received individualised support based on their assessed needs, and choices.</p> <p>People were fully involved in the whole of the service. When the unplanned audit took place, this was explained to them, and people were supported to be involved.</p> <p>All staff spoken with, without exception, were focussed on people using the service. Staff and the management team knew people well and knew how they wanted to be supported. They made changes to people's support if it became clear people wanted to be supported differently or if they discovered a new like or dislike.</p> <p>People's support plans were individualised and detailed how people wanted to be supported in line with their individual likes and dislikes.</p> <p>Staff knew and understood individual communication needs. Communication was a key focus of the service, and staff communicated with people in different ways which suited their needs. Staff had developed specific communication cards for one person, which helped them to share their thoughts. One member of staff described how one person was not able to communicate, however they said that when they showed the person a choice of different items, if they watched the person's eyes, they would settle on the item they wanted. This demonstrated the in-depth knowledge staff had of people living in the home.</p> <p>A good practice suggestion is the communication support plans are developed to further demonstrate staff understanding and support of individual communication needs. <b>(RR 1)</b></p> <p><b>Care provision, integration, and continuity – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>The management team and staff ensured that people led the service and made decisions and choices based on their wishes, needs and preferences.</p> <p>People received consistent care and support from a stable staff team that knew them well and understood their diverse needs. Feedback from people indicated that they felt well supported.</p> <p>Family involvement was supported and encouraged.</p> <p><b>Providing information – Score 3</b></p> <p>There was a Service Information Pack in place, both in standard print and an easy read version available for people being support, relatives and other interested parties, such as care professionals.</p> <p>This gave people information about the service provided, and how people could be supported, the values and visions of Liaise, staffing, safety and safeguarding, privacy and dignity, and how to raise any concerns.</p> <p>The easy read version included pictures and descriptions of the environment and life at Bramshaw House, along with contact details on who to raise any concerns with.</p> <p>There were activity boards on display, and these were at a wheelchair height so people could see what activities they had planned. These were of a Velcro nature, and choices of activities could be changed easily.</p> <p>The complaints procedure was on display, although this was not particularly at eye-level, unlike other information in the service,</p> <p><b>Listening to and involving people – Score 4</b></p> <p>Monthly meetings were held with people using the service. These gave people opportunities to discuss a range of topics centred around their daily living. These included activities, trips out, indoor and outdoor pastimes such as gardening or arts and crafts, arrangements for family and friends, menus and any particular wishes.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People’s preferences and requests were listened to. It was confirmed that where a request had been made for a larger T.V. in the lounge, authorisation had been given for this to be replaced. Where changes to the menu had been requested, this was amended, and staff were helping one person redecorate their bedroom. It would be useful to update at the following meeting where requests had been actioned to further evidence people’s involvement along with staff listening to their choices. A good practice suggestion is that meetings evidence updates of progress and actions taken following requests made at monthly house meetings. <b>(RR 2)</b></p> <p>People met on a weekly basis to plan the menu for the following week. People preferred snack lunches with a cooked meal in the evening. Meal records showed that people were supported with meals of their choices and had a varied diet.</p> <p>People have an allocated key worker. When arranging keyworkers with people, to replace when keyworkers left or were on maternity leave, or when people felt the need for a change, staff sat with people and go through photographs of staff to help people make choices about who will support them. Discussions evidenced that people were supported to make these choices.</p> <p>People were supported with key worker meetings. Key worker meetings allow people to discuss activities, health support, friends and families and if there was anything they would like to improve.</p> <p>People had their own personal effects in their living spaces and were involved in decorating them. people had also previously been involved in the choice of decoration for the dining area. People had chosen pictures of either famous objects or people, which they felt represented them and these were on display in the dining area.</p> <p>People were involved in different areas. There was a cooking rota, where people took turns to help out with meals preparation. One person helped with a regular health and safety check and another person helped to arrange the menu boards.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The last recorded complaint was in August. There was evidence that this had been listened to, and actions had been taken to manage the complaint.</p> <p><b>Equity in access – Score 3</b></p> <p>Staff made sure that people could access the care, support and treatment they needed when they needed it. Discussions with managers and staff showed they understood how to access specialist health or social care support should this be required.</p> <p>There was a positive approach to ensuring that people were supported to access available resources. This included attending appointments or assessments. Staff worked with other professionals to support this.</p> <p>One person had been admitted to hospital for a routine procedure, which should have been for a day visit only. However, following delays at the hospital this meant that they needed to stay in hospital for at least two nights. Although the person was not allocated for one-to-one support, arrangements had been made for staff to stay with the person all day so as to help alleviate and minimise their distress. Arrangements had also been made to ensure that they had the personal care items and their phone for overnight.</p> <p>Key worker meetings were in place and gave people opportunities to discuss goals, although there was not a consistent approach and is an area which would be worth developing. <b>(RR 3)</b></p> <p><b>Equity in experiences and outcomes – Score 4</b></p> <p>People were supported to do what was meaningful to them. People attended various community outings and activities and had ample opportunities to take part in a range of different activities.</p> <p>Activities included going to local music festivals, attending local clubs, meals out, dancing and Zumba, holding family parties and visiting local resources.</p> <p>There were numerous examples of how people had been supported to experience positive outcomes. For example:</p>

Key Question	Regulations	Quality Statements and Comments
		<p>One person was being supported to attend a disability café, where they had developed new friendships.</p> <p>One person had been supported to access a Music Makers social group. They had been involved for four months and had performed in a show at the Christmas fete. They now attended another social club where they took part in a range of activities including table tennis, painting and had made a clock. They had also been supported to drive a power boat in Portsmouth Harbour and visited a show of a TV programme they were a fan of.</p> <p>Another person had always wanted to go swimming but had not been able to take part as it was overwhelming. Through support from their keyworker, they now attended regular swimming session and said how much they enjoyed this.</p> <p>One person had been supported to visit music festivals, which they loved.</p> <p>In addition to the experiences in the community, staff also supported people to experience positive outcomes in their daily lives. For example, one person had always had a communication board, but was unable to use it properly. A referral had been made to the SALT team which resulted in them getting an electronic device which they were able to operate and helped them to have a voice.</p> <p>Another person had been supported to manoeuvre their own wheelchair, which gave them more independence.</p> <p>Simple adjustments had been made in one person's bedroom, where staff had moved the mirror, which meant they could see themselves and smile at themselves in the mirror and this alleviated distress when providing personal care.</p> <p>Plans were changed daily, depending on people's choices, and evidence was seen that people were listened to.</p> <p><b>Planning for the future – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were given support to plan for important life changes, so they could make informed decisions about their future, including at the end of their life.</p> <p>Where possible, people had been involved in care planning about their wishes at the end of their life. This was done with people based on their choice, where they or their families wanted to discuss this.</p> <ul style="list-style-type: none"> <li>• This service scored 85 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good</b></p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs. Care, support and treatment are easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</b></p>		

Key Question	Regulations	Quality Statements and Comments
Well-Led	<p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 5: Fit and Proper Persons Employed - Directors</b></p> <p><b>Regulation 7: Requirements Relating to Registered Managers</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 20A: Requirement as to Display of Performance Assessments</b></p>	<p><b>Shared direction and culture – Score 4</b></p> <p>Without exception the management and staff team focussed on the service and the people using the service. There was a clear vision which was based on diversity and inclusion, equality and engagement, with an in-depth understanding of any challenges.</p> <p>Staff and the management team knew people exceptionally well. Alongside the regular training offered by the registered provider, staff were also trained in specific areas tailored to the individual needs of people using the service.</p> <p>There was a homely, welcoming and lively atmosphere that did not change throughout the two days of the visit. Everyone using the service was seen to be supported in a way that met their needs, with staff approach being individualised to each person.</p> <p>Staff respected the service as people’s home and were led by people as to how they wanted to be supported and how they wanted to spend their time.</p> <p>People were supported to take positive risks, follow their past times and access the community when they chose to do so. As a result of the positive culture at the service people had been supported to have outstanding experiences as explained within different areas of this report.</p> <p><b>Capable, compassionate and inclusive leaders – Score 3</b></p> <p>There was an open and transparent culture which acted on concerns raised and protected people in line with safeguarding and whistleblowing procedures.</p> <p>Staff said the management team were approachable and included them in discussion about the service and how best to support people.</p> <p>The management team were capable in their job roles and had a good oversight of the service. The Registered Manager had led the service since shortly after the service had opened and actively embraced</p>

Key Question	Regulations	Quality Statements and Comments
		<p>and implemented change. They understood their regulatory responsibilities and took action to improve where necessary.</p> <p>Staff said that communication was good, and they were kept up to date with any changes. Staff attended daily meetings, to share communication about the day to day running of the service, any changes in people's needs, and areas which needed a focus. This helped them to focus.</p> <p>There was an 'open door policy' and the manager's office was easily accessible for people and the staff team. Observations showed staff and people using the service popping in and out as they needed.</p> <p><b>Freedom to speak up – Score 3</b></p> <p>Staff meetings were used to share updates and reflect on practices. Information included feedback from service user meetings, outcomes of audits, reflective practices, lessons learnt, training, good practice such as understanding of the right support, right care, right culture values, and any feedback from relatives or others.</p> <p>In addition, often quizzes or exercises were incorporated into the staff meetings to support staff test their knowledge and keep up to date with practice and information about people using the service.</p> <p>Where staff could not attend in person, invites were sent out so staff could join in through teams. It was reported that there had been some success in relation to this.</p> <p>Supervisions were happening, these gave staff the chance to discuss performance in regard to their role, relationships with colleagues, learning and development.</p> <p>These processes gave staff opportunities to speak up and have a say. Feedback from staff was that they felt they could actively contribute to the service and that they were listened to.</p> <p><b>Workforce equality, diversity and inclusion – Score 3</b></p>



Key Question	Regulations	Quality Statements and Comments
		<p>Staff said they enjoyed working at the service and felt well supported by the management team. They reported that they felt there was a fair and inclusive culture that considered their individuality.</p> <p>An equality and diversity policy was in place and staff had been trained in this area.</p> <p>Systems were in place for flexible working arrangements as shift plans showed staff were able to work flexibly. Consideration was given to individual cultural or religious requirements.</p> <p><b>Governance, management and sustainability – Score 3</b></p> <p>Quality assurance systems were in place. A series of enhanced audits were in place and were seen to be completed in line with the provider’s schedule.</p> <p>These included regular monthly checks on out of hours support, health and safety and infection control, medication, and the management of people’s finances. Support plans and risk assessments were reviewed on a quarterly basis, along with a quarterly Operations Manager audit on medication. The Operation Manager also completed an additional check on other areas of the service to help oversee quality.</p> <p>The manager completed a regular walk around and an additional weekly medication audit helped to monitor the safety of the management of medicines.</p> <p>A review found that the audits were identifying issues and actions were being set to address these.</p> <p>The provider used a system known as the TaMI (Trends and Monitoring Information), to help maintain oversight. This reviewed data generated from RADAR, Blyssful, the training department and the quality team, for example. This helped to maintain oversight of the service.</p> <p><b>Partnerships and communities – Score 3</b></p> <p>The management team and staff collaborated and worked in partnership with other health and social care providers. They had developed good working relationships with partners who worked with the service to ensure people received continuity of care.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff supported people to be a part of their community and follow their interests and past times. As identified within this report there was multiple sources of evidence where people were seen to be enjoying going out into the community to follow their desired past times.</p> <p><b>Learning, improving and innovation – Score 3</b></p> <p>Learning was embedded within the service.</p> <p>Reflections at staff meetings helped to share learning from incidents and follow up supervisions took place following any incidents such as medication errors to support staff to reflect and change practice.</p> <p>Additional training was sourced to ensure that staff had the skills to deliver safe care to people using the service in relation to any specific health care needs such as enteral feeding and the preparation of food modification.</p> <p>In addition, staff learning was being developed through the Liaise academy where some staff were completing courses in leadership. One member of staff reported that this had been challenging, but a positive experience and had helped them to develop their skills. A member of staff was also being supported to be trained as the safeguarding champion and was completing an apprenticeship in safeguarding.</p> <p>Learning was cascaded throughout the organisation, through manager and quality meetings and workshops. Where incidents had happened in other services, this was cascaded through to the management team, who then shared these at staff meetings.</p> <p>There was an action plan on RADAR which was generated from accidents, incidents, audits, and general walk arounds. Some of the actions had a long completion date, which would benefit from being reviewed, and I suggest more evidence is uploaded to demonstrate when the action has been completed. <b>(WR 1)</b></p> <p><b>Environmental sustainability – sustainable development – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>Consideration had been given to environmental sustainability. Where possible recycling was implemented and staff followed local authority procedures.</p> <p>There was an aim to reduce the use of paper through electronic systems.</p> <p>People were supported to grow vegetables and fruits such as tomatoes, which were then used in the menus.</p> <ul style="list-style-type: none"> <li>• This service scored 78 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good</b></p> <p>This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.</b></p>		

## ACTION PLAN:

### CQC Key Question - SAFE

By safe, we mean people are protected from abuse and avoidable harm.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	<i>When recording any bruising or marks consideration should be given to identifying any possible causes</i>						
SR2	<i>Include actions to take in the event of a severe asthma attack.</i>						
SR3	<i>Ensure that the suction support plan identifies when suction may be needed.</i>						
SR4	<i>Include reference to night-time evacuations in the PEEPS</i>						
SR5	<i>Ensure that checks on employment gaps are consistent and robust.</i>						
SR6	<i>Consider implementing a process which identifies medicines people have, what they were for, when they need to take them and any side effects</i>						

### CQC Key Question - SAFE

By safe, we mean people are protected from abuse and avoidable harm.

SR7	Ensure staff sign the MAR charts when they administer medicines.						
SR8	Staff to sign to say they have read and understood procedures relating to creams and PRN protocols						

### CQC Key Question - EFFECTIVE

By effective, we mean that people's care, treatment and support achieve good outcomes, promotes a good quality of life and is based on the best available evidence.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	<i>Develop pain profiles and how to support people with pain management</i>						
ER2	<i>Staff to record monthly health reviews in more detail.</i>						
ER3	<i>Remind staff to record care and support as per support plans.</i>						
ER4	<i>Record reasons why people may not be able to understand the information presented.</i>						
ER5	<i>Where restrictions are in place either gain consent or complete an appropriate MCA</i>						

### CQC Key Question - CARING

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	NO RECOMMENDATIONS MADE						

### CQC Key Question - RESPONSIVE

By responsive, we mean that services are organised so that they meet people's needs.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	<i>More detail in communication support plans would be beneficial</i>						
RR2	<i>Update progress and actions taken following requests made at monthly house meetings.</i>						
RR3	<i>Further develop evidence of goal setting</i>						

### CQC Key Question - WELL-LED

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.



Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	<i>Action plan dates for completion should be timely and when actions are completed it would be good practice to include evidence or more detail of completion within the action.</i>						