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Brooklands House Rest Home

Inspection report

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Tel: 01253736393

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit at Brooklands House Rest Home took place on 10 November 2016 and was unannounced.

Brooklands House Rest Home is a large detached residential home situated in an area of Lytham St Annes overlooking parkland. At the time of our inspection visit, there were 26 people at Brooklands House Rest Home who required accommodation with nursing or personal care. The home is situated on three floors accessed by a passenger lift and stairs. There are a range of aids and adaptations in place to meet the needs of people who lived there. There are outdoor seating areas to the front and rear of the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 27 October 2014, we asked the provider to take action to make improvements with regard to assessing and monitoring the quality of the service, consent to care and notifications. These actions have been completed.

During this inspection, we received comments that demonstrated people were extremely satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing an outstanding standard of care and support to people who lived at the home.

People, their relatives and health professionals consistently told us the care delivered was exceptional. We were told repeatedly during this inspection people felt the support from the registered manager and staff was extremely caring and their dignity and privacy were respected at all times. Staff spoke fondly of people they cared for. It was evident people mattered and staff had developed exceptionally positive, kind, and compassionate relationships with the people they supported. A regular visitor told us, "I see what goes on here, as far as I am concerned the care is excellent."

Records we looked at indicated staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure and knew what to do should they witness any abusive actions at the rest home.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the home. This was confirmed from discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at

the home.

Staff responsible for assisting people with their medicines were trained to ensure they were competent and had the skills required. Medicines were safely kept and appropriate arrangements for storing medicines were in place.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded promptly when people had experienced health problems.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at Brooklands House Rest Home. The activities were arranged for individuals and for groups.

The provider had liaised with the local hospice and ensured staff were trained to provide end of life care that was caring and dignified. Additional training from the hospice guided staff how to listen and how to respond in a way that empowered the person.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the registered manager was accessible, supportive and approachable.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people and their relatives for input on how the rest home could continually improve. The provider had regularly completed a range of audits to maintain people's safety and welfare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff that were aware of the assessments to reduce potential harm to people.

There was enough staff available to meet people's needs, wants and wishes. Recruitment procedures the provider had were safe.

Medicine protocols were safe and people received their medicines correctly according to their care plan.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The management team were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People who lived at the home and their relatives consistently said staff supported them with care and compassion and got to know people exceptionally well.

Positive relationships were fostered between people, their relatives and staff that resulted in people being valued and receiving care which was person-centred.

People who received end of life care were treated with

compassion, as were their relatives and those that mattered to them.

Is the service responsive?

Good

The service was responsive.

People received care that was person-centred and responsive to their needs, likes and dislikes.

The provider gave people a flexible service, which responded to their changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good

The service was well led.

The provider had ensured there were clear lines of responsibility and accountability within the management team.

The management team had a visible presence throughout the home. People and staff we spoke with felt the provider and the management team were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the care provided.

The provider had sought feedback from people, their relatives and staff.

Brooklands House Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two adult social care inspectors.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority and a national consumer champion in health care, to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Not everyone shared their experiences of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about Brooklands House Rest Home. They included five people who lived at the home and four relatives who visited people during our inspection. We spoke with the registered manager, one member of the management team and four staff. We spoke with one visiting health professional and a volunteer at Brooklands House Rest Home. We had a look round the home to make sure it was a safe environment and spent time observing staff interactions with people who lived there. We checked documents in relation to six people who lived at Brooklands House Rest Home and four staff files.

We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt comfortable and safe when supported with their care. Observations made during the inspection visit showed they were comfortable in the company of staff supporting them. One person who lived in the home told us, "I feel very safe here." A second person commented, "I am safe and contented here." Individuals visiting the rest home told us they had no concerns about their relative's safety. We were told by one relative, "I wouldn't leave my [relative] if they weren't totally safe, and they are here."

At our last inspection of Brooklands House Rest Home on 27 October 2014, we found the provider did not always safeguard people. This was because we found that the provider had not notified the Commission of a significant event affecting the health and welfare of a person living at the home.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 Notification of other incidents.

During this inspection, we found the provider had made improvements to how they safeguarded people. Since the last inspection, they had notified the commission of incidents and accidents concerning people who lived at the home.

During the inspection, we had a walk around the home, including bedrooms, the laundry room, bathrooms, the kitchens and communal areas of the home. We found these areas were clean, tidy and well maintained. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

As we completed our walk around the water temperature was checked from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. All legionella checks were systematically completed and we noted the provider was registered with the legionella control association, which provided a code of conduct for service providers for the control of legionella bacteria.

We checked the same rooms for window restrictors and found not all rooms had operational restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. We spoke with the registered manager about our findings and were told the windows would be safe and environmental audits would be updated to include restrictor checks. Since the inspection, the registered manager confirmed these actions had been completed. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

We found call bells were positioned in bedrooms close to hand allowing people to summon help when they needed to. Throughout our inspection, we tested and observed the system and found staff responded to the call bells in a timely manner.

During the inspection, we viewed six care records relating to people who lived at Brooklands House Rest Home. We did this to look how risks were identified and managed. We found individualised risk assessments were carried out appropriate to peoples' needs. Care documentation contained instruction for staff to ensure risks were minimised. Staff we spoke with were able to explain the people's needs and support required. Their knowledge of people's needs matched what was written in people's care plans. For example, we observed staff communicated with one person as identified within the care plan. This demonstrated staff were knowledgeable of the risks identified and how to address these.

We looked at staffing levels, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. We saw the deployment of staff throughout the day was organised. One person told us, "There are tons of staff, always somebody round about." A second person confirmed, "There always seems to be someone about. "Staff told us they had sufficient time to meet people's needs. Our observations showed staff responded to people's requests in a timely manner. We noted they were able to support people safely in a relaxed and unhurried way.

There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. Staff had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. For example, we noted on the whiteboard in the office the types of abuse to look for and the telephone numbers of the manager and CQC should they need to share their concerns.

When asked about safeguarding people from abuse, all staff spoken with told us they had received training on the subject and would not hesitate to report any concerns to their manager or social services. Training records we looked at showed staff had received related information to underpin their knowledge and understanding.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the home. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at six staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All the staff we spoke with told us they did not start work with Brooklands House Rest Home until they had received their DBS check.

We looked at how medicines were managed and administered. Medicines were stored safely in a locked and secured trolley when not in use. We observed staff administering medicines at Brooklands House Rest Home. This was done as the medication administration and recording form (MAR) instructions directed. Staff who administered the medicines received training and annual competency checks by a member of the management team. Documentation looked at indicated competency checks had taken place. One person who lived at the home told us, "I have not missed any tablets in all the time I have been here."

We observed consent was gained from each person before having their medicine administered. The MAR was then signed. Medicine audit forms were seen and checked as correct. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

Good

Is the service effective?

Our findings

People we spoke with were complimentary about the care within the home. One person said, "The staff are kind, obliging and know what they are doing." A second person told us, "You need peace tranquillity and caring being old and I get that here." A third person stated, "We are all well looked after here." A relative told us, "I am confident [my relative] is well looked after." They further commented, "You wouldn't get better care in hospital. The staff are that good."

At our last inspection of Brooklands House Rest Home on 27 October 2014, we found the provider had not ensured suitable arrangements were in place for obtaining, and acting in accordance with, the consent of people in relation to the care and treatment provided for them.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment.

During this inspection, we found the provider had made improvements. They had followed the action plan they had written and met the requirements of the regulation related to MCA and DoLS. The management team had policies in relation to the MCA and DoLS. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk. Mental capacity assessments were always carried out before a person was admitted to the home.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We talked with people and looked at care records to see if they had consented to their care where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do.

We looked at the care and support provided to people who may not have capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. Throughout our inspection, we observed staff offer people choices on food, drink, activities and clothes to wear. During our inspection visit, we did not see any restrictive practices. We observed people moving around the home freely.

When we undertook this inspection, seven people were subject to DoLS. Two people had an Independent Mental Capacity Advocate (IMCA) who visited regularly. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions. This included making decisions about where they live and about serious medical treatment options.

We spoke with staff members, looked at individual training records and the provider's training matrix. We saw the registered manager had identified what training was required for staff. Staff we spoke with told us the training they received was provided at a good level. One staff member said, "I've done face to face training and completed work booklets. I found it all informative. I have done training whilst I have been here. It has made me confident in the job." They further commented it was good all staff were well trained saying, "It is nice to see that all the staff have completed their DoLS and Safeguarding courses."

There was a structured induction process. New staff had a period of shadowing more experienced staff until they were competent in their role. One care staff member told us, "My induction was good and informative with shadowing staff for two weeks." Another staff member told us, "I got to know the routine by shadowing staff."

Staff we spoke with told us they had regular supervision meetings with a member of the management team. One staff member told us, "We have supervision regularly. We talk about if I am happy in my job and if I have any concerns." Supervision was a one-to-one support meeting between staff and a senior staff member to review training needs, role and responsibilities.

We observed lunchtime during our inspection and asked people about their experiences of the food and drinks offered. One person told us, "The food is very good, I've got several favourite meals since I have been here." A second person told us, "If it's something you don't like they will get you an alternative." A relative told us, "I have eaten here and it was fine. It is tailored to the people who live here."

People were given the choice of eating meals where they sat, in their bedrooms or in the dining area. The tables were set with linen tablecloths, napkins, salt, pepper and small flower arrangements. We saw lunch was a relaxed and social experience. People who required assistance with their meal were offered encouragement and supported effectively. The staff did not rush people allowing people sufficient time to eat and enjoy their meal. During lunch, drinks were provided and offers of additional drinks were made where appropriate. One person told us, "Lunch was quite good, I enjoyed it." We overheard a second person tell a member of staff, "The garlic bread was lovely."

People had the opportunity to comment on the meals provided using menu feedback sheets. Comments included, 'Keep things as they are, they are very good.' We also noted comments such as, 'The food on Sunday was first class, as was the service' and 'Nice to have an alternative for each course'.

We visited the kitchen and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. The provider and chef had knowledge of the food standards agency regulations on food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies. The provider had achieved a food safety rating of five. This was advertised in the porch at the front of the building. Services are given their rating when a food safety officer inspects the premises. The top rating of five meant the home was found to have very good food safety standards.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from GPs and other healthcare professionals

had been recorded. The records were informative and documented the reason for the visit and what the outcome had been. We heard the registered manager inform one person they had been in touch with the GP to ensure they received the preventative treatment they had requested. We spoke with a visiting health professional who told us the management team had a good reputation for liaising with local health services when support and advice was required. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives consistently praised the caring attitude of the staff and management team. Feedback received demonstrated that staff provided exceptional care. One person told us, "Staff are absolutely excellent they bend over backwards for you." A second person said, "The home is smashing and staff are very kind." A relative commented, "We are fortunate we found somewhere that people care." A second relative told us, "They have a caring finger on the pulse, the whole ethos is care."

Throughout the inspection, people were keen and excited to share their positive views on the kindness and care shown to them or their relatives. One visitor had eagerly prepared some notes to share with the inspection team. They did this to ensure they conveyed their extreme satisfaction of the outstanding service provided. One person who requested we speak with them told us, "I would like [registered manager] to have 5 stars she has been brilliant." A second person said, "You could stay at a hotel and not get as good care as you do here." A third person waved us over to them to say, "Everyone is so conscientious." We saw people felt invested in the home and wanted to promote the provider's positive skills and attributes.

We saw a number of compliment cards that consistently identified the kindness and care delivered by staff. These were from family members thanking staff for the care, and support they had shown to their relative. These included, 'Thank you for taking such good care of [relative] during his stay.' In addition, 'Thank you all for the care and kindness.' This demonstrated the service consistently received positive feedback based on the care, kindness and support delivered.

We started our inspection before the registered manager had arrived at the home. We had the opportunity to observe them meet and greet people on their arrival. There was genuine warmth between people and the registered manager. There were tactile greetings and time spent asking after people and sharing what had happened in their own life. The registered manager wished one person a happy birthday stating they had brought birthday cakes for a teatime celebration to be had after their family outing and celebration had finished. The person beamed with joy when they realised the registered manager had remembered and taken time to recognise the significance of their birthday.

People were excited to share with us their positive experiences of the home. Two people said they were reluctant to give up their independence and move into the home. One person told us, "At first I didn't want to be here." They stated they had had several arguments when they first moved in, as a way of expressing their unhappiness. Their attitude had since changed. A second person told us they were also unhappy at having had to move into a rest home. They told us, "I ran away and tried to book myself into a local hotel." However, they further commented, "I like it here, they are caring carers." It was clear the provider had overcome people's negative attitudes to residential care.

One person praised the registered manager for their caring and empathetic attitude. They said, "You couldn't find me a better one. I feel I can go to her and talk about anything." We noted the person had a double room to themselves. They explained they had shared the room with their spouse and were recently widowed. The registered manager had promised them the room was theirs and always would be. We spoke

with the person's relative and they said this had made the person happy and content as it allowed the opportunity to be in familiar surroundings where they felt comfortable. This showed the compassion shown by the registered manager allowed the person to remain secure and seek solace in their personalised room they had shared with their loved one.

We observed the interaction between the person and the registered manager. We witnessed a mutual respect and sensitive interactions related to the person's recent bereavement. It was apparent a strong and positive caring relationship had formed. The person's visiting relative told us, "[Registered manager] goes that extra mile, she is devoted." For example, after the person's partner had passed away, they were too unwell to attend the funeral. The registered manager arranged for the service to take place at the home. This allowed the person to be supported by their family to say goodbye to their loved one. We were told by the person, "You don't get care like that anywhere else." Their relative confirmed this stating, "They couldn't have looked after my family better." This demonstrated people were supported by staff who were compassionate, empathetic and understanding.

We asked the registered manager about the service they had arranged. They commented, "It's all about dignity in death." They told us it was about supporting the relatives of people who had passed away. They told us they and six staff members had completed training on end of life care and maintained links with the local hospice. Through these links, staff had also accessed training on how to respond to people in a way, which empowers the person especially when they are upset. We asked the registered manager if the training had had any impact on people. They told us, "Staff have learnt about listening and being more attentive to what they are doing." They told us the training had really enhanced staff skills. They had observed this with the end of life care currently being given to one person at Brooklands House. About the person they told us, "They looked so peaceful." This showed the links with the hospice allowed staff to be refreshed on best practice, new legislation and receive additional training.

Throughout our inspection people wanted to share their positive experiences, they have had living at Brooklands House Rest Home. For example, one person told us how much they enjoyed the day trips organised by he registered manager. They told us they enjoyed the company of the registered manager on the trips and the fact their family were encouraged to join in. They then told us they had written a poem about one of their trips entitled, 'Looking forward to another day.' The author of the poem was proud their views had been placed on display and shared with everyone. We saw the poem on the notice board at the entrance of the home. Throughout our observations, we saw people felt cared for and retained their individuality and dignity.

We spoke with relatives about Brooklands House Rest Home. One relative told us, "I think it is fantastic here. We liked the atmosphere. The staff are extremely caring – anything we want they get." A second relative said, "We liked the atmosphere it is homely and comfortable. We have not met a staff member who is not caring." A third relative told us about a conversation they had with the registered manager, "They [registered manager] told us to treat here like mum's home, which it is." We shared these comments with the registered manager who told us, "I have the keys to my mum's home, so I believe relatives of the people we care for should have the same." There was a system in place where relatives could gain access as and when they wanted to enter the residential home. There were no restrictions on visiting times.

Family and friends visited regularly throughout the day, and were warmly welcomed and chatted not only with their loved ones, but other people who lived at the home and staff. One relative told us, "Never felt unwelcome not from any staff." A regular visitor commented, "Staff are second to none and are very welcoming." This showed the provider sought to foster a welcoming and inclusive culture and maintain

strong positive relationships for people and their relatives.

We asked the staff their views on working at Brooklands House Rest Home. Staff responding positively, passionately and were proud to a part of the service. One new staff member said, "I love it here. They all care its 100% about the residents." This was confirmed by a staff member who told us, "I do feel they [management team] appreciate what you do for the residents." They further commented, "Everyone is just so caring with the residents." It was evident the provider had created an environment where staff were acknowledged and motivated to deliver outstanding care.

We spoke with a visiting healthcare professional about the care and support at Brooklands House Rest Home. They told us they were always pleased to visit the home as the care and care notes were excellent. They recognised the exceptional care delivered and commented it the home was one of the best in the local area.

We spent time in the lounge with people observing interactions between them and staff. We saw staff engaged warmly and interacted with people in a way that fostered and maintained positive relationships. There was a familiarity and friendliness between people and staff that created a soothing, relaxed and inclusive environment. We observed people benefitted from gentle humour and personal caring touches. For example, one person was having a nap and a staff member softly readjusted the blanket over their knees taking time not to wake them. A second staff member who cleared away used lunch dishes asked open questions related to the food, "What's the verdict?" "What did you think?" This instigated lots of laughter and meaningful conversations many of which carried on after the staff member had left.

Staff were patient, engaged with people and waited for their response. This showed us staff allowed people to respond in a dignified and respectful manner, which promoted positive interaction and developed people's self-worth. People were able to voice their views, this promoted personalised care based on people's wishes.

There was a very strong person-centred culture and staff understood people, their views and their wishes were what mattered most. Regarding the management team and culture of the home, a staff member told us, "The caring starts from the top goes all the way down and back up again." We noted people had been supported to take time over their appearance. We observed staff arriving at work complimented people on their appearance and their jewellery. There was a very positive response from people, a smile, a thank you, a raising of their posture that boosted their self-esteem.

As a means to promote and respect people's individuality the registered manager encouraged people to express their uniqueness within their personal and private living areas. Whilst inspecting Brooklands House Rest Home we noted people's rooms were personalised. One person had a gallery of paintings on the wall, which they had painted when they were younger. A second person had a fridge to keep drinks cool, and in another room, a person had a microwave to heat up drinks. One person had a bird table outside their window and other people had family photos on display. One person was proud of their large flat screen TV; another person had a selection of alcohol and chocolate within easy reach.

All the rooms we looked at portrayed the personalities of people who lived there. Regarding their room one person told us, "Do you like my room? I do, it's lovely." A second person said, "I always wanted to retire to Lytham, now I have and with this view." A relative commenting on the décor at Brooklands House remarked, "We liked the atmosphere, it felt homely and comfortable."

During our inspection, we became aware that one person had returned to the home under the influence of

alcohol. We observed staff informed colleagues and managed the situation. We observed staff took a non-judgmental attitude with their approach. The care and support they delivered ensured the person's dignity was maintained. We noted the open-minded non-discriminatory approach taken by staff maintained their positive relationship. The person not only received care and support but also was able to participate in our inspection. They were encouraged and supported by staff to share their views within general conversations, they were respected and listened to.

Due to deteriorating health needs, one person had recently had to leave Brooklands House Rest Home. The registered manager took an active role in seeking a care home that would meet their needs. They told us it was unusual for people to move on and they wanted to make sure they found the right place for them. They liaised with the person's relatives and co-ordinated regular visits that ensured the person settled in to their new home. Regarding the ongoing care and support they delivered, the registered manager commented, "I had known [person] for a long time and wanted to maintain the relationship." This showed the provider went the extra mile and caring relationships were extended outside of their profession remit. Positive long-term relationships with people who left the service were maintained.

The registered manager said they fully involved people and their relatives in their care planning. Records we looked at contained detailed evidence of them being engaged in the entire process. Care planning and other documentation had records about their preferences and how they wished to be supported. For example, one plan had 'be patient with [person] give them time to speak' and another showed us the person enjoyed socialising.

Care plans also held information on people's social histories. One person had travelled the world and enjoyed spicy food. A second person had taught French and arts and crafts. They had been given the opportunity by the provider to lead an activity and share their art skills with other people at the home. In a third plan we saw the names of people's loved ones, past and present. Relatives told us staff worked collaboratively with them to maximise people's support. Staff completed life stories with relatives to gain the best insight into each individual. One relative told us, "I met with the manager yesterday to discuss [my relative's] care."

The registered manager was aware of local advocacy services and how to access their service should it be required. At the time of our inspection, two people who lived at Brooklands House Rest Home received ongoing support from advocates. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. This showed the provider supported vulnerable people to have an independent voice about their
care.

Good

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs, likes and wishes. For example, one person who lived in the home told us, "We are all well looked after." A second person told us, "If I need anything the first word in my mouth is [registered manager]."

The provider assessed each person's needs before they came to live at Brooklands House Rest Home. The registered manager visited the person prior to admission. They told us, "I won't take anyone without seeing them." This ensured the rest home would meet their needs and minimise disruption from a failed or inappropriate placement.

The registered manager and staff encouraged people and their families to be fully involved in their care. This was confirmed by talking with people and relatives. One relative told us they had a meeting with the deputy manager and registered manager about changing how the care and support was delivered to their relative. They commented they were pleased at how the discussions had gone and when they arrived the following day, the changes had been implemented. They further told us, on arrival at the rest home staff gave an update on how successful the changes were. This showed a responsive approach to care management by the provider.

We saw the provider was prompt in responding to people's requests. We noted they had introduced, 'You said we did' in response to feedback from people. People had requested a change to how the menu was advertised. Several people had requested an alternate soap powder for their clothes. These requests were documented and actioned.

The registered manager had introduced a negotiable and non-negotiable section within people's care plans. This allowed people to be clear on the personalised service and support they wanted. One person joked, "My landlady [registered manager] she knows my likes." The information gave staff insight and knowledge on how to deliver individualised care.

Care plans we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. The plan included sections on mobility, communication and morning, afternoon and evening care and support requirements. It included a history of any falls, bathing preferences and information on their preferences on dressing and the best way to communicate with the person effectively. For example, we saw one care plan highlighted the person could become depressed and anxious and how to support them. A second care plan stated, the person had asked if a female carer could assist them when being bathed. This showed us the management team listened to people and delivered personalised care.

We asked people about activities at Brooklands House Rest Home. One person told us they had recently won a quiz. A second person said, "We have quite a few trips when the season starts." Regarding trips a third person stated, "Smashing trips." Several people told us how much they enjoyed the day trips. One relative

told us they were encouraged to accompany their relative on the organised day trips. There had been trips to craft fayres, afternoon tea, pie and a pint and to a bygone times exhibition.

There was a timetable of activities advertised which included, classical music and sherry, scrabble, cocktail hour, movement to music and bingo. One person told us they enjoyed being the bingo caller. Several people told us how much they enjoyed the singers that visited. We noted they had a planned trip to a concert at a local theatre. This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

The service had policies and procedures for receiving and dealing with complaints and concerns received. We noted complaints were logged and there was a clear process for acting on complaints and a record kept of what had been learnt because of the complaint. This reduced the likelihood of repeated concerns being raised. People and their relatives told us they had no complaints but if they did, they would speak with the registered manager. One relative told us. "[Registered manager] encourages me to complain, ring me at home if you have concerns, you are my eyes." This showed the provider had a procedure to manage complaints. They encouraged feedback, listened to people's concerns and were responsive.

Good

Is the service well-led?

Our findings

People, their relatives and staff were very complimentary of the management. One person told us, "[Registered manager] is a good manager and a good person." A relative said about the registered manager, "They are first class." A staff member commented, "[Registered manager] is a lovely lady and very approachable."

At our last inspection of Brooklands House Rest Home on 27 October 2014, we found incidents and accidents were not analysed to identify assess and manage the risks.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers.

During this inspection, we found the provider had made improvements to how they safeguarded people against incidents that affect their health and safety. Accidents and incidents had been recorded and responded to at Brooklands House Rest Home. Any accidents or incidents were recorded on the day of the incident. We saw the recording form had the description of the incident and what action was taken, along with how to reduce the risk of it happening again. The registered manager audited accidents and incidents each month. This showed the provider had a system to monitor incidents and to minimise the risk of their reoccurrence and keep people safe.

We saw records which showed regular audits took place to assess quality assurance Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The audits included employing an outside auditor to inspect on the service being delivered. They shared the outcome of the audit and the positive changes implemented as a result. These included music at lunchtimes and how to support people positively with their meal.

Further audits included checks around health and safety, accidents, medication and staff training. Any issues found on audits were quickly acted upon and any lessons learned to improve the service going forward were recorded. Records showed the provider had ensured gas, emergency lighting, fire extinguisher and legionella checks were completed as required. We observed a planned infection control audit took place on the day of our inspection. This showed the provider monitored and maintained the home to protect people's safety and well-being.

The service demonstrated good management and leadership. There was a clear line of management responsibility throughout Brooklands House Rest Home. The service had a registered manager who was supported by a deputy manager and they were both clearly visible within the service. The management team had very good knowledge of all the people living there and their relatives. The deputy manager worked shifts at the rest home and supported the staff.

We saw evidence of Brooklands House Rest Home being awarded the Investors in People (IIP) assessment

award. IIP is a nationally recognised framework to assist organisations to improve their performance and objectives through effective development of staff.

We saw minutes, which indicated regular management and staff meetings, took place. Management minutes included forward planning of supervision, new menus and a review of case notes. The minutes from staff meetings included a thank you to staff for their hard work, an update on fire procedures and a well done for achieving the investors in people award. One member of staff told us, "The team meetings are good, we sit with [registered manager] look at any issues and can make suggestions." A second staff member told us, "the team meetings are good and very regular." This showed the provider offered opportunities for staff to contribute and be included in the service delivered.

People were involved in developing the service and were provided with the opportunity to share their views on the care and their environment at 'resident' meetings. One change we noted was the request for a larger clock in the lounge had been submitted and actioned. We noted quiche had been removed from the menu as suggested. There were questionnaires for visitors. Responses from completed questionnaires included, 'Cannot fault the care given to my mother' and 'I am extremely pleased with the care.'

The registered manager also had an open door policy for staff or relatives so they could drop in and discuss any issues they had. We observed the registered manager walking around the service and talking to people and their relatives. This showed the management team had a visible presence around the home.

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.