

Stowlangtoft Healthcare LLP

Brandon Park Residential and Nursing Home

Inspection report

Brandon Country Park
Bury Road
Brandon
Suffolk
IP27 0SU

Tel: 01842812400

Date of inspection visit:
10 July 2017

Date of publication:
19 September 2017

Ratings

| | |
|---------------------------------|---|
| Overall rating for this service | Outstanding  |
| Is the service safe? | Good  |
| Is the service effective? | Good  |
| Is the service caring? | Good  |
| Is the service responsive? | Outstanding  |
| Is the service well-led? | Outstanding  |

Summary of findings

Overall summary

Brandon Park Residential and Nursing Home is a residential care home with nursing that provides accommodation and personal care for up to 55 older people, some of whom are living with dementia. There were 44 people living in the service when we inspected on 10 July 2017. This was an unannounced inspection. This inspection was prompted in part by notification of an incident following which a person living at the service died. This incident is subject to a coroner's investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

At the last inspection in January 2016, the service was rated as Good, with Effective being rated as Requires Improvement. This was due to improvements being needed to staff training and nutrition care record keeping. At this inspection we found that the necessary improvements had been made and significant improvements made. We have rated the service Outstanding in responsive and Outstanding in well led making the overall rating for the service Outstanding.

The home was extremely responsive to people's needs. People received exceptionally personalised care and support which they were in control of. Activities were planned by staff who worked closely with people to establish their individual and unique preferences. People were supported to take part in activities of their choosing.

There was an exceptionally strong ethos within the home of treating people as individuals and with respect. People were at the forefront of their care. Information was given to people about how to raise any concerns they may have and where concerns were raised these were dealt with speedily and in detail. Relatives said they felt welcomed at the service and felt their family member was very well cared for.

There were very effective systems in place to monitor the quality and safety of the care provided. People felt able to raise any concerns and be confident they would be addressed. Where concerns were raised by people, relatives or through regular auditing we saw the staff took them seriously and took appropriate actions to focus on learning and improvement for the benefit of the people using the service.

Excellent leadership was demonstrated at all levels with a pro-active effort to encourage ideas from people and staff to further benefit people living at the home. The staff were very happy working in the home and felt extremely supported in their role. They were clear about their individual roles and responsibilities and felt highly valued by the management team. The home was organised and well run and the culture was open and transparent.

The registered manager and provider strived for excellence and improving the lives of people who lived at the home through involvement with external organisations and the local community.

There was a registered manager in post at the time of our inspection. 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.

There were systems in place to protect people from the risk of harm. Accidents and incidents were investigated as required and known risks were recorded and mitigated when possible. Staff had been recruited safely and relevant checks were completed before they commenced working within the home.

Staff knew about and were following the guidance in people's risk assessments and care plans to keep people safe. People's records were up to date and indicated that care was being provided as detailed in people's assessments.

There continued to be sufficient numbers of staff employed to make sure people received the support they needed, and those staff had been safely recruited. People told us they felt safe living at the home. People received their medicines when they needed them.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible. They demonstrated a good knowledge of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Care records detailed people's consent to their care and each area of their support contained decision specific best interest's assessments.

People's health needs were met as the staff and manager promptly engaged with other healthcare agencies and professionals to ensure people's identified health care needs were met and to maintain people's safety and welfare.

People's care was delivered by kind and caring staff who sought to meet their needs and ensure they were happy. We saw that people had friendly relationships with staff who would stop and speak with them as they moved around the home.

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.

There were systems in place to help protect people from the risk of abuse and harm.

There were enough staff to meet people's needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

The service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were upheld.

People received enough food and drink to meet their needs.

If people became unwell staff sought medical advice promptly to promote their health.

Is the service caring?

Good ●

The service was caring

People's dignity and privacy was maintained.

People's rights to independence, privacy and dignity were valued and respected.

Staff were kind and compassionate.

People were involved and included in making decisions about what they wanted and liked to do.

Is the service responsive?

The service was very responsive.

People's care needs were understood and responded to by staff who knew them very well.

People had opportunity to take part in different activities, hobbies and engagement and have a full life.

The service took into account people's wishes and feelings in the way it provided the service. Feedback was acted upon to improve people's overall experiences.

Outstanding 

Is the service well-led?

The service was very well led.

Good leadership was demonstrated at all levels.

There were clear visions and values, known by all the staff and led by the management team.

There was an open and transparent culture within the home where people and staff felt comfortable to raise concerns if needed.

Excellent quality assurance systems monitored everyone's safety and welfare on a continuous basis.

Outstanding 

Brandon Park Residential and Nursing 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 was 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.

This inspection took place on 10 July 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We looked at the care records of four people in detail to check they were receiving their care as planned. We also looked at records including four staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with eleven people who live at the home, six members of care staff, a nurse, the chef, maintenance staff member, the deputy manager and the registered manager as well as one of the directors of the provider company. We also spoke with relatives of seven people currently living at the home and one healthcare professional. After our visit we received feedback from a further three

healthcare professionals.

Is the service safe?

Our findings

At our last inspection Safe was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a safe service.

People told us they felt safe and secure living at Brandon Park Residential and Nursing Home. One person said, "I feel safe and cared for. I'm well looked after here and I'm in the best place. I feel safe with the staff." Another person told us, "I feel safe with the staff when they're helping me to get up. They always treat me properly."

Staff continued to receive training on safeguarding adults from abuse. They were able to describe different types of abuse they may become aware of and the action they would take to protect people from harm. Staff told us they would pass on any concerns to the registered manager and were confident their concerns would be dealt with immediately.

A relative shared their positive experience of the safety measures in place telling us "I know [my relative] feels safe with the staff. There's never been an issue with any of the staff as long as [my relative] has been here at [Brandon Park]." Another relative spoken with said that they thought the staff were, "Well trained and knew how to use the equipment provided."

The home was holding a Fire Awareness week on the day of our visit. The maintenance staff member was co-ordinating the learning and explained to us the various health and safety and fire safety precautions in the home. We found the maintenance staff member to be very knowledgeable and enthusiastic about their role and the importance of safety within the home.

Staff had the necessary information to support people safely. Each person had an individual care plan and a number of risk assessments completed. These were regularly reviewed in order to ensure people's needs were being met in a safe manner. We saw risk assessments had been completed that reflected people's individual needs. For example, we saw information and risk assessments relating to falls prevention.

People told us that there were enough staff to give them the support they needed. One person told us, "There are always staff around when you need them." Another person said, "I feel well looked after; there are always staff who'll get things for you when you want them." Our observations also showed, and staff confirmed to us, that people were supported by sufficient numbers of staff. We saw that staff had time to spend with people and they were not rushed in their interactions. Staff told us that they had time to meet people's needs and to spend time talking to them. One member of staff said, "We have time to spend with people, there is always time to have a chat and a catch up with people."

Safe staff recruitment and selection systems were in place and followed to make sure suitable staff were employed to work at the home. All applicants completed an application form, which recorded their full employment and training history. Each applicant went through a selection process. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work with vulnerable adults. The

provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

There were suitable systems in place to ensure the safe storage and administration of medicines at the home. The nurse on duty on the day of our visit informed us only registered nurses were responsible for administering medicines to people and that care staff administered external topical creams for which separate records were kept. All medicines were administered by staff who had received appropriate training. The medicines training was followed up with a competency check and observation of staff practice administering medicines.

We found that people had the support they needed to take their medicines safely. One person we spoke with told us, "[Care staff] gives me my pills every day and they make sure I take them." A relative told us, "The staff look after [family member] well; they make sure their tablets are alright and they have them when needed." Medicine administration records (MAR) were completed. We checked the MAR charts and saw that these had been completed appropriately. We were satisfied that people received their medicine as the prescriber had intended.

Is the service effective?

Our findings

At our last inspection in January 2016 we were concerned that not all staff had up to date training that the provider considered essential to carry out their job role. We were also concerned that actions to prevent people becoming at risk of dehydration were insufficient. We rated this key question as requires improvement at that inspection. At this inspection we found improvements had been made and rated this key question good.

People and their relatives told us that staff were extremely well trained and skilled and knew how to meet their needs. One person's relative told us, "All staff are very well trained; in fact I can pick out some that are even more than that, just brilliant." We saw that the registered manager had systems in place to ensure staff received the training and learning they needed to carry out their job roles effectively.

Staff told us they were well trained and had an established staff team that worked well together. One member staff told us, "I thought the training we do here was really good, it teaches you respect and how to approach people."

All staff had a probationary period before being employed permanently. The provider had a programme of induction which included role-specific training, shadowing experienced colleagues and skills checks. All staff undertook relevant training the provider felt essential to meet people's health and social care needs. A member of staff told us, "I shadowed experienced staff when I first came here. I had to do moving and handling training before I could use hoists. I have done lots of training. I am really happy working here." We saw evidence of the training being undertaken by staff which included moving and repositioning people, equality, diversity and human rights as well as dementia and dignity and respect amongst many others.

The registered manager had a policy for the supervision and appraisal of staff. Supervision is a planned and recorded session between a staff member and their manager. Staff told us that they received regular one to one supervision and found it effective. They told us they saw it as an opportunity for them to discuss their performance, training, well-being and raise any concerns they may have with their manager.

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 interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

People's mental capacity assessments were detailed and thorough in explaining the extent to which people could make decisions and where they required support. People told us they were involved in decisions about their care where they wanted to be and were able to express their preferences to staff. Staff demonstrated their knowledge and understanding of people's right to make informed choices and

decisions independently. It was evident from talking with staff, our observations and people's care records that people were involved in day to day decisions. This included what to wear, what they would like to eat and what activities they would like to participate in. Throughout our visit, we saw staff asking people for their consent before providing support to them. Such decisions were around their care, for example, what they wanted to eat or drink and whether they wished to take part in an activity.

People were supported to maintain a balanced diet. Each person's dietary requirements, likes and dislikes were documented in their support plans. Where relevant assessments were carried out for required support with modified diets, recommendations were incorporated into people's plan of care. A nutritional healthcare professional we contacted told us, "I have recently met with [registered manager]. As far as I am aware the home does fortify foods and offer [people] nourishing milkshakes and snacks. If they [staff] have concerns about a resident they phone us for advice. [Registered Manager] has allocated three nutrition champions for the home who will be attending our first meeting [nutrition update meeting] in October."

People's dietary needs were monitored, nutritional assessments were completed, reviewed and people's monthly weight records recorded. People's intake of fluid was monitored and recorded. Nursing staff told us that they checked these records were completed each day. This demonstrated to us that the staff monitored and understood what helped to maintain people's dietary needs.

People were mostly complimentary about the food, however some people felt it was not always to their personal preferences. We were told by one person, "I can't grumble about the food; the desserts are nice. I can always have baked potatoes and sausage if I don't like what's on the menu." Another person said, "The choice of food could be better; there is a choice, but sometimes not a lot of difference in the choice." A third person said, "I've no complaints about the food; it's generally good, but sometimes it is a bit variable." We spoke with the registered manager about the mixed feedback we received regarding the food. They explained that as a result of people's feedback, which they were already aware of, they had arranged for the chef to hold 'taster sessions' whereby people could sample meals before they were placed on the menu.

We observed lunch in the dining room. Some people ate in the dining areas; others chose to eat in their own rooms. In the dining room the tables were set with table cloths and napkins. Condiments and a choice of refreshments were available. There were enough staff to support people in the dining areas and those who remained in their bedrooms in a relaxed manner. There was a good rapport and positive interactions between staff and people who lived at the home. In some instances some people experienced difficulties in eating but staff discreetly and patiently encouraged them to eat, providing support to do so where needed. Mealtimes were a 'protected time' meaning that the registered manager had set out guidance to staff that during people's mealtimes they were not to be disturbed with housekeeping tasks being carried out or medicines administration. This was important as it enabled people to have a relaxed and sociable mealtime without unwanted interruption.

We spoke with one of the chefs during our visit. We found that they were knowledgeable about people who lived at the service and their particular dietary preferences. The registered manager told us that whenever a new person moved into the home the chef goes to meet with them and talks to them about their food preferences and what they like.

There were systems in place to monitor people's on-going health needs. A relative told us, "My [family member] has always seen their GP when they've needed to. They [staff] are really good at ensuring this happens." People's records showed that advice had been sought from other healthcare professionals where this was needed, for example the GP, specialist nurses and dietician. This meant that people were supported to maintain good health and well-being. A visiting healthcare professional told us that they felt people were

well cared for at the home and that the management team knew people and their healthcare needs very well.

Is the service caring?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the home had sustained this rating.

The service was very caring. Without exception, people and their relatives told us the staff were extremely caring, considerate and conscientious. One person told us, "They [care staff] are wonderful and caring people. Another person said, "Staff are friendly and helpful. They are very good, so friendly and kind." A third person said, "I feel well looked after and I'm very happy here."

Relatives told us, "The staff are excellent. My [relative] can be a little short tempered at times but they [care staff] deal with them excellently." Another relative said, "I am very pleased with how my relative has been cared for and I find the staff so caring, just amazing."

Staff we talked with spoke affectionately about the people they supported. We saw some kind and considerate approaches to care and support. We observed staff working patiently and kindly with people. We overheard one member of staff supporting a person to lunch, they said, "You [person] look so gorgeous today." Comments such as these made people smile and visibly happy.

People were treated with dignity and respect by staff who knew them well and understood their needs. One person said, "Staff show affection, which you need. Staff will come and talk and help if you don't feel well." We saw many examples of caring, compassionate interaction between staff and people throughout our visit to the home. We were told that the respect towards people was evident across all the team of staff including the housekeeping and maintenance teams. A relative told us, "All staff, from the housekeeping to the maintenance staff to all the carers. They all make themselves known to each individual person. They are all so respectful."

Care staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They said they would knock on bedroom doors and request permission to enter. They stated that when they provided personal care they would ensure that doors were closed. We saw care workers knocked on people's bedroom doors and waited for the person to respond before entering.

People were involved in planning their admission to the home and if they could not do this their relatives were involved and spoke on their behalf. Relatives told us they felt involved and had been asked about their family member's likes and dislikes, and personal history in order that staff could provide their relative with appropriate care.

People told us that staff knew how they liked to be helped and their preferences. People were supported to maintain their appearance in a way that they wished. One person's relative told us, "The care staff dress [relative] as she likes to be dressed; they're fantastic with that." A member of staff also said, "We offer choices to people, if it's their clothes we show them. We respect choices."

People's independence was encouraged and we saw that staff supported them to retain this as much as possible. A relative told us how their family member was supported to be independent and retain their choices about what they wore. We were told, "They [care staff] care enough to dress my [family member] as they like to be dressed; they're fantastic with that."

People were supported to maintain relationships, we saw that two people chose to go and set the dining tables together each afternoon. A member of staff told us that the two people requested to do this task every day and that staff reminded one of the people of the time each afternoon because they had requested to know when it was the right time to do their jobs.

It was evident that family members were encouraged to visit the home when they wished. One relative told us, "I just pop in at any time, I am made to feel welcome and the staff are all so accommodating and friendly."

Is the service responsive?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the home were now exceeding this rating and we have rated this key question outstanding.

People received personalised care which was receptive to their needs. People and their relatives told us they felt staff were highly responsive. We asked people about whether they received the care that they wanted to have. One person told us, "It's all exactly how I would like it to be. It's all about me and what I want. They [care staff] help when I need it." Another person said, "So pleased with the home. I find the staff amazing. [Manager] and [deputy manager] are so supportive to me and my family." A relative said, "Staff try to get to know the quirky ways of each individual and are good at getting to know their idiosyncrasies."

People and their relatives attributed their good health to the exceptional care they received at the home. One person's relative told us, "The care here [Brandon Park] is very good. The staff are very responsive. My [relative] is so much better health wise now than when they moved in here." Another relative said, "[Family member] is very happy here; we're more than pleased. It is fantastic here." A healthcare professional we contacted told us, "The residents are well cared for [at Brandon Park]."

The management team completed detailed assessments of people's needs before admission and we saw evidence they checked if they could meet the individual's requirements. This assessment was then used to complete an individualised care plan which enabled people to be cared for in a person centred way. We saw that care plans contained sufficient information to ensure staff were aware of people's specific care and support needs and to enable staff to provide care that was centred on the individual. A relative told us, "My [relative] wasn't the easiest person to care for because of their dementia however they [care staff] were just so good with [relative] here. They just knew them and how they needed to be cared for."

Staff consistently demonstrated a sound understanding of the individual support needs of people living at the home, including those living with dementia. One member of staff said, "People can get up and go to bed when they want to. It's about them and us responding to what they would like."

People were supported to access a wide range of personalised activities. The provider employed an activities co-ordinator, who was dedicated to providing activities that would appeal to everyone who used the service. They did this by spending time with people and getting to know their interests, then using this information to arrange activities that people would enjoy. The home also hosted work experience students who worked alongside the activities co-ordinator in order to provide further one to one activities and opportunities. There was a separate activities room which was full of the activities, arts and crafts that people undertook. We spent time observing the variety of activities taking place and saw that people were all taking part in something different according to their interests and hobbies. One person commented, "The best thing here [Brandon Park] is the activities. The staff try to maintain a family like atmosphere." We saw the activities co-ordinator was busy but purposeful and displayed enthusiasm for people and their preferences.

People took part in jobs around the home. Some people helped with peeling potatoes and preparing the vegetables, another person helped with ironing tablecloths and napkins. The registered manager told us, "This has given our residents a purpose each day and has enabled the community team within the home to 'gel'. It's so lovely to see."

A visiting relative told us, "My [family member] loves the activities. On the Queen's Birthday they had them dressed as a Pearly Queen which they absolutely loved." Another relative told us, "The activities are really good. They're imaginative and one of the best things they [Brandon Park] do. They do all kinds of interesting things and involve the residents in deciding what to do." A third relative told us, "[Activities staff] asked for any good recipe books for cookery club. I know they are now busily using them. They've done some wonderful cooking and baking." We saw photographic evidence of the variety of foods prepared and made with people during the cookery club."

Relatives also spoke about the imaginative ways in which people were engaged in these activities. We were told that the drinks machine and cakes in reception area had been placed there to encourage people and visitors to come down and meet other people and be part of the activity taking place. During our visit we saw people and their visitors using this area to meet whilst helping themselves to the refreshments.

Staff were exceptionally thoughtful and responsive to individual people's circumstances. One of the housekeeping staff had become aware that one person didn't like spending time on their own too much so they now involved them in some domestic tasks which they enjoyed. They told us, "[Person] doesn't like being on their own so I involve them in folding laundry." Some people were not keen on visiting the home hairdresser and the staff had established it was because the room, due to a solid door, was not very inviting. As a result glass panelling had been added to the door so people could see in without opening the door first. The registered manager told us that this had increased some people's confidence to use the salon.

The registered manager gave us another example of the responsiveness and consideration to people's individual needs. We were told that the 'snug' at the home was available to people who wished to eat away from the main dining rooms but who didn't wish to remain in their own bedrooms. The registered manager told us that some people felt self-conscious that they had a modified diet and required staff assistance to eat so in these circumstances staff would help them discreetly at their request in the private area.

Another person engaged with staff and spent time during the afternoon busy and occupied helping the administrator with folding letters for posting. This person was clearly engaged with the staff and enjoying the task, we saw them chatting and talking about their work.

We were told that there were some people who lived at the home who wished to lose weight and who had requested staff support to do so. As a result the registered manager had got in touch with a local initiative programme designed to support people to effectively manage their weight along with increasing their physical activity for overall health improvements. The registered manager told us that a number of people and staff had already signed up to the programme. A relative told us, "I noticed my [family member] had put on weight. The staff are helping them with this, even the chef has discussed it with us and is now putting more salads in her diet to help control their weight gain."

The registered manager told us that as a result of and in response to some people experiencing a fall over recent weeks at the home a dedicated 'falls awareness' week had been arranged. As part of the falls awareness initiative people were taking part in activities such as Tai Chi over the week in order to promote physical health. A healthcare professional had come into the home and worked with all staff around pre-empting people falling and what actions could be taken by all staff which included housekeeping and

maintenance staff. People and some staff told us that a particularly fun part of the 'falls awareness' week had been the 'Pimp my Zimmer' competition where people customised their mobility equipment. The purpose of this was to help people identify their own equipment which is assessed and adjusted for their individual needs and to encourage them to use it regularly. The goal from the falls awareness week was to try and reduce the number of falls at the home. The registered manager also told us that a falls clinic had been implemented at the home as a result of the falls awareness week. At the time of our visit it was too early for the registered manager to assess how successful the falls awareness week had been at reducing the number of falls in the home.

Staff had an excellent understanding of people's diverse cultural beliefs and background. People were supported to follow their chosen faith. The drawing room at the home was used for a monthly church service. In addition a Catholic priest visited the home on a regular basis. The registered manager told us they had also developed links with the hospice chaplain to provide additional support to people who were receiving end of life care.

The registered manager told us how they tried to uphold a presence and link within the local community despite the extremely rural location of the home. The registered manager told us, "We [Brandon Park] are always working to establish ourselves in the local community. The ethos and vision is one of giving back to the local community. We want to be here for the community so they can come here to receive care should they need it. People shouldn't have to travel a long way for good care. We are part of that community." We were told about examples where community links were made. The registered manager told us, "We hold regular coffee mornings and fund raising activities which are supported by local people, family and friends." People were supported to undertake activities and spend time with a number of volunteers from the local community including college students and local air force personnel.

The registered manager also told us that they linked up with a supermarket community support team who supported them with fundraising and events for the benefit of people as any monies raised were passed back to the home to be spent on activities and special occasions within the home. We were also told, "We encourage our resident's family members to share their interest and hobbies so that our residents might engage and enjoy examples: one of our volunteers likes to flower arrange and we have incorporated this within our activities."

The registered manager and provider had supported people to register to vote in the June 2017 general election and had arranged for party electoral candidates from the local constituencies to visit the home to visit people where they wanted this opportunity. People were supported to register and cast their votes to maintain their rights. For people who were not able to take part or chose not to make their vote, a mock election was held. This involved a mock polling station and ballot box where people could be involved if they chose to do so. We saw photographs displayed of people taking part in this activity and they appeared to be very engaged with it. We were told that the next plans were holding surgeries and resident forums with the member of parliament for the area in order that people can have their say and voice their opinions directly.

Staff were also familiar with the content of people's support plans and their personal preferences and individual diverse needs. One person chose to live their life in a particular way, which despite not being the way other people commonly chose to live theirs was respected by staff. The person was supported to live their life according to their wishes.

A lot of work had taken place to ensure people's opinions were taken into consideration. People had the opportunity to share their views and give feedback during resident and relatives meetings. An information

board titled 'You said we did' was displayed in the home. Suggestions that people had made were displayed along with the actions taken. The registered manager told us that all suggestions were shared with all the heads of different departments within the home. We saw that the voting day had been raised along with a request from staff for more dementia training. Action had been taken by the registered manager and provider in both of these areas. The voting day was held and staff had receiving additional training in dementia care.

An example of the service continually developing staff skills to provide personalised care was evident in their efforts to ensure staff had a better knowledge base and understanding of people's individual needs. Staff told us about their additional dementia training and how it enabled them to be responsive to people who were living with dementia. One member of staff said, "We care for one person who thinks they are going back to their home town. We've got replica money and travel tickets and they think they are really going." They told us that this made the person calmer and happier. The member of staff added, "Every day we plan the trip to Liverpool. We have our cup of tea and crisps and plan our trip." This meant staff listened to people, respected them and their choices and made them feel valued.

The registered manager had introduced a specific feedback form so they were now receiving more views and opinions from people. We saw that the feedback sessions were run weekly as an activity where people discussed what they would like. As a result of people's feedback changes had been made such as taster sessions were now being held so people could sample foods prior to anything new being placed on the menu.

As a result of feedback from people around their meal presentation, particularly where people had puree meals or modified diets the registered manager had arranged for the catering staff to attend a local trust hospital and hospice to look at meal preparation and ensuring food was visually appealing.

Complaints had been managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. When looking at the complaints records, it was evident that where issues had been raised, they had been addressed to a satisfactory resolution.

Relatives confirmed they knew how to complain but did not have any concerns. They told us they had confidence in the registered manager to respond promptly to any concerns or suggestions that were made. A relative said, "I would have absolutely no problem in raising concerns." Another relative told us that in response to a concern they had raised immediate action had been taken. We were told, "My [relative] was only being given a bath once a week which I didn't think was enough. When I raised it with them [registered manager and deputy manager] they promptly responded and since [relative] has been helped with a bath or shower daily."

Is the service well-led?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the home were now exceeding this rating and we have rated this key question outstanding.

We spoke with the registered manager about the changes that have been made since we last inspected Brandon Park Residential and Nursing Home in January 2016. They told us that the home had progressed a long way already and that the changes they had been making were being embedded in practice.

There were clear lines of accountability and responsibility within the service. The service had a registered manager in post and a deputy manager in post, both of whom were extremely knowledgeable about the people living at the home. This management team was clearly providing effective leadership and direction. Staff were effectively deployed throughout the service and had clearly defined duties and areas of responsibility. Comments received from people, their relatives and staff members were very positive about the management team's leadership. One person said, "I can't recommend them [registered manager and deputy manager] enough." Another person commented, "It's very well organised here."

A visiting relative told us, "The admin function is spot on and [registered manager] and [deputy manager] are excellent. I'd recommend it [Brandon Park] to somebody else." Another relative said, "It's [Brandon Park] brilliant and I'd recommend it to anyone else, as I have done already." A third relative said, "To be truthful I would opt for this home for another relative but it's too far from where they live. In my mind nothing is able to top this home."

Staff were highly positive about the provider, registered manager and deputy manager. One staff member said, "[Registered manager] and [deputy manager] are really supportive." Another staff member told us, "The directors are also here [Brandon Park] regularly. They are also easy to speak to. They provide lots of support." The registered manager had been in post since summer of 2015. They told us that since our last inspection they had worked hard to develop the home further. We found the registered manager's leadership in the home was excellent with a strong emphasis on promoting first rate care for people and their families.

Relatives were also highly complementary about the registered manager and their compassionate care combined with strong focused leadership. One relative said, "I just can't recommend them [registered manager] enough." Another relative said, "[Registered Manager] is just amazing. It's like an extended family. Once I had a personal problem and [registered manager] asked me if I was okay but knew I wasn't. [Registered manager] actually took time out of their day to talk to me to make sure I was okay too. I value that so much."

We also received positive feedback from a medical practice who worked with the home. They told us, "We at [medical practice] have no concerns about Brandon Park Nursing home under the present management, both [registered manager] and [deputy manager] are extremely easy to deal with."

The staff team worked well as a team and were very supportive of each other so that people could rely upon receiving consistent support. One member of staff said, "We have a good team. It's all about the team work. Care staff support one another." Another staff member said, "I love working here, we [care staff] work really well as a team."

It was clear that the registered manager was proactive about continually improving the service. They told us they were, "Proud of Brandon Park and what we have achieved. We have the highest expectations. Our vision is to give back to the community. This care home is within the local community and it is part of them. We have fantastic high standards and want people to feel cared for. We also want staff to care and feel proud to work here." People told us the registered manager was proactive and provided a highly visible, daily presence around the home. Staff told us they felt the registered manager led the home extremely well and worked with them to maintain high standards. One member of staff said, "[Registered manager] is approachable, it's an open door here so staff can always get help and support when needed."

The provider supported volunteers from the local community to come into the home to run an in-house shopping trolley with a wide range of toiletries and stationary, sweets and gifts for people to buy for people who could not access the shops externally but wished to make small purchases independently. Some people used this facility to purchase cards and stamps enabling them to maintain contact with their family and friends.

The service demonstrated inspiring leadership and management. We found that the registered manager participated in a number of forums for exchanging information and ideas and providing people with best practice. They told us that they were a member of a cancer network which as a result had led to additional training for staff and collaborative working with health professionals. This enabled them to access current information so they could they deliver effective care and support based on best practice.

The registered manager and staff demonstrated a commitment to continuously improving the quality of the service people received. The registered manager told us that along with the deputy manager they had noticed that improvement and enhancements were needed to the staff induction program. As a result they introduced some training that they developed with the service. The registered manager told us, "The induction was not going as well as we wanted. Standards weren't where we wanted them to be so we developed a new training tool which we now deliver." The training package developed was around staff acting out providing care to one another in order that they get a sense of empathy and how it feels to have both good and poor care delivered. The registered manager added, "We want staff to know what good and poor care feels like. Want them to understand how it feels to be fed by another person." We spoke with some staff who had already undertaken the training. One told us, "I thought the training was really good. When I experienced the poor care demonstrated on me I felt intimidated. It shows you how people might be feeling. It teaches you respect and how to approach people."

The registered manager further strengthened their care provision by working with other services to improve people's quality of care. For example, they worked with a UK wide initiative that aimed to promote people's quality of life and deliver positive change in care homes for older people. The registered manager told us that they attended this programme in order to learn new skills, keep themselves up to date with current best practice and most importantly to continue to provide the best care for people.

Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. The content of staff meeting minutes demonstrated a positive, open culture, with discussions about people's weekly progress, updates for staff, audits and the importance of consistency for people's support. Staff we spoke with told us that they found the staff meetings helpful and

that they were able to contribute to them.

Audits in place were comprehensive and were used to monitor and improve the quality of the care provided. The registered manager's quality monitoring systems covered all aspects of the service including medication, staff training, infection control, maintenance, service user files and dependency. We saw that any shortfalls that were highlighted through the audits were actioned without delay.

The registered manager described the ways performance was monitored and managed. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager carried out a wide range of regular audits and documented their findings and any actions taken. For example audits had identified that meals taken to people's rooms, at their request, meant that those people did not always receive the same access to condiments as those people eating in the main dining room. As a result of the audit and people's feedback, individual sachets of condiments had been purchased to provide to people at meal times. Another example of the action taken in response to audits of activities was where people told the registered manager they would like access to a sewing machine. We saw on the day of our visit that the sewing machine had been delivered and was available in the activities room for people who wished to use it.

The home was part of an organisation consisting of four homes in total. The other homes all situated within approximately 20 miles away also had registered or home managers in post. The registered manager at Brandon Park told us that they had initiated peer support meetings with the other managers in order that they could support one another and learn and develop from each other.

A relative told us that there was a newsletter written by the provider, registered manager and staff in the home. We saw this freely available. The relative told us that the newsletter helped them to keep up to date with events at the home. We saw that the newsletter was used to share the 'You said, we did' feedback initiative being undertaken at the home amongst plenty of other updates.

The registered manager and deputy manager were proactive in improving outcomes for people. The registered manager had multiple processes to provide opportunities for visitors, healthcare professionals, relatives and people who lived at the home to give feedback. This included surveys, comments/suggestions flyers and activity sessions with people. As a result of feedback and any care needs changes were made and implemented for the benefit of people's care and support. For example in response to some people experiencing a number of falls the registered manager had arranged an internal falls awareness week which included the whole team and external healthcare professionals. During our visit we were told that the home was running a fire awareness week whereby the importance of fire safety was being arranged with people and all staff. This was in response to staff feedback and also as part of an awareness of fire safety procedures. This showed the home was proactively looking to improve and respond to current care issues and demonstrated that they were striving to provide the best care for people.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the home and found that incidents had been recorded and reported correctly.