Branksome Park Care Centre Limited

Branksome Park Care Centre

Inspection report

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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

Branksome Park Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Branksome Park Care Centre provides personal and nursing care and treatment for up to 59 people over the age of 18 years old. The service cares for people with a variety of needs, including complex needs associated with chronic and acute medical conditions, including brain injury, as well as short term and rehabilitation or palliative care. The service also provides respite care. Accommodation for people is arranged over three floors and five living units. The building is purpose built for people living with disabilities and complex health needs. There was a well maintained garden that provided a safe, accessible areas for people to enjoy. There were 57 people living or staying at the service at the time of the inspection.

At our last inspection we rated the service good. At this inspection we found significant improvments and the evidence supported the rating of outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This is why this inspection report has been written in a shorter format.

Why the service is rated Outstanding

People were protected from potential abuse and avoidable harm by staff who were knowledgeable about recognising and reporting different signs of abuse.

There were enough appropriately qualified staff available on each shift to ensure people were cared and supported safely.

Risks to people were well managed and medicines were managed effectively. People were protected by the prevention and control of infection.
There was a system in place to review and learn from incidents when things went wrong.

Staff received training to meet the individual complex needs of people. People told us staff were skilled and well trained. Staff told us they felt well supported to carry out their roles and told us everyone worked very well together as a team for the benefit of the people living at Branksome Park Care Centre.

People's needs were fully assessed and they had access to the specialist health care professionals who worked closely with the staff at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to nutritious, home cooked food that they enjoyed and were given choice in their menu selections.

People's independence and wellbeing was enhanced by the environment of the home.

There was an open, friendly and homely atmosphere. People and staff were relaxed and comfortable with each other. People were supported with kindness and compassion by staff who knew them and understood the care they needed.

There were processes in place to ensure people did not experience discrimination in relation to their care and support. People were treated with dignity and respect and were supported to make their own choices.

People received outstanding personalised care and support and in the ways they preferred. Staff took the time to get to know people and their life and social histories so they could truly understand their experiences. People's needs and preferences were consistently assessed or planned for and met.

The responsive care and support people received had an extremely positive impact on their and their families lives. People and their representatives were actively involved in developing and contributing to their care plans.

There was an emphasis on personalise meaningful activity that was based on people's interests and experiences. People took part in individual and group activities and events both at Branksome Park Care Centre and in the local community.

Complaints and concerns were encouraged and seen by the provider and registered manager as part of driving improvement.

The service was led by an innovative stable management team that was approachable and respected by the people, relatives, professionals and staff. People, their relatives and staff were consulted in all aspects of the service and involved in their care and support. The service worked collaboratively with other professionals to improve and develop services that impacted on both people living and using the service and in the community.

There was a robust programme of quality checks and audits to ensure the quality of the service was maintained.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good** ●
Is the service effective? The service remains Good	**Good** ●
Is the service caring? The service remains Good	**Good** ●
Is the service responsive? The service has improved to Outstanding	**Outstanding** ☆
Is the service well-led? The service has improved to Outstanding	**Outstanding** ☆

Branksome Park Care Centre

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 checked 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.

This comprehensive inspection took place on 16 and 17 August 2018 and was unannounced. There were two inspectors one of whom was a pharmacy inspector, a nursing specialist advisor and an expert by experience, whose expertise was a user of services, in the inspection team on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. There was an inspector and an assistant inspector on the second day.

We met and spoke with most of the 57 people living or staying at Branksome Park Care Centre. Because some people were living with complex health conditions that meant they were not able to communicate verbally we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with five visitors and relatives. We also spoke with the registered manager, provider, operation and HR managers, medicines manager and 11 staff. The staff spoken with included nursing staff, care staff, and ancillary staff.

We looked at four people's care, health and support records and care monitoring records in detail and samples of monitoring records such as food and fluid monitoring and mattress checks. We looked at people's medication administration records and documents about how the service was managed. These included four staff recruitment files and the staff training records, audits, meeting minutes, maintenance records and quality assurance records.

Before our inspection, we reviewed all the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at

least once annually to give some key information about the service, what the service does well and improvements they plan to make.
We contacted commissioners prior to the inspection and sought the views of professionals involved in the service following the inspection. We received email feedback from the local safeguarding team, 13 health and social care professionals and commissioners.

Good

Is the service safe?

Our findings

People told us they felt safe and this was supported by the relatives we spoke with. People freely approached staff and chatted and communicated with them in a relaxed and friendly way. When asked if they felt safe one person replied, "Yes, I'm safe here I have no concerns at all'', a second person said, "I've been in other homes and this one is very good people are safe here" and another person communicated via their eye pointing communication aid that they felt safe. A relative told us, "I do feel he is safe here. It is a nice safe environment and I don't have to worry about him being looked after".

Staff spoke knowledgeably about identifying potential signs of abuse and there was clear guidance available for people and staff to follow if they needed to contact the local safeguarding team.

Risks to people and the service were well managed so that people were protected and their wishes supported and respected. People had their health and care needs assessed for areas of risk such as falls, moving and handling, nutrition, and pressure area care. Where risks had been identified for people, records were detailed and gave staff clear guidance on how to ensure people received safe, effective care that was appropriate for their health needs.

There was also a focus on positive risk taking at the service. For example, one person was at risk from making some decisions whilst out in the community that could potential harm them. The service recognised the person had the capacity to make these decisions and they worked with the person to devise strategies to minimise the risk. These included staff accompanying the person to the local shops on a twice daily basis.

The provider had a system in place to ensure the premises were maintained safely. Up to date service and maintenance certificates and records relating to fire, electric, gas, water systems, lifts and hoists were available. A full water system check including legionella testing had been completed, which showed the premises were free from legionella. Legionella is a water borne bacteria that can be harmful to people's health.

There were enough staff employed to meet people's needs. Staffing levels were based on each person's individual assessed needs. Some people were supported on a one to one basis. People, visitors and staff told us the staffing levels were good. Staff said that if people's needs changed and they needed more staff support, the registered manager and provider immediately ensured this happened.

There was a core of staff working at the service who had worked there for a long time so they knew people well. This was supported by feedback from relatives and visitors. One person said, "I have a regular staff team that look after me which is good because I am young and I am very lucky". The core staff team was supported by regular agency staff. Wherever possible the same agency staff were used to support people who needed one to one support so they had consistent support. Regular agency staff had the opportunity to attend staffing training so they had the skills to meet the complex needs of people living at the service.

People received their medicines in a safe way. Nurses recorded when medicines were given on people's Medicine Administration Record (MAR). A sample of 12 people's MARs showed that people were given their medicines correctly in the way prescribed for them. Creams and other externally applied preparations were recorded on separate MAR with body maps and guidance for care staff on how to apply these correctly. Some medicines were prescribed to be given 'when required', and protocols were available to guide staff on when it would be appropriate to give doses of these medicines for each person.

Medicines were kept securely in locked cabinets in each room. People could look after their own medicines if they wished. We saw a risk assessment for one person to show it had been assessed as safe for them to do this.

There was a policy for the use of some non-prescription medicines which were available so that staff could respond to minor symptoms in a timely way.

One person was receiving covert medication (disguised in food or drink without their knowledge or consent). Policies and procedures were followed to make sure that their mental capacity had been assessed. A 'best interest' decision was recorded with the involvement of healthcare professionals and family members. Pharmacy advice had also been recorded on the best way to administer these medicines safely.

There were suitable arrangements for ordering, receiving, storing and disposal of medicines. Storage temperatures were monitored in the medicines refrigerators to make sure that medicines would be safe and effective. The medicines manager, whose role was to manage all aspects of medicines management at the service, had noted that two of the rooms where medicines requiring extra security were kept had felt very warm. They had ordered thermometers so that the temperatures could be monitored to make sure they were suitable for storing these medicines.

There were policies and information available to guide nurses on looking after medicines appropriately. A system of updated training and competency assessments was in place to make sure they gave medicines safely. Regular medicines audits were completed by the medicines manager and we saw that any issues were reported and followed up to help prevent them happening again. On the day of our inspection a discrepancy in the level of one medicine was reported and was being investigated and followed up appropriately.

On the first day of the inspection some people's records had not been completed as care, treatment and support happened. We fed this back to the registered manager who took immediate action and introduced a twice daily check of people's monitoring records by the second day of inspection. The registered manager informed us they planned to introduce an electronic care planning and recording system within the next year. They anticipated this would reduce the risks of ongoing monitoring records not being completed as staff would complete the electronic records as they supported people.

Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable. However, information declared by one staff member had not been followed up with a previous employer. The provider immediately followed up this information to make sure the staff member was suitable to work with people.

The infection prevention lead staff member spoke knowledgeably about the importance of infection control

and how to avoid cross contamination. All staff were trained in infection prevention and there were robust monitoring systems in place. We observed staff wore their personnel protective equipment when it was appropriate to do so.

There was a system in place to record and review any incidents and accidents that took place. Incidents were discussed at team meetings and an open approach taken to learn from incidents to enable pre-emptive action to be taken to reduce the risk of reoccurrence.

Good

Is the service effective?

Our findings

People's needs were fully assessed and care plans reflected their current needs. People's care plans were reviewed when their care needs changed. People were involved in and consulted about their care, support and treatment.

We discussed equality, diversity and human rights with staff and the manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. People's assessments detailed all aspects of their needs including characteristics identified under the Equality Act such as the awareness of the needs of people who identified as Lesbian, Gay, Bisexual, Transgender (LGBT). This made sure the service was able to meet their care, health and support and cultural needs and provide them with individualised care.

People were cared for by staff who had been effectively trained and received on going refresher training. People and visitors spoke positively about the skills of the staff. One person said, "Yes they are trained well. They are brilliant and I feel safe here" and a relative told us, "My father has a regular well trained team of carers I have yet to meet a member of staff that won't go the extra mile."

The training systems had been reviewed and staff were required to complete specific training so they could effectively meet the specialist needs of people. In addition to training such as safeguarding adults, infection control and health and safety, staff told us and records showed they were also supported to undertake specialised training such as tracheostomy, PEG feeding, and syringe drivers. Staff were also trained to meet the specific needs of any people they cared for on a one to one basis. Staff champions led and delivered training events on to diversity, dignity and rights. People were involved in delivering these training sessions to staff. For example, two people delivered sessions on dignity and what it was like to be cared for and live at Branksome Park Care Centre. The registered manager told us this closed the gap between theory and practice.
Training was tailored to individual staff's learning styles. For example, one staff member had a buddy to support them with reading information. Another staff member had one to one training as they felt they would need extended time to complete the assessments.

External training was available to staff who had a passion about a subject, such as end of life care and the MCA. Many registered nurses were qualified mentors for student nurses.

Staff told us they were very supported and received regular supervisions and annual appraisals. They told us there was a positive focus on learning and development. This was also supported by the student nursing placements offered at the service.

Overall most people told us they liked the food and meal choices on offer. They said they were always offered an alternative if they didn't like what was on the menu. In addition to the main menu there was a call order menu and a vegetarian menu for people to choose from. There was also a weekly delivery from a supermarket where people could place orders for personal items such as fizzy drinks and snacks. One

person said, "The food is brilliant here and we have a choice of food. The staff are always asking if I would like a drink". People's cultural food preferences were met. For example, one person ordered their meals directly from an Indian foods supplier.

On the first day of the inspection some people had mixed experiences during the mealtime, including some delays in being supported to eat their meal. We discussed this with the registered manager and they explained that this had been because somebody was admitted at lunchtime. People's experiences were greatly improved on the second day of the inspection. The registered manager told us following our feedback they planned to periodically observe mealtimes to monitor and review the quality of peoples' experiences.

People's care records reflected their daily totals of food and fluid eaten and drunk. This made sure staff were aware of how much people had eaten and drank and minimised the risks malnutrition and dehydration. Where people were at risk of weight gain or loss their weight was monitored with their consent.

The service and its staff were committed to working collaboratively and had good links with health and social care professionals. For example, the service worked closely with a specialist brain injury service to meet the complex health and social care needs of people who lived at or used the service. We received positive feedback about the service from all 13 health and social care professionals we contacted.

People spoke highly of the skills of staff and the health care they received. One person told us, "Staff know me really well here and pickup on when I'm not well even before I know I'm not well. Yesterday they noticed I wasn't well and called a doctor straight away"

There were robust systems in place to monitor people's on-going health needs. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. People and staff told us that the service regularly liaised with a range of health professionals such as, specialist condition consultants, speech and language therapists, opticians, podiatrists, occupational therapists, physiotherapists, specialist condition nurses and GP's to assess and meet peoples' needs, records we reviewed and the feedback from these professionals supported this.

The building was purpose built to meet the needs of people with complex health conditions and who may also use wheelchairs. People had personalised their bedrooms and they were decorated as they wished. The bedrooms were spacious and people could use any equipment and move around their bedrooms freely. This included overhead hoists and standing equipment. There were also specialist shower and bathing facilities with adjustable height sinks and shower trolleys. There were eight bedrooms with extra wide doors and specialist beds and equipment for people with bariatric needs. There was a physiotherapy gym that was also used by community physiotherapist and members of the local community. Each living unit had a lounge and kitchenette area with specialist occupational therapy equipment so people could prepare and make their own drinks and snacks safely and independently.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Dols had been applied for appropriately and the service was working within the principles of the MCA.

Staff showed a good understanding of people's capacity to consent to their care and support and the choices they could make each day. Staff told us how people were always offered choice and encouraged to

be as independent as possible. People told us their consent was sought and they were involved in decisions making. Where best interests decisions were required these were always the least restrictive option and were made in consultation with relevant parties.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. The 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.

Good

Is the service caring?

Our findings

People and relatives told us and we saw staff were caring and attentive. Comments from people and relatives about staff included; "All the staff go the extra mile" and "I am extremely happy with all the staff here and can't praise them highly enough right down to the cleaners". A relative told us, "As a mother I have to take a step back but I am his mum and with his permission I am involved with all aspects of his care. I am very protective of him but I feel I can step back and feel confident that he is being looked after well. The staff all go the extra mile so yes I would recommend it [Branksome Park Care Centre] to other people".

Staff were very caring, compassionate and positive about people and their families and visitors. Staff had a genuine interest in the wellbeing of people. They checked with people how they were feeling and if there was anything they needed. We saw affection between people and the staff. There were lots of smiles and laughter between people and staff.

Staff told us they also felt very cared for by the management team and provider. One staff told us, "I love my job and we get such great support", and another said, "It's like a big family".

People told us they were actively involved in making decisions about their lives and care and treatment. Comments included; "They run through it with me and if they think there is anything that wants changing they discuss it with me" and "We sit down and discuss it and it then goes to be typed up. If there is anything I think needs to be changed then we talk about it".
People had access to advocacy services. There were positive outcomes for people where advocates were a link between the provider and commissioners. This meant two people were able to stay at Branksome Park Care Centre in their best interests.

Staff were aware of the importance in respecting people's rights to privacy and dignity. People told us staff always respected their privacy and dignity and comments included, "They draw the curtains and close the door whenever they do any aspect of care for me and they knock on the door even if it is open" and "They have more respect for me than I have".
There was a keyworker system where a named member of staff was allocated to each person. The registered manager told us this system had evolved to include a dedicated time at handover so that keyworkers could inform other staff on shift when people need extra support to meet their emotional, cognitive and physical well being needs. They updated other staff about any changes or shared new information about the person and their families. Keyworkers were also fundamental in supporting people emotionally. For example, key workers understood that the daily phone call/face time to a loved one was central to people's day, and key workers ensure that this happened for people regardless of if they were on shift or not.

People told us their families and friends were able to visit at any time and described staff as very welcoming. Families were able to stay overnight with people if they wanted. One person said, "My visitors are welcome anytime. Continuity of staff helps me with my anxiety. It feels like home and they allow you to try to do what you can". Another person told us, "They have wifi here so I can Facetime them and family and I also use Messenger."

Outstanding ☆

Is the service responsive?

Our findings

Feedback from people, relatives and professionals told us the service people received was very person centred. People's needs were fully assessed and care plans reflected their current needs. The plans were developed with and the care and support was directed by people. One person said about their care planning, "I will tell them what I want and they listen to what I say. They make me feel very involved".

People and their relatives told us they were fully involved and kept up to date about important matters that related to people's care and support. Comments from two people's relatives included; "I am involved in all his meetings with his [person's] consent" and "Yes we are very involved in his care planning and the staff let us participate in his care as well".

Staff were very observant, attentive to people and knew everyone very well. There were handovers at the start and end of each shift where staff discussed with staff coming on duty how each person had been that day. Staff told us they were always kept up to date regarding people's changing care needs. This was particularly important because some people had complex ways of communicating and would not always be able to let staff know themselves.

Information about people's personal and social histories and lifestyle preferences were recorded. People told us they had lots of opportunities to be occupied and access the community. There was a weekly programme of activities that was publicised and given to each person. People had been consulted on the types of activities and things they were interested in. They had the opportunity to have one to one time with staff pursuing their preferred activities as well as joining in organised group activities. For example, one person was a musician but their disability meant they were no longer able to play an instrument. The service organised for the Bournemouth Symphony Orchestra to come and play for them. They also arranged for the person to go to performances at a local venue when they were well enough. Another person with complex needs and disabilities wanted to go to a concert in London. Staff researched places in and around London where the person could be safely repositioned and receive personal care so this could happen and their pressure area care was also maintained.

The service was truly responsive and people's preferences were paramount when delivering their care, treatment and support. The service and people were able to give us lots of examples where the service had excelled at their personalised approach to caring for and supporting people's preferences. For example, one person was very self determined and did not wish to use moving and handling equipment in the recommended way. The service employed additional staff to work with person and worked with an occupational therapist and the person to identify and found bespoke equipment that they were happy to use.

A second person had a young school age family. The service set aside a quiet private area where the person could spend time with their children after school so they could do their homework with their parent. The service made the space as much like their home as they could.

A third person, who was cared for in bed and lacked confidence about leaving the home, was able to go to their daughter's wedding. This was because the service procured specialist seating and provided staff support and reassurance for the person and after returning from the wedding the person then felt confident enough to attend the evening reception.

A fourth person was not able to apply their make up in the way they preferred because of their disability. Their key worker learnt how to 'contour' which is a specific way of applying make up, so they could apply the person's make up how they wanted it.

Staff were very skilled at identifying innovative ways of meeting people's diverse needs. For example, one person had a brain injury when they were teenager and was not able to recognise their chronological age and still believed they were a teenager. At times this meant the person could present some significant challenges to others. One staff member found out the person had been learning French at school as a teenager and enjoyed this. The person and the staff member now played French speaking video clips together each morning. The staff member and the person learnt and conversed in French together whilst the person had support with their personal care. Staff and the relative told us at times this could take up to three hours. The person's relative and staff team told us the person was now relaxed, unrushed and calm at a time that had previously had been a challenging for them.

A professional had assessed that a second person's swallow reflex was too unsafe for them to have any oral intake. However, the person wanted to continue going to the pub to have a pint of beer with their family. The person completely understood the risks of chest infections, pneumonia and potential hospital admission but wanted some normality in their life. They said they would rather risk illness and continue to go to the pub for a drink for their emotional well being. So the staff could support the person to do this, they undertook the person's observations on their return to the home and throughout to the following day so they could act quickly if any treatment or intervention was required. The service supported the person with making this decision by involving their consultant, the mental capacity and speech therapy team.

The service met the Accessible Information Standard, which became law in 2016. It requires that people with a disability or sensory loss are given information in a way they can understand and are supported with their communication needs. The service met people's information and communication needs by identifying, recording, flagging, sharing how these needs were to be met in their care plans. Each person's plan detailed how they communicated and what if any aids they needed. For example, some people used electronic communication aids that included eye pointing technology and others used voice control artificial intelligence applications to communicate with others and to control their environment.

People and relatives told us they knew how to complain if they needed to. They all said they had never needed to make a complaint because any concerns or worries were always addressed. There was guidance available informing people how and who to make a complaint to if required. No-one raised any complaints with us during the inspection. Any complaints and concerns were fully investigated in line with the service's complaints procedures. Any learning was shared with staff.

People were consulted and involved in determining any advanced care plans. One person had written their advanced care plan and had detailed their end of life wishes.

The service had achieved a nationally recognised independent training programme that provides training to nursing and care staff who care and support people at the end of their lives. Nursing staff were specifically trained in the use of syringe drivers and the administration of end of life medicines. End of life and palliative care professionals involved with the service gave positive feedback about the service

There was an end of life champion at the service and a 'last days' champion. These staff members were extremely passionate about ensuring that people had a good end of their life. This included supporting both the person and their families. The 'last days' champion told us their roles was to provide comfort, company and to stay with the person and their families so the person did not die alone. The registered manager also gave us examples of how they had met people's specific end of life wishes. This included one person who was admitted to the service for palliative care. Towards the end of their life they wanted to spend as much time as possible in the fresh air and feel the air on their face. Staff took the person outside every day in their profiling bed so their wishes could be met.

Outstanding ☆

Is the service well-led?

Our findings

There was a manager in post who had been registered for three years and had worked at the service in different roles for 18 years. 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.'

The registered manager and provider were fully committed to striving to improve the quality of the service for people. They had worked together over many years. The provider had previously been the registered manager and continued to be passionate about providing a flexible, constantly evolving service that changed to meet the current needs of the people living or staying at the service at any time. They were very proud of how adaptable the building had been to the changing needs of people living in at any one time. For example, a young person had recently moved in and they were able to provide them with a bedroom and a lounge with technology and gaming consoles they needed. There was also sufficient space for the young person's friends to visit without having too much impact on others living at the home. The space had previously been used for a person with very different needs.

There was a positive focus on involving people, relatives, staff and other professionals in the continual development of the service. The registered manager gave us an example of where she had overheard in a visitor's tone of voice that they were unhappy but they had not fed this back to staff. In response, the registered manager developed a new signing in record that included a quick and easily completed satisfaction questionnaire to be filled in at the end of each visit when the visitor signed out. This enabled the registered manager to quickly follow up with visitors any dissatisfaction or concerns they had.

Feedback we received from people, staff, relatives and professionals supported the open and well led culture at the service. Comments from people about the management team included, "I have a good relationship with the managers. Their door is always open if you need to talk to them", and "The manager comes around every day she doesn't always come in for a chat but always says good morning. I could stop her and talk to her if I wanted to". A relative told us the management team always went "above and beyond" what they expected. Comments from professionals included; 'I can safely say that the attitude of management and therefore care staff is second to none', 'I have the feeling that they work as a good team and the culture is healthy and open (having worked/ seen other places where this wasn't the case I think I am sensitive to this), for me this indicates that there must good leadership', and 'When I have offered feedback or asked for things to be done differently they have dealt with my comments openly and have acted upon them.'

The views of people using the service were at the core of quality monitoring. There were regular surveys and monthly 'idea exchange meetings' where people, visitors and the registered manager reviewed and shared ideas for all aspects of the service. People told us they valued these meetings and opportunities even if they chose not to attend. People made decisions together and the management team supported them in this decision making. For example, people were concerned about the impact on the environment of the plastic

medicine pots and straws used at the service.
They researched this and requested that environmentally friendly alternatives be provided which the management team arranged.

The service had also purchased a new accessible vehicle following consultation with people and staff. Following discussions about purchasing a new vehicle at 'ideas exchange' and staff meetings, two people with different styles and sizes of wheelchair offered to try the vehicles out. This meant that the following this consultation the vehicle purchased was suitable for all of the people living at Branksome Park Care Centre.

Staff spoke very highly of the registered manager and provider and how approachable they were. They told us they felt they could raise anything with them and they would be listened to. They said action was always taken in response to anything they raised and there was a no blame and learning culture. This meant they all felt comfortable raising any concerns, incidents, errors or whistleblowing.

The registered manager was innovative in looking at different ways of involving and consulting staff. For example, in addition to staff meetings, handovers and one to one supervision meetings there was a regular breakfast club where staff had the opportunity to spend time with the manager and other staff in a relaxed atmosphere over a complimentary breakfast.

Staff were extremely valued and supported by the registered persons. Staff had the opportunity to work flexibly. For example, staff with health needs and or family commitments had the opportunity to work flexibly by changing their working patterns and work loads. The human resources manager had achieved human resource and learning development qualifications and was the staff welfare champion.

There was an employee of the month scheme whereby an extra day of annual leave was awarded if a staff member had gone above and beyond their role.

There was a display which showed which staff were 'champions' and what subject they were responsible for. The staff champions for oral health, end of life care and infection prevention spoke to us with passion and enthusiasm for their subject matters. They told us how they had all volunteered for and enjoyed their roles. They were able to describe the benefits of having a champion made to people and their lives. For example, the oral health champion had worked with dental health specialists to source and purchase specialist suction toothbrushes for one person with a tracheostomy.

Staff consistently told us about the shared responsibility culture at the service. They said that they all worked together as a team and they were not limited to working within their roles and the focus was always on the person and how best to meet their needs. They were able to give examples of how this worked in practice. For example, if one of the nursing staff was involved with providing treatment to a person and other people on the living unit needed their medicines, nursing or other medicines trained staff from other living units would come and administer the medicines. This meant the nurse could stay with the person who needed treatment.

There were robust quality assurance and audit systems in place that identified any shortfalls and drove improvements. These included weekly and monthly audits and safety checks and where any shortfalls were identified these were acted on. The provider visited the service at least once a week and undertook independent quality assurance checks and met with the management team.

The registered manager acknowledged there were some limitations with their current paper written records and that the language used in the current care planning format was not always person centred. Despite this

people received a highly personalise service. The service was planning to introduce an electronic care planning and recording system within the next year and anticipated they would be able to produce more personalised care plans.

The registered persons had completed an information governance tool kit to improve the governance and quality monitoring systems at the service. Managers had also attended external training to ensure the service's policies were in line with new data protection laws. As a result, the service had invested in updating electronic systems that support email encryption, had a clear desk policy, implemented and communicated privacy notices to make sure people knew how their personal information was protected.

Learning from accidents, concerns and incidents was a key contributor to continuous improvement. All staff told us there was an open, transparent and learning culture of reporting and learning from incidents.

The service was working in partnership with other agencies. They had worked alongside other health professionals and commissioners in the development of a risk assessment tool for people living with contractures.

They were also working closely with the local brain injury team. The service had been asked by the team to provide further rehabilitation for people following their discharge from hospital. They had been doing this over the last year. The initial outcomes for people were very positive with the majority of people moving on to supported living and other people who were ready to leave the service but were waiting for home adaptations or care packages. In addition, the service was working with a team called the named patient programme where people who had sustained a brain injury received intensive support with physiotherapy, occupational therapy, speech therapy and psychology. The aim of this programme was for people to move home and was an alternative to hospital admissions.

The registered persons worked with the finance manager at the local clinical commission group to look at fee rates across care homes. They were instrumental in formulating a pilot scheme looking at care home fees.

The service had achieved a 'Disability Confident' award, which is a government scheme that is designed to recruit and retain disabled people and people with health conditions for their skills and talent.

The service also subscribed to care and nursing journals to make sure they were aware of current thinking and approaches in their specialist field. The service's rating was displayed both in the office and on the website as required.

The registered manager had a good understanding of what notifications they needed to send to CQC. The notifications always included what actions the service had taken in response to any incidents.