Prime Life Limited

Brockshill Woodlands

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

An unannounced inspection took place on 4 April 2016. We returned to the service on 15 April after giving four hour's notice because we wanted to be sure the registered manager would be there.

Brockshill Woodlands is a residential care home that provides care and support for up to 30 older people living with dementia, physical disability and mental health needs. The home has 23 bedrooms, 10 of which have ensuite facilities. There are toilets and bathrooms on each of the two floors. There are two communal lounges and a dining room. At the time of our inspection 15 people were using the service.

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

People using the service were protected from abuse and avoidable harm. Staff understood and practised their responsibilities for keeping people safe. People's care plans included risk assessments which included information for staff about how to support people safely.

There were enough care workers to meet the needs of people using the service. However, care workers were particularly busy in the period from 11.45am to 1.30pm. During that period they served lunches, supported people to have their meals then cleaned the dining room, kitchen and washed cutlery and china. They had much less time to attend to people's needs during that time.

People were supported to have their medicines at the right times. The arrangements for the storage of medicines were safe.

People were supported by staff with the right skills and knowledge. Staff were supported through training and supervision. Staff were aware of their responsibilities under the Mental Capacity Act 2005.

Lunchtime meals are delivered from another home run by the provider. Choice of meals was limited and people were not given an accurate description of the meals that were available. Meals were not served in a way that made them look appetising. A food hygiene inspection by the local authority two weeks before out inspection downgraded the food hygiene rating from `5' to `3'.

People were supported to access health services when they needed those services.

Staff were kind and caring. We saw staff being attentive to people's needs and ensuring their comfort. Staff supported people with their privacy and dignity. We also saw examples of staff being well intentioned but not as skilful as other staff. We brought this to the attention of the registered manager who supported the staff to understand how they could improve.

People were involved in decisions about their care and were provided with information about the service and independent advocacy.

People received care that was personalised because the staff understood people's needs and preferences. People were provided with social activities at the home and outside. The registered manager was introducing new and fresh activities for people, including for those living with dementia.

People knew how to make a complaint and raise a concern. They had opportunities to contribute suggestions and ideas at residents meetings. If people wanted to they participated in reviews of their care plans.

The registered manager had a clear aim about what they wanted to achieve for the people using the service. Their aims were supported by staff. People using the service and their relatives expressed confidence in the registered manager.

The registered manager regularly monitored the quality of the service and sought the views of people using the service to identify improvements. Their monitoring activity was verified by the regional director who carried out their own checks and reported findings to the provider's board of directors.

A refurbishment of the premises was expected to take place after an audit of the premises by the provider's estates department. The registered manager had expectations that the refurbished premises would be more `dementia friendly'. We made a recommendation about guidance the provider could refer to about this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were protected from abuse and avoidable harm because staff understood and practised their responsibilities for keeping people safe.

The provider had robust recruitment procedures. Enough care workers were deployed. However, because no kitchen staff were employed care workers were distracted from caring for people at meal times.

Cleaning standards in the kitchen were poor and a food refrigerator had not been properly maintained.

Arrangements for the management of medicines were safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by staff who had the right training, skills and knowledge. Staff were aware of their responsibilities under the Mental Capacity Act 2005.

People enjoyed their meals but the choice of lunchtime meal was limited because of the catering arrangements at the service. Food was not served to look appetising.

People were supported to access health services when they needed them.

Is the service caring?

Good

The service was caring.

People were supported by staff who understood their needs. We saw several examples of staff supporting people with kindness and compassion.

People were involved in decisions about their carer and support.

Staff supported people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received care and support that was centred on their needs.

People participated in social activities at the service and in the community. The registered manager was actively introducing fresh activities that could be enjoyed by people living with dementia.

People using the service and their relatives knew how they could make complaints and raise concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered manager had clear aims about how they wanted the service to develop. Staff understood those aims and supported the registered manager.

Arrangements for the monitoring of the service were not consistently effective. Shortcomings we saw relating to cleaning in the kitchen and food hygiene had not been identified by the provider's monitoring.

Brockshill Woodlands

Detailed findings

Background to this inspection

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

This inspection took place on 4 April 2016 and was unannounced. We returned on 15 April to complete our inspection. We gave four hours' notice of our second visit because we wanted to be sure the registered manager would be available to speak with.

On the first day of the inspection the inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service. Our ExE was experienced in caring for people with dementia and elderly people

Before our inspection we reviewed the information we held about the service. We reviewed all the notification we received from the service in the last 12 months. Notifications are reports that a provider is required by law to make to CQC; they include notifications of deaths and serious injuries. We contacted the local authority who paid for the care of some of the people using the service for their views of the service and whether they had concerns. We also asked the provider to 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.

We spoke with eight people who used the service and a relative of one of those people. We observed how staff interacted with people using the service. We spoke with the registered manager, an area manager and regional director and a health professional who were visiting the service. We spoke with two care workers. We looked at four people's care plans and care records. We looked at two staff recruitment files. We also looked at records relating to the registered manager's and providers records relating to their monitoring of the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People using the service told us they felt safe at Brockshill Woodlands. Reasons people gave for feeling safe were that staff were helpful and that they could always ask staff to assist them. A person told us, "Yes, I do feel safe. I can ask any of the staff and they can help me". Another person told us, "If I have any concerns I know I can ask any staff [about the concerns]".

People felt safe when staff supported them with person care routines and when they used equipment such as hoists. A person told us, "I feel well safe. I do not worry about the hoist, the staff are very good." We saw staff supporting people safely with their mobility.

Staff we spoke with understood their responsibilities for protecting people from abuse. They knew what signs of abuse to look out for, for example a change in a person's mood, behaviour and eating habits. They knew how to report abuse using the provider's incident reporting procedures and they knew they could report concerns directly to the local authority and Care Quality Commission. Staff were also aware of the provider's whistle blowing procedures which they could use to report concerns directly to senior managers without fear of repercussion.

People's care plans included risk assessments of activities associated with their personal care routines and everyday living at Brockshill Woodlands. These contained information for staff about how to support people safely without restricting people's choice. For example, staff supported people to go outside to smoke. If people had an accident, for example a fall, staff reported this using the provider's reporting procedures and the accident was investigated by the registered manager. The cause of accidents was identified and where possible action was taken to reduce the risk of a similar accident happening again by carrying out a fresh risk assessment.

Staff told us they read people's care plans and risk assessments. Two staff we spoke with demonstrated a good knowledge of people's care routines and associated risks. Information about people's care and support, including information about changes in people's circumstances that needed to be monitored, was shared at staff `handover' meetings.

People using the service told us that staff responded quickly when they needed assistance. A person told us, "Staff answer calls quickly day and night." We saw staff respond quickly to people's requests for assistance. However, we also saw one instance where but for our intervention a person may have had an accident. We saw them attempting to walk upstairs using a walking frame. This was witnessed by the visiting area manager who supported the person to get where they wanted to go.
A relative of a person using the service told us, "I come here every day and there are enough staff. On some days there are only three and the manager helps". The registered manager told us they were able to arrange for additional staff to be on duty if they felt it was necessary or if a person's level of dependency increased. They told us they were supported in that regard by the provider's human resources department.

During the day, four staff were on duty. They were supervised and assisted by the registered manager to

support people with their personal care and daily support. That was enough staff to meet people needs without people waiting an unduly long time for support. On the day of our inspection the registered manager supported people with their medicines. At night time, two staff were on duty. Staff we spoke with felt that enough staff were on duty most of the time. A care worker told us, "It's very rare that we have less than five staff working." However, as demonstrated by the instance where we had to make an intervention, staff were not always on hand to protect a person from a potential accident.

People using the service told us they felt that care workers had a lot to do. Relatives also told us that. One added, "It would be nice to have more staff. I think my mother is looked after, but those who are not as needy might be missing out because of this." Another relative told us, "It would be good if there were was some more staff, it would be better for everyone if there were more". We observed that care workers were busy attending to several people's needs at the same time.

Care workers were particularly very busy from 11.45am when they began to support people to get ready for lunch until 1.30 by which time people had finished their lunch. One care worker was particularly busy asking people what they wanted for lunch and then making up plates of meals that they and other staff took to people. They and another care worker then collected plates to prepare them for washing. They were engaged in those duties because the provider did not employ kitchen staff to carry out those tasks. This effectively reduced by a half the number of staff who were available to respond to people's personal care needs between 11.45 and 1.30pm. This mattered because there was a person who required the support of two staff with their mobility which further reduced the number of staff able to respond to people's needs. Staff we spoke with told us that they felt they and people using the service would benefit if a kitchen assistant was engaged to serve meals and manage the kitchen. One told us, "We would benefit from having a kitchen assistant." We found that the presence of a kitchen assistant would at least have meant there was a single person with responsibility for keeping the kitchen clean and reducing the burden of kitchen cleaning and food serving duties on care workers. A survey carried out by the provider shortly before our inspection resulted in an action plan that included a note `More staff. The management to do a needs assessment and see ratio of staff is accurate'. The registered manager had submitted an assessment to the provider's human resources department in January 2016.

The provider's recruitment procedures included all of the required pre-employment checks. These included identity checks, two references and Disclosure Barring Scheme (DBS) checks. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. We looked at two staff recruitment files and we found that the provider's procedures were followed.

People were supported to take their medicines on time. Only staff who were trained in safe management of medicines supported people with their medicines. Their competence to continue to support people with their medicines was assessed by the registered manager every six months. We saw part of a `medicines' round. The person supporting people explained what the medicines were for and handed the medicines to the person then observed whether the person took the medicines. Accurate records of medicines were kept. These showed the right medicines were given at the right times. A relative of a person using the service told us, "[Person using service] knows what his medicines are for. The staff tell him."

Medicines were safely and securely stored. This included ensuring the medicines were stored at the correct temperatures.

The responsibility for keeping the kitchen clean was assigned to care workers. Cleaning standards in the kitchen were poor. For example, a deep fat fryer had cooking oil over the surface and the cooking oil inside was at least three days old. The door to the kitchen was dirty around the area of the door handle. A work

surface had two broken areas, one the size of a two pound coin and one smaller that could harbour bacteria.

Shelves in a cupboard where cereals were stored had opened boxes of cereal and loose scattered cereals on the shelves which could attract pest infestation. We brought this to the attention of the area manager who told us that plastic containers for cereals had been ordered before our inspection. The cupboard shelves were cleared of the spilled cereal.

A refrigerator where food was kept had a door that didn't close properly. The temperature reading on an external LED was 8 degrees, but when the temperature inside the refrigerator was checked with a thermometer the reading was 23 degrees. This showed that the refrigerator was not working properly. Staff we spoke with suspected the refrigerator had been faulty for a time but it wasn't until we instructed that a maintenance person was called out that any action was taken.

We inspected food items in the refrigerator. We found food items that were past a use by date or not at the right temperature. Had it not been for our intervention people may have been given food that was unfit for consumption. After we brought these matters to the registered manager the food items were removed and disposed of.

The local authority had carried out a food hygiene inspection at Brockshill Woodlands on 14 March 2016. We spoke with the inspector who told us they had verbally reported a fault with the refrigerator on the day of their inspection. That meant no action had been taken for over two weeks to repair the refrigerator. When the service was last inspected by food hygiene inspector it received the highest rating, a `5', for food hygiene. The rating in March 2016 was 3. This showed that the standards of food hygiene at the service had fallen.

The registered manager and area manager told us that an entirely new kitchen was to be fitted in on 23 May 2016. All the cleaning defects were addressed.

Requires Improvement

Is the service effective?

Our findings

People were supported with their nutritional needs. People told us they enjoyed their meals. A person told us, "The food is usually nice here" and another person told us, The food is very good here". A relative of another person told us, "The food is alright, oh yes". Two people told us they were looking forward to their lunch.

People's care plans included information about what foods and drinks they liked. No person using the service had complex nutritional needs. People who required or wanted to lose or gain weight were supported to do so. They were weighed monthly and advised about their progress they made towards their preferred weight.

People had a choice of what they had at breakfast. However, a person told us, "You can choose what you want for breakfast. They had run out of my favourite this morning. I expect they will have it back tomorrow morning".

Lunchtime meals were not prepared at the home but were delivered ready cooked and hot. The service had equipment to maintain the temperature of the lunch time meal which included a desert. Staff were trained in food prep and hygiene. Each day people had a choice of soup, two contrasting hot meals and desert at lunch time.

In the dining room one person was served soup in a bowl but had to ask for a spoon to eat it. The other 10 people in the dining room were served soup in tea cups. We saw two people using knives and forks to try and finish what was left of the soup in their cups.

We found that the way people were offered a choice of meal at lunchtime was not informative. On the day of our inspection people had soup, and a choice of vegetarian lasagne or roast chicken dinner, both with potatoes and three cooked vegetables. After people were seated where they wanted to have their lunch, either in the dining room or in a lounge, they were asked what they wanted. We saw and heard care workers ask people if they wanted `lasagne' or `a chicken dinner'. No mention of the potatoes or vegetables was made. When a person asked what lasagne was a care worker responded "it's like pasta". People were not told the lasagne was vegetarian. Another person asked if the chicken was `on the bone' staff didn't know. People who chose chicken had it served with the potatoes and vegetables.

The food that was served onto plates in the kitchen did not look appetising. The chicken had been delivered as two whole roast chickens which looked very presentable, but it was broken up by staff. Only the chicken breast meat was put onto plates. A person told us, "I did enjoy lunch but I'm not sure what it was". A person who was served chicken tried it and said, "Oh, it's all dry". They were offered an alternative of fresh salad which they enjoyed. A person who didn't want either of the choices was offered scrambled egg, but they did not eat that. Two people left most of their meal on their plates.

Our observations were that the lunch time experience was not enjoyable as it might have been had people

been offered an informed choice with a clear explanation of what the main meals were. The way the chicken was served onto plates did not make it look appetising. The amount of food uneaten suggested that people had not enjoyed their meals. The amount of food left was not recorded to monitor trends that could inform the provider about the suitability of the catering arrangements for Brockshill Woodlands.

People did not know what meals were planned for later in the day. A person told us, "I don't know what's for tea until they bring it but it's usually okay". People told us they usually had tea and biscuits. The registered manager told us that the care workers made sandwiches for people and would, if requested make hot snacks such as fried egg with chips.

An entirely new kitchen was due to be fitted at the end of April 2016, however the registered manager understood that the existing catering arrangements would continue. Staff would have better facilities to makes hot snacks but the main lunch-time meals would still be prepared off-site and delivered.

People who required support with eating their meal were supported. Staff supported people to eat their meal at their own pace, though we saw one rush a person to finish a drink. They lifted a cup towards the person's mouth despite the person saying "no" and only stopped when the person turned their face away.

Although staff had received training in food hygiene we did not see that well practised on the day of our inspection. The trays contained the vegetarian lasagne and roast chicken were placed immediately beside each other when meals were served onto plates. Pieces of chicken flew into the lasagne. We were told that happened after the person wanting a vegetarian meal had been served but another person may have requested the lasagne later.

People were provided with drinks of their choice throughout the day. Whilst we were in the kitchen our attention was drawn to a flask that had been returned to the kitchen. It was heavily stained at the spout. When we opened it we saw it was half full of tea with at least six tea bags in it. This meant that tea had stewed whilst it was being served. We asked why the tea hadn't been `brewed' then poured into a flask so it would be consistent. Staff told us that was what should have happened.

People were supported by staff who had the necessary skills and knowledge about their needs, apart from serving of food and drink. People using the service did not comment about staff skills, but they told us that staff were "nice" and a person told us "The staff are very good". A relative told us, "Oh yes, the staff are well trained".

Care workers we spoke with told us they felt well trained and that their training had prepared them to care for and support the people using the service. One told us, "I get all the training I can. The `virtual dementia' training was really good. It helped me understand more about dementia". The `virtual dementia' training was training that allowed participants to experience what it was like to be elderly with limited mobility and sensory abilities. Care workers told us they felt supported by the registered manager through one to one supervision meetings. They told us they received regular feedback about their performance. One told us they felt valued after receiving feedback about how well they had done at a training event and about their care practice. We saw from records that staff had regular supervision meetings. The registered manager maintained a training plan and supervision schedule to ensure that care workers received the training and support they needed. A care worker told us, "I have a supervision every month but I know I can discuss things with the manager at any time".

Providers are required by regulation to induct, support and train their staff appropriately. In our guidance for providers we expect them to demonstrate that staff have, or are working towards, the skills set out in the

Care Certificate, as the benchmark for staff induction. The Care Certificate was introduced in April 2015. It covers 15 standards of care, each covered by a learning module. The provider enrolled three new staff to the Care Certificate. At the time of our inspection they were progressing through the modules.

The Mental Capacity Act (MCA) 2005 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 who lack mental capacity 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager had made 13 applications for DoLS. Those applications were appropriately made because people lacked the mental capacity to make certain decisions, for example decisions in relation to personal care that it was in their best interests to receive. Some DoLS applications were made because it was in people's best interests not to leave the premises unescorted. Care workers we spoke with knew which people had DoLS authorisations and why. When we spoke with them they demonstrated awareness of the MCA and DoLS which showed they had retained what they had been taught when they received training in this area.

People using the service were supported with their health needs. On the day of our inspection a health professional was visiting Brockshill Woodlands. They told us they had no concerns about the quality of care people received and that staff followed their advice about monitoring people's health. Care plans we looked at contained evidence that people were supported with their health needs. They were supported to attend health appointments and access health services when they needed them. A person told us, "When I took badly the staff arranged for me to go to hospital. I felt much better". This was an example of care workers being alert to changes in a person's condition and responding appropriately by involving the necessary health professionals. A relative of another person told us, "My [person] was suffering with a cough and staff telephoned for the doctor because they noticed the cough had got worse".

A recent survey of people using the service carried out by the provider concluded: `Things we need to work on: Décor.' The registered manager told us that the provider's estates department was scheduled to carry out an audit of the premises at the end of April 2016 as the first stage of a refurbishment of the premises. We asked the registered manager to forward a copy of the completed audit to us. The registered manager had requested that the refurbishment plans include provision to decorate and design parts of the home with the specific needs of people living with dementia in mind. We recommend that the provider refers to guidance about the design of environments for people living with dementia.

Good

Is the service caring?

Our findings

People using the service described the staff as being kind and caring. A person using the service told us, "The staff are very friendly". Another person told us, "Nothing is too much trouble for the staff." A relative of another person said, "They [staff] are all nice and friendly". Five visiting relatives of different people told us that they were always made to feel welcome by staff. One told us, "It is service with a smile here."

The service operated a system of `key workers'. This meant that a care worker focused on the needs of up to three people using the service. The registered manager `matched' a key worker with three people and because they mainly supported the people they were the key worker for it helped staff to develop a good relationship with the person.

The registered manager promoted `dignity in care' at the service. They told us, "I want residents to have a high standard of life". They arranged for staff to attended dignity, equality and diversity training. One of the care workers we spoke with was a `dignity champion'. They told us they tried to encourage colleagues to practice dignity in care through the way they spoke to people using the service and recognising people's diversity and values. The registered manager monitored how care workers practiced dignity in care by observation and sometimes working with care workers.

A care worker told us, "I always try to make this a home my mother or grandmother would be happy in." They told us they did this by understanding about people's lives and experiences and knowing what they liked and disliked. Two care workers we spoke with demonstrated when we spoke with them that they had good knowledge about people using the service. Staff supported people to do things that mattered to them like using the hairdressing salon at Brockshill Woodlands. A person told us, "Yes, it is nice to have a hairdresser; you have to look your best". . A relative told us, "My husband likes gardening, so hopefully in the summer he will be able to get out in the garden." Staff had organised a minibus trip for people as part of a person's birthday celebrations and people's birthdays were remembered by staff.

We saw that a person using the service liked to hold a cuddly toy which we were told was important to them. We observed the toy was a source of comfort to them. The registered manager had made a selection of cuddly and tactile toys available to people. This was good practice that was recognised in guidance about providing people living with dementia with something they could relate to and find comfort in.

A part of the service that the registered manager was seeking to improve was the laundry arrangements and ensuring that people always had their own clothes to wear. This was in response to findings from a survey the provider carried out. A relative of a person using the service told us that it mattered to their mother and that she wore nice clothes. They explained, "One thing I do not like is when I arrive mum is wearing someone else's clothes. We buy her nice clothes because we like her to look nice and sew her name in them all. I think it's the night staff or bank staff who do this [dress people in other's clothes]". The registered manger had introduced additional measures to reduce the risk of people not getting their clothes back from the laundry.

We saw care workers show kindness and compassion when they supported people. When a person showed

signs of distress a care worker offered reassurance and the person became calm. Another care worker later supported the person to walk to their bed room after the person said they wanted to do that. As they supported the person they spoke to them and offered encouragement. The registered manager showed kindness and understanding as they supported a person with a visual impairment to eat their lunch. They used a `clockwise dinner' technique to explain to the person where on the plate food items were. We saw in a person's care records that the registered manager had showed tact and sympathy with a person who was experiencing very difficult private and personal circumstances. This had a positive impact on the person because it helped reduce stress and worry they occasionally experienced.

We saw two care workers supporting people in a well-intentioned way but without tact. One poured a person's drink at exactly the same time as they asked "do you want topping up". They didn't give the person an opportunity to respond. The person didn't finish their drink. They then asked another person "shall I take this [a plate] away" at the same time as taking the plate away, again without giving the person an opportunity to respond. The same care worker noticed that a person's trousers were slipping and they stood behind the person and pulled up their trousers without explaining why or asking the person, though they did this to respect the person's dignity. Another care worker supported the same person for the same reason but did so in a dignified way by offering the person a long cardigan to put on, which they did. We shared our observations with the registered manager who told us they would speak to staff individually and at staff meetings to remind them about putting the training they had about supporting people with dignity into practice. They confirmed on the second day of our inspection that they had spoken to the care workers. On the second day of our inspection we saw the care worker supporting a person with empathy.

People who were able to be involved in decisions about their care were. We saw evidence in people's care records that they had been involved in reviews of their care plan. Most people using the service preferred for their relatives rather then them to be involved in decisions about their care and support and care plans reflected that.

People's privacy was respected. People were supported to the privacy of their bedrooms if they wanted to go to their rooms. People who sat alone engaged in a personal activity like reading or crosswords were not disturbed by care workers. Care workers were present in case people needed support. People were able to use two lounges one of which was a quieter area to spend time away from people if they wanted. A relative told us, "We sit in this room because it is a bit quieter not having a television".

People were supported to be independent. A person with a special armchair had been shown how to adjust the chair's positions using a remote control. They demonstrated to us how they did this. Another person told us they liked to go outside into the garden to smoke and spend that time alone.

Relatives were able to visit Brockshill Woodlands without undue restrictions. A relative told us, "I was told we could come at any time but to telephone first if it was going to be later in the evening". The visitor's signing-in book showed that relatives visited people from early morning to evening.

Good

Is the service responsive?

Our findings

People using the service told us they were pleased with the care and support they experienced. They told us that care workers understood their needs and preferences and supported them the way they wanted to be supported. Visitors of people using the service told us their relatives were well cared for

People received care that met their needs because either they or their relatives were involved in the assessments of their needs when they began to use the service. People's care plans included information about their lives and how they wanted to be supported. Care workers told us they read people's care plans to keep their knowledge about people up to date. After we read a person's care plan we asked two care workers questions about that person. Their answers demonstrated that they knew what the person liked and what was important to them. Their knowledge of people they supported was an important factor in aiding them to provide care that was person centred. A care worker told us, "I like to get to know what makes them [people using the service] laugh."

A relative told us that the care and support their mother received had a positive and beneficial impact on her mother. They told us, "At her previous home she was very agitated and angry but she is so obviously happy now". A reason for that was that care workers put into practice the `virtual dementia' training they had. The relative told us the registered manager had invited them to attend a training course about dementia so that they could understand the condition better.

People's care plans included information about people's care routines and how they wanted to be supported. Each day, care workers made notes of how people were supported. We looked at a selection of those notes and found that they provide reliable assurance that people had been supported with their needs. A care worker told us, "I honestly believe that all people living here get individual care".

A schedule of activities listed a hairdressing and pamper day, a baking day, arts and crafts, exercise to music, a coffee morning, an old-film club and bingo. People told us about activities they participated in. People told us they played bingo once a week and again sometimes on a Saturday. We saw four people participate in a game of bingo, others chose not to. People who participated told us, "It eases the boredom" and "I play bingo. It breaks the boredom." Relatives joined in the game. One told us they sometimes bought prizes to make the game more interesting. People were more enthusiastic about day trips they had been on. A person told us, "We went out on a minibus a few weeks ago. It was good." Another person told us, "We went out to a pub recently and had a good time". Other people preferred activities they could do alone. A person told us they liked sport and that they watched sports programmes in their room. Others watched television, read magazines or socialised with other people using the service and visitors. We saw photographs of other activities people had participated in. These included baking cakes and biscuits, painting and playing games. It was noticeable that relatives participated in activities which enhanced people's enjoyment of them.

Care plans we looked at contained little information about people's hobbies and interests. We saw no evidence of people being supported to maintain their individual hobbies or interests, though one person told us they were looking forward to gardening when the weather was warmer. The activities were mainly

social activities and whilst these supported people to engage with others and protect them from social isolation, not everyone participated. We saw one person leave a lounge when a game of bingo began. They said they'd come back when the game was over.

Ten people using the service lived with dementia, but we saw no evidence of `dementia friendly' activities about which there is plenty of information accessible to providers. The registered manager had recently introduced `memory boxes' which are a recommended means of helping people with dementia to engage in activities that are meaningful to them. The registered manager aimed to make memory boxes a regular activity for people living with dementia. They had also arranged for the service to host a pilot `singing workshop' on March 2016 that was a success.

People who were able to be were involved in monthly reviews of their care plans. Those reviews took place most months and whenever a person's circumstances changed. Reviews were carried out by people's keyworkers. The registered manager was about to pilot a new system whereby relatives were sent letters to invite them to reviews of care plans.

People we spoke with told us they knew they could raise concerns with their keyworker or registered manager. The registered manager offered a `manager's surgery' from 10am to 12noon every Monday they were on duty. The surgeries were available to people using the service, relatives and staff to discuss any concerns or general discussion.

The service had a complaints policy. People could make complaints verbally or in writing to the registered manger or directly to the provider's head office. The procedure explained how complaints would be handled and the time frames involved. The procedure explained who people could take their complaint to if they were not satisfied with the response. One complaint had been received in the last 12 months and it had been responded to in line with the complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with knew who the registered manager was. Relatives told us the registered manager was approachable and someone they had confidence in. One relative told us, "The manager is brilliant".

The registered manager and staff shared the same vision about what the kind of care home they wanted Brockshill Woodlands to be. They wanted it to be a home where their loved ones would be happy to live. That was recognised by a relative of a person using the service who told us, "It's homely here, not clinical". We found that to be the case. The design and layout of the home was comfortable, it had character. It was an old building with many original features intact. However, décor was faded, woodwork around doors was damaged and the whole home was in need of freshening up. This was recognised by the provider. Modernisation of the interior of the building was planned, starting with an entirely new kitchen. The provider's estates manager was due to carry out an audit of the service by late April 2016. The registered manager told us that people using the service were going to be involved in choosing colour schemes and décor.

The registered manager provided people using the service and their relatives with opportunities to develop the service. They organised regular, usually monthly, residents meetings where people and relatives were asked for suggestions about what the service could do better. Nearly all suggestions were about social activities that people wanted organised. People's views were acted upon. Activities people asked for, such as barbeques and day trips were organised. Staff also had opportunities to contribute to the development and improvement of the service. Staff meetings were held regularly. One told us, "The staff meetings give us a chance to meet all the staff who work here. We get feedback about what is happening from the manager and we can make suggestions". Care workers told us they knew about the refurbishment of the kitchen. They were also involved in introducing new activities for people. Some had participated in a pilot of a `singing work shop'.

Staff were encouraged and supported to raise any concerns they had about poor or unsafe practice. They could do that using the provider's incident reporting procedures. They could also use the provider's whistle blowing procedures to raise concerns using a whistle blowing `hotline that connected them to a senior manager. Care workers we spoke with were familiar with both procedures. They told us they were comfortable raising concerns with the registered manager because they had confidence they would be taken seriously.

The registered manager notified the Care Quality Commission of events they were required to report. These included accidents at the service which resulted in people sustaining injuries, incidents between people and people becoming deceased. They had arrangements in place for ensuring that notifications would be made on days they were not on duty.

The provider had procedures for regularly assessing and monitoring the service. These procedures operated at two levels; within the home and at head office level. At local level, the registered manager carried out regular monitoring concerned with the delivery of care. This included monitoring of care plans and care

records and observations of care worker's practice. They also carried out audits including areas such as the quality of care people received, the safety of the environment and infection control. An infection control audit on 29 February 2016 identified that `all opened cereals to be stored in pest proof containers' and an unspecified action concerning `refrigerator temperatures'. Neither of those two things had been implemented by the time of our inspection. Nor had the environmental audits identified and implemented actions to address the things we brought to the registered managers and area manager's attention of the day of our inspection.

At head office level, a Primelife director had carried out regular audits of the home and reported findings to a board of directors. We saw that the director's checks included staffing levels, staff training, delivery of care and safeguarding of people who used the service.

The monitoring procedures included obtaining the views of people using the service and their relatives of their experience of the service. Their feedback was analysed and action plans were developed to implement improvements requested by people.

The preliminary verbal recommendations from a local authority food hygiene inspection not been implemented until after our inspection.

The registered manager had researched dementia and had implemented new and fresh activities for people living with dementia. They enlisted the support of the provider's estates department to make the environment more user friendly for people living with dementia.