

London & West Investments Limited

# Brooklands Nursing & Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 17 October 2017 and was unannounced.

Brooklands Nursing and Residential Home provides residential and nursing care for up to 70 older people. The service is delivered over three floors one of which is dedicated to people living with dementia. At the time of this inspection there were 64 people living in the home. It is purpose built and all floors are serviced with a lift. A number of communal areas are available to those living there as well as an enclosed and accessible garden.

There was a registered manager in post. 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 service had procedures in place that minimised the risk of employing people not suitable to work at Brooklands Nursing and Residential Home. New staff received an induction and spoke of being well supported in their roles. Training was delivered that met the needs of those people who used the service.

Staff morale was good and people benefited from receiving support from staff who were happy in their roles. Staff felt valued, included and listened to. Good team work was evident and this benefited those that used the service. The home was welcoming and friendly and we saw that it ran smoothly and efficiently. There were enough staff to meet people's individual needs.

Care and support was delivered in a professional, considerate and compassionate manner. People's dignity, privacy and confidentiality were maintained and choice was encouraged and supported. Staff understood the importance of ensuring people were in control of their own decisions.

Procedures were in place to help protect people from the risk of abuse. Staff had knowledge of how to prevent, protect and identify potential abuse and all had received training in this. The management team liaised with the local safeguarding team as required and reported concerns, as instructed by law, to CQC.

The risks to individuals had been robustly identified, managed and reviewed and staff had knowledge of these. Risks relating to the environment, equipment and working practices had also been appropriately managed and mitigated. Accidents and incidents were recorded and used to minimise future risk. People received their medicines as the prescriber intended and the service followed good practice guidelines. Medicines records were accurate and complete.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service adhered to the principles of the MCA and the care delivered reflected this.

People received care and support that was individual to them and staff knew their needs and preferences well. Care plans were person centred and demonstrated that people had been involved in the development of them. They considered the person throughout.

People enjoyed the activities the service provided and told us they met their needs. The service had recognised the need for more activities and was recruiting new staff to support this. Staff knew the people they supported well and had built trusting, respectful relationships that used humour as appropriate.

The healthcare professionals we spoke with talked positively about the way the service met people's health and welfare needs. The people who used the service, and their relatives, agreed. People had prompt and appropriate access to health care and the service was proactive and preventative in their approach to this.

People's nutritional needs were met and they had enough to eat and drink. They told us they had choice and that they enjoyed the food provided. The service had recognised the importance of social interaction over food and encouraged and supported this.

The service had a positive and proactive ethos that welcomed suggestions and feedback in order to develop and improve the service. Robust systems were in place to monitor the quality of the service and this contributed to the improvements that people told us had been made in the service. The management team demonstrated an open and progressive attitude towards service development.

People spoke positively about the management of the home. They told us management were approachable, visible and forward thinking. People had confidence in them. Everyone we spoke with told us they would recommend 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.

The risks to people who used the service, and others, had been identified, assessed and managed to help protect people from the risk of harm.

There were enough staff to meet people's needs on an individual basis. However, staff remained busy and did not always have time to sit with people.

People received their medicines safely and as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff felt supported in their roles and encouraged to develop their skills and abilities. The training they had received was in line with that required to meet the needs of people who used the service.

The service adhered to the Mental Capacity Act 2005 (MCA) and staff had a good working knowledge of it.

People's nutritional and healthcare needs were met appropriately, responsively and promptly.

### Is the service caring?

Good ●

The service was caring.

People spoke of staff who were patient, kind and understanding and who knew them, and their needs, well.

Staff understood the importance of maintaining people's dignity and encouraging choice and independence.

People had been involved, and encouraged to be involved, in the planning of their care and their choice was sought at each opportunity.

### **Is the service responsive?**

The service was responsive.

People received person centred care that put them at the heart of care delivery and planning.

The service supported people to engage in activities and social interaction.

People told us that the service encouraged dialogue in regards to suggestions and used complaints to better improve the service people received.

**Good** ●

### **Is the service well-led?**

The service was well-led.

People spoke positively about the management and governance of the home and all said they would recommend it.

Staff were happy in their roles and felt valued. This contributed to communicative, respectful and effective team work which benefited those that lived at the home.

The auditing of the quality of the service was robust and focused on people's experiences in order to make improvements.

**Good** ●

# Brooklands Nursing & Residential 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 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 inspection took place on 17 October 2017 and was unannounced. Three inspectors, one medicines inspector and two expert-by-experiences carried out the inspection visit. 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 we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed 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 also contacted the local authority safeguarding team, the local authority quality assurance team and the clinical commissioning group for their views on the service. Five healthcare professionals were also contacted prior to our inspection for their views on the service.

During our inspection we spoke with 13 people who used the service and four relatives. We also spoke with a visiting healthcare professional. Furthermore, we spoke with the registered manager, one chef, one nurse, two senior care assistants, three care assistants and the staff member responsible for facilitating activities. An agency care worker was also working at the home at the time of the inspection and we also gained their views on the service. We observed the care and support being provided to the people who used the service which included the support provided over lunch time.

We viewed the care records for 10 people who used the service and a sample of medicines administration

record (MAR) charts. We also looked at records in relation to the management of the home. These included the recruitment files for three staff members, staff training records, health and safety documents, quality monitoring audits and minutes from meetings held.

Following our inspection visit, the service provided us with additional documentation within the required timeframe.

# Is the service safe?

## Our findings

People told us they felt safe living at Brooklands Nursing and Residential Home. One person who used the service said, "I feel safe here because there is always someone around to help." Another person told us, "No one has ever been unkind to me." A relative we spoke with said, "I am very comfortable with the way the staff look after [relative]."

All of the staff we spoke with had a good understanding of how to protect, identify and report any safeguarding concerns they may have. They understood their responsibility to report any concerns and knew how to do this both inside, and outside, of their organisation. Staff told us they had called the local authority safeguarding team for advice in the past when an incident occurred that might constitute abuse. We saw that staff had received training in safeguarding adults and we know from the information we hold about this service that incidents have been reported as required.

The service had identified, assessed and managed the risks to people who used the service and these had been regularly reviewed. These included such areas as where people were at risk of developing pressure areas, experiencing falls, behaviour associated with their mental health needs or nutritionally at risk. These were individual to people, considered their independence and gave staff guidance on how to support the person in order to mitigate the risk. For example, for one person living with dementia, the service had recognised that increased noise levels could make them distressed. The care they received considered this and was planned with this in mind giving staff guidance on how to support the person.

The risks associated with the environment and equipment had been identified and managed. Regular maintenance, checks and servicing had taken place and the risk of fire had been managed. This included regular checks on the firefighting equipment and individual evacuation plans for each person who used the service. A business continuity plan was in place that assessed and managed the risks associated with adverse events such as loss of utilities, adverse weather and equipment failure. This helped to ensure that, should any of these events occur, the risk to the continuity of the service provided was mitigated. Other risks associated with such aspects as Legionella bacteria, hot water and working processes had also been identified and reviewed.

Accidents and incidents had been thoroughly recorded and used to mitigate current and subsequent risk in order to manage potential future occurrences. From these we saw that appropriate and timely action had been taken in response. This included such actions as referrals to healthcare professionals, supply of specialised equipment and updating care plans and staff guidance.

Procedures were in place to help reduce the risk of employing staff who were not suitable to support the people who used the service. This included completing Disclosure and Barring Service (DBS) checks (which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups), gaining references and obtaining identification documentation. The three staff records we viewed confirmed that these documents were in place.

At most times there were enough staff to meet people's needs in an individual manner. However, some people explained that staff did not always have extra time to sit with them outside of supporting on a practical level. Some people who used the service also explained that there were some times where they had to wait longer than others for assistance. One person explained that it made them cross when this happened. However, overall, people told us there were generally no issues with staff availability when support was required. One person who used the service told us, "I think there are enough staff, I suppose there could always be more but no, I think there's enough." Whilst another said, "Most of the time there is a good (time) response to my call bell." Another person told us that they had to wait for staff assistance, "A few times each week." Overall, the people who used the service, and their relatives, acknowledged that staff were under pressure and that this would have an impact at times.

All the staff we spoke with regarding staffing levels told us that there were enough on shift to meet people's needs. One staff member told us, "I have time to help people (who use the service) properly." During our inspection visit, we saw that staff were busy throughout the day. We heard call bells sounding regularly however we did not note that any were ringing for an inappropriate amount of time. We did, however, observe that staff remained patient and compassionate and interacted on an individual basis with each person they supported. We did not observe anyone waiting for support or assistance.

A member of the CQC medicines team looked at how the service managed people's medicines and how information in medication records and care notes supported the safe handling of their medicines.

Staff authorised to handle and give people their medicines had received training and had their competence assessed to ensure they managed people's medicines safely. Medicines were stored securely for the protection of people who used the service and at correct temperatures. Records showed people living at the service received their medicines as prescribed. Audits were in place to enable staff to monitor medicine stocks, administration and their records.

Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification, information about known allergies and medicine sensitivities. There were additional records in place for high risk medicines and when people were prescribed skin patches there were also additional records showing they were applied to people's bodies in a rotational manner and also confirming they were later removed before the next patch was applied.

There were person-centred care plans in place about how to give people their medicines. When people were prescribed medicines on a when required basis, there was written information available for most medicines prescribed in this way, but not all, to show staff how and when to give them to people to ensure they were given consistently and appropriately.

For people with limited mental capacity to make decisions about their care or treatment and who would refuse their medicines there were records of assessments of their mental capacity and best interest decisions to give them their medicines crushed and hidden in food or drink (covertly). There was also written information available to show staff how and when to give them their medicines in this way to ensure they were given consistently and appropriately.

## Is the service effective?

### Our findings

The people we spoke with told us that staff had the skills and abilities to provide the support and care they required. One person who used the service told us, "Staff sometimes give you a cuddle, they are lovely. They work long hours but they're never miserable." People spoke of staff who supported them as they wished and in a way that was positive and met their needs. One relative told us how well staff interacted with those that used the service, pointing out that all interactions were, "Appropriate." A healthcare professional told us they had, "Confidence in the abilities of the staff." Another professional who assisted with the delivery of staff training said, "Staff appear happy and positive regarding the training they receive."

The staff we spoke with told us that they had received an induction and the training they needed to perform their roles and meet people's individual needs. They spoke positively about this. One staff member explained the induction they had received which had included orientation of the building and procedures, job shadowing more experienced staff and regular meetings with their line manager and registered manager. This staff member said, "Everybody is there to help me or teach me if I need anything." Another staff member confirmed this and told us, "Training is always very good." A third told us about a year long course they had attended regarding living with dementia and how it had changed their practice. The staff member said, "I learnt a lot. I learnt how to adapt my language more effectively with people who live with dementia."

A healthcare professional who gave us feedback prior to our inspection visit was also positive about the staff's ability to learn. They explained how the registered manager and the keyworker for the person they were working with met with them. This was in order for the healthcare professional to discuss the individual strategies, treatment and approaches needed for the person involved.

Staff told us they felt supported and encouraged in their work. One told us how their confidence had improved since working at the home. They said, "I feel well supported at work, they reassure me and I get to be good at my job." Another explained how, with the support of the registered manager, they had been encouraged to take further qualifications. This staff member told us, "I am very well supported." A third staff member said, "Staff are all very supportive. If ever I need to talk with someone, the registered manager is always there. Always willing to listen."

The records we viewed confirmed staff had received training as deemed necessary by the provider and regular supervisions and support.

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 and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff has received training in MCA and DoLS and demonstrated, through discussion and observation, a good knowledge of its application. They spoke about offering choice, gaining consent and supporting people to make their own decisions. Staff told us they assumed people had capacity unless assessed otherwise and knew that, where people lacked capacity to make decisions, these needed to be made in their best interests.

Records showed that the MCA has been adhered to and that people's capacity had been assessed appropriately and reviewed regularly. Care plans considered the outcomes of these assessments and any decisions made as a result. We saw that appropriate people had been included in making best interest decisions and that this information was recorded. Where people had an authorised DoLS in place we saw that care was delivered in line with this and that conditions were met.

Our observations during the inspection demonstrated that people were in control of the care they received and that staff were supportive in assisting people to make decisions. Our conversations with those who used the service also confirmed this.

All the people we spoke with told us they enjoyed the food served at Brooklands Nursing and Residential Home and gave us examples of how it met their personal preferences. For example, we witnessed a staff member giving a cup only half full to one person. When we queried this the person told us this was how they liked it. We saw another person have food that was not on the menu but that they had requested. A third person who used the service told us, "A staff member arranged for me to have a particular piece of fruit I fancied. I'll say I don't want the crusts on pies and they take this off for me. The choice of food is excellent." This person went on to say that sherry was offered each day and that cheese, biscuits and grapes were available after tea. They concluded, "Anything you ask for you'll get."

We observed lunch throughout the home during our inspection visit. We saw that people could take their lunch where they chose and that they received the individual support they required. We saw that staff adapted their approach to the needs of each person. For example for those people who needed dedicated support this was provided in an interactive and patient manner. For another person we saw that the staff understood and encouraged the person's need for independence but intervened as required to support this wish. We saw that the experience for people using the dining room was positive with staff available and supporting in a pleasant and cheerful manner.

Whilst the information regarding people's nutritional needs contained within the kitchen was not always completely accurate, that held in people's care plans was. We were also confident that staff knew people's needs in relation to this aspect of care. Therefore people received the diets they required or requested. However, the service needs to ensure that all information is accurate to mitigate the risk of people receiving inappropriate diets. This was already mitigated to some extent as the service did not use any agency staff within the kitchen setting. When this was brought to the attention of the registered manager, they actioned this appropriately and in a prompt manner.

People received the healthcare treatment they required and requested and this covered all aspects of their wellbeing. For example, people saw the GP on a weekly basis as required and visiting professionals were available such as chiropodist and dentist. One person who used the service said, "The slightest thing, marks on my elbow for example, they've covered it and recorded it – they'll take a photograph to record how it's

improving and the nurse then comes to see and the (registered) manager comes and checks me too." Another person told us, "A staff member comes with you to outpatients and stays with you all the while, even when I had to see the doctor." This person confirmed this had been their choice.

Records showed that appropriate referrals had been made to healthcare professionals as required and, for all except one, the rationale and outcomes were well recorded. The healthcare professionals who provided us with feedback prior to our inspection were positive about how the service catered for this aspect of people's care. One said, "Brooklands are good at communicating with us regarding people's needs." Another told us that the care provided, in relation to meeting healthcare needs, was, "Very good."

## Is the service caring?

### Our findings

The people who used the service were complimentary about the approach of the staff that supported them. They spoke of staff who supported them with sunny dispositions, patience and kindness.

One person who used the service told us, "Very friendly, always got a smile, they're laughing, singing, cheery – you wouldn't believe it, it's lovely, it really is magnificent." Another person said, "Staff always come in, upbeat and happy." A third person explained, "Staff are very friendly. I can talk to them and they don't get cross. Nobody has ever been short with me." Another person explained that even though staff were busy, they listened to them and met their wishes wherever possible.

People's relatives confirmed that staff demonstrated a compassionate and caring nature. One relative we spoke with gave us an example of how staff had noticed they were feeling low. They told us that staff took the time to speak with them and listened to their feelings. Another told us that they did not worry about the care their family member received as the staff were, "Doing a good job." A third said, "It's not just looking after the person [who used the service], they look after me as well." The healthcare professionals we gained feedback from prior to our inspection agreed. One told us they had always experienced, "A warm welcome" from staff and that this was witnessed with others too. Another described the staff as, "Welcoming and friendly."

During our inspection visit we consistently saw examples of staff's kind, caring and respectful approach to people who used the service and others. We saw that staff were friendly, positive and polite in their work. For example, we overheard a staff member ask a person who used the service how they were as they knew the person had recently been unwell. We saw that the staff member demonstrated a genuine interest in how the person was feeling and interacted in a kind and warm manner. On another occasion we saw a staff member smiling and laughing with a person whilst showing affection. We saw that the person who used the service was relaxed in the staff member's company, encouraged by the interaction and participating in the moment.

Staff demonstrated, through discussions and observations, that they knew the people they supported, and their needs, well. The people who used the service confirmed this by explaining to us the ways in which staff had developed meaningful and caring relationships with them. One staff member told us about the risks associated with one person's care whilst showing empathy and understanding in how this made the person feel. Another staff member explained how important it was to understand the needs, likes and personalities of those they supported in order to see when something was not right with that person. We saw another staff member anticipate a person's needs in order to reduce potential distress and anxiety.

All the people we spoke with told us that staff demonstrated courtesy, maintained their dignity and respected their privacy and personal space. For example, one person who used the service told us how staff had helped them feel more comfortable with receiving help with their personal care. They said, "It's because they are so good when they help me wash." All the people we spoke with told us that staff knocked before entering their room and respected their privacy. We consistently observed this during our inspection. We also noted that, when we were speaking with people in the privacy of their own rooms, staff asked

permission to interrupt and did not assume that the person wished to be disturbed. Throughout our inspection we saw that conversations regarding people and their support needs were held in private and that no confidential information was left unsecured.

Everyone we spoke with were complimentary in how the service supported people to remain independent and encouraged them to make choices. One person who used the service told us, "Staff let us get on with things but I know they're keeping an eye on me too which is good to know." One relative said, "Staff are very good at maintaining [family member's] independence and they (family member) completely trusts the staff." Our observations showed that staff gained people's permission before assisting them and that they worked in a way that put the person in control of their decisions and choices.

People and, where appropriate, their relatives, had been involved in the planning of the care and support they required and wished for. This occurred not only on admission, at regular care plan reviews but also in regards to everyday decisions. One person who used the service told us, "I think some of my health needs are quite complicated and I trust the staff to look after me. I do get involved but I'm happy to leave it to them." One relative explained how the staff had worked with them to find a piece of equipment to better support their family member. They told us, "I am very comfortable with the way the staff look after [family member], they are excellent." The records we viewed confirmed that people, and their relatives as appropriate, had been involved in the planning of their care. Not only as this information was recorded but also due to the level of personalised detail contained within care plans. We also saw that where people chose not to be involved, this again was recorded along with how and when they had been encouraged to participate.

There were no restrictions on visiting times and people's friends and family could visit anytime. They told us they were always made to feel welcome. One relative told us how they had been encouraged to stay overnight and how accommodating the staff had been. They told us, "They brought me blankets, food, drink...so kind." We saw that the home was arranged and furnished in a way that encouraged visitors. For example, there were a number of communal areas with soft furnishings and refreshments available. We saw that visitors were welcomed warmly by the staff and appeared relaxed within the home.

## Is the service responsive?

### Our findings

People spoke of a service that was person centred and keen to ensure people's needs were met on an individual basis. Everyone we spoke with confirmed this. Care plans also showed attention to detail and were individual to each person.

One person who used the service told us they had a bath once a week as this was their choice however they said, "Staff say I can have one every day if I wanted." Another person said, "I wake up naturally and staff bring me my breakfast when I'm ready." A third person told us, "It feels like home." One relative we spoke with told us, "Anything I ask or suggest is taken seriously. If I ask staff to do something in a certain way they put that into [family member's] care plan so it's documented." They went on to give us an example of this that demonstrated the person received a person centred service that had resulted in positive changes for them. Another relative confirmed this in relation to the care their family member received adding, "I feel we are listened to."

We viewed the care and support records for 10 people who used the service although not all in depth. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner and that they remained up to date. We saw that care plans were individual to each person, contained person centred detail that supported people to receive care to their liking and choice and had been reviewed on a regular basis. Care records were stored electronically however staff had easy access to them and that access was controlled. The home had a number of work stations available throughout to support staff in the completion of care records.

Care plans covered all aspects of a person's care and support needs and we saw that all except one was up to date and accurate. Where one failed to be up to date, the registered manager took immediate action to rectify this. We saw that care plans covered areas such as mobility needs, nutrition, health conditions and mental health amongst others. They gave staff detailed information and guidance on how to provide care and support to people and gave consideration to how staff support may make people feel as well as any associated risks. For example, for one person who lived with dementia their care plan clearly explained how this made the person feel which helped staff to have insight and adapt their support as required. It focused on how to make the person feel positive about themselves yet gave staff information on what behaviour the person may display if they became upset or agitated. Information contained within this care plan demonstrated that the service delivered care and support in a way that encouraged confidence and self-worth.

Examples of other person centred care plans included one person who required a specialist diet. Their associated care plan gave detailed information on what this was, food items they should avoid and ways to encourage good nutrition. For a third person who had a sight impairment, their care plan considered this throughout and gave information on what was required to aid this, the consequences of it and what was required to reduce the risk around it. During our inspection we saw that this person had been provided with extra lighting and that their room layout considered their sight impairment. We also noted that their radio had been pre-set to various stations to support them in accessing them independently. We saw that the care

the person received was as recorded in their care plan.

Not all care plans contained people's life stories and histories. However, we concluded, through discussions and observations, that staff knew people well and that this did not have a significant impact on the care and support people received. Those people that used the service also confirmed this. However, we made the registered manager aware of this who told us that this will be actioned.

People were positive about the service's ability to provide social and leisure stimulation. One person spoke about making friends in the home and spending time with them. Another said, "It's not easy as I've got to have a wheelchair but I'm happy, I know when there's a trip out and staff do ask me (if they'd like to go)." When we asked a third person whether the home supported them to maintain their interests and hobbies they replied, "Staff understand what I like." One relative we spoke with told us, "I think the activities that are going on are great." Another relative said, "[Family member] loves the breakfast club and lays the table (to help)."

We saw that a staff member was employed whose responsibility was to facilitate activities and help ensure people's social and leisure needs were met. Up and coming activities information was displayed throughout the home and we saw that the activities provided were varied and took place five days a week. The service had recognised that activities were required seven days a week and were recruiting into an additional post to facilitate this. An activities programme was delivered to each person in the home to ensure they were fully informed on what was taking place and when. In addition, during our inspection, we observed a staff member verbally informing people what was taking place that day.

Activities included a weekly breakfast club where people could socialise over a continental breakfast, afternoon tea, entertainers, pet therapy, films, trips out and musical activities amongst others. During our inspection we saw a number of activities taking place and that people were given the information on what was taking place in order to make an informed choice; people were encouraged to participate. We also saw that the home had areas that encouraged social interaction as well as areas where people could spend time quietly alone.

People told us that they had no complaints or concerns with the service. However, they told us that they were confident in raising any should they have concerns. They spoke of a service that was dedicated to improving standards and that used suggestions to develop the service further. One relative we spoke with told us, "The [registered] manager does not take suggestions as criticism but as a way to improve [family member's] life here."

The service had a complaints policy in place and this was available to people who used the service and visitors. We saw that where the service had received complaints, these had been investigated promptly and appropriately. The associated records we viewed demonstrated that the service had responded fittingly and that they encouraged open and ongoing discussions in response to complaints.

## Is the service well-led?

### Our findings

The management team for Brooklands Nursing and Residential Home were involved, knowledgeable and keen to develop and improve the service further. People spoke positively about the managers and told us they had confidence in them.

The service had a registered manager in post who demonstrated knowledge, accountability and an open approach. From the information we hold about this service, we know that the registered manager understands their responsibilities and has reported incidents as required by law. Through discussion at the time of the inspection and liaison at other times, they demonstrated a clear idea of their role and what that entails. During the inspection they showed an in-depth knowledge of the service and the needs of those people that used it. We saw them visible throughout the home and we saw that both staff and the people who used the service responded positively to them.

All the staff, people who used the service and relatives were complimentary about the registered manager and told us they were proactive within the home. One relative we spoke with said, "[Registered manager] is excellent, they lead by example and I have complete confidence in them." Another relative told us, "I am confident to talk to any member of staff but in particular [registered manager] is very open and encourages our input." A healthcare professional who provided us with feedback prior to our visit explained, "Personally I have found the [registered] manager to be very supportive and able to provide accurate and timely information on people (who used the service) when requested." Another healthcare professional told us, "The [registered] manager is often seen on the floor and integrating with people and the staff team."

Staff were equally as supportive of the management team as others. All told us they felt well supported in their roles, that the management team were approachable and that they felt valued. They spoke of the improvements the registered manager had made since being in post and this was confirmed by others we spoke with. For example, one relative told us, "Without doubt the standard of care is changing for the better. I would have no hesitation in saying, when the time comes for me to go into care, I would be happy to come here if it was like this." Another relative gave as an example of improvements that had been made. They said, "It used to be quiet on the weekends with no administrative staff about. Now they have someone here every day so weekends don't feel much different to any other day."

Staff told us, and our observations confirmed that staff were respectful of each other and worked well as a team. One staff member said, "We're a good team. If we have issues, it gets dealt with straight away." Another told us, "This is the best home I've worked in. [Registered] manager is approachable, all staff work together and the managers work with us on the floor if needed. Everyone helps everyone." A third staff member explained, "We haven't got staff that just do it as a job (their role). People here have a lot in their lives. Things have improved a lot since [registered manager] has been here." An agency staff member described the permanent staff team as, "A good team, very caring and very friendly." A relative we spoke with explained, "They've promoted staff, that actually is brilliant. The promotion of staff has made a huge difference, it shows them they're valued and enables them to shine and support other staff."

Our observations confirmed this. We saw staff work well and seamlessly with each other, liaising and communicating over what was needed to deliver the service. Although the home was busy at the time of our inspection, the staff team remained calm and in control of their responsibilities. The atmosphere of the home was welcoming, warm and friendly but remained professional throughout. A healthcare professional who provided us with feedback prior to our inspection agreed and described the home as having, "A positive work environment." They concluded that both them and their colleagues enjoyed visiting the home because of this.

The culture of the service was one of openness and a willingness to change and develop in order to improve. People spoke of a management team who listened and were always open to suggestions, ideas and comments. Through discussions with the management team and others, observations and viewing records we saw that improvements had been made since our last inspection visit. The people who used the service, and their relatives, told us they had regular opportunities to comment and make suggestions on the service and that these were listened to. One person who used the service said, "I suggested we had a cooked breakfast on a Saturday, as it used to be on a Sunday but it was too much with Sunday dinner, so now they do that." Another person told us, "They have relatives meetings and ones for people who live here. Mostly once a month. I go along and I think they do learn from what people tell them."

The provider also sought feedback on the service via surveys for staff, the people who used the service, visitors and relatives. This took place at the end of each year and the results for 2017 had yet to be received at the time of our inspection but had been sent for completion. The results for 2016 showed an overall positive result with 100% of people who used the service surveyed, and all staff, stating they would recommend the home. Every visitor or relative surveyed described the standard of care as either good (15%), very good (62%) or excellent (23%).

In addition, the provider had a robust quality auditing system in place that monitored the service and actioned any areas of concern. This included checking areas of the service such as care plans, people's weight, pressure areas, catering and falls. The registered manager completed regular audits as did a representative for the provider. We saw that these had all been completed on a regular basis.

All the people we spoke with, those that used the service, relatives and staff, told us that they would recommend the service to others. One person who used the service told us, "I think they do very well, nothing could be improved." Another person said, "I've never looked back (since moving into the home). I took the room and I'm glad I did." One relative explained, "I would struggle to find anything that needs to be improved. I know that however good something is it can always be improved but I really can't think of anything. I am very glad [family member] is here." They continued, "I feel we are able to work with the staff to help improve [family member's] life here and that can only be a good thing."