

HC-One Limited

# Brindley Court

## 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

This inspection took place on 19 June 2017 and was unannounced. Brindley Court is registered to provide accommodation and personal care and treatment of disorder or injury to 52 adults. At the time of our inspection there were 51 people living at the service. Some people were living with dementia.

A comprehensive inspection of the service took place on 23 November 2016 and was unannounced. We found there were breaches of legal requirements and the overall rating for the service was 'Inadequate'. This meant the service was placed in 'special measures'; services in special measures are kept under review. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brindley Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

At this inspection we found the provider had taken action to make the improvements required.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 received support from staff that understood how to safeguard them from abuse and provide care that minimised risks to their safety. People received support from sufficient amounts of staff. The provider followed safe recruitment practices when employing staff.

People were supported by suitably skilled staff that had regular updates to their training. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were given a choice of food and drink and were supported to meet their needs and preferences for food and fluid intake. People were supported to monitor their health and wellbeing and had access to health professionals as required. □

People were supported by staff that cared for them and they had good relationships with staff. People were supported to maintain their independence and were involved in all aspects of their care and support. People were treated with dignity and respect and staff observed their privacy.

People were involved in their assessments and care planning was reviewed regularly. People had access to

activities and could follow their individual interests. People understood how to make a complaint and felt confident these would be addressed.

The registered manager was accessible to people, relatives and staff and everyone we spoke with felt the service was well led. People, relatives and staff felt involved in the service and could share examples of how they had been involved in giving feedback and influencing changes. The registered manager had systems in place to support staff and check the quality of the service people received.

## 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.

People felt safe and staff understood how to safeguard people from harm.

Risks to people's safety had been identified and staff safety assisted them to minimise these risks.

There was sufficient staff to support people safely and at a time of their choosing. We found staff were recruited safely.

People had their medicines administered safely by staff.

### Is the service effective?

Good ●

The service was effective.

People received support from skilled staff that understood their needs and how to meet them.

People's rights were protected by staff that understood the principles of the MCA.

People had choice of food and drinks and were supported to meet their nutritional needs and preferences.

People received support from health professionals when they needed it and were supported to monitor their health by staff.

### Is the service caring?

Good ●

The service was caring.

People had good relationships with staff and they felt staff were caring in their approach.

People were supported to make choices and decisions about their care and were supported by staff that understood how to keep them as independent as possible.

People were supported by staff who treated them with respect and observed their privacy.

### Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences were understood by staff and they were involved in all aspects of planning their care.

Peoples were able to follow their individual interests and were engaged in a range of meaningful activities.

People knew how to make complaints and we found these were investigated and responded to by the registered manager.

### Is the service well-led?

Good ●

The service was well led.

People, relatives and staff all spoke highly of the registered manager who they found they were approachable.

Staff understood their role and responsibilities and felt supported by the management team.

The registered manager had systems in place to check the quality of the service people received and make improvements based on people's feedback. People, relatives and staff felt listened to and involved in the service.

# Brindley Court

## 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 19 June 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We reviewed statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with five people who used the service and eight relatives. We spoke with the registered manager, two nurses, three care staff, one activity coordinator, one domestic and one maintenance man. We also spoke with a visiting manager from another one of the providers locations.

We observed the delivery of care and support provided to people living at the location and their interactions with staff.

We reviewed a range of records about how people received their care and how the service was managed. These included four care records of people who used the service, medicine administration charts, three staff files, to ensure safe recruitment practice, and records relating to the management of the service such as complaints, accident and incident records and quality audits.

# Is the service safe?

## Our findings

At our last comprehensive inspection on 23 November 2016 we judged the service as inadequate as we found that the provider was in breach of Regulation 12, 13 and regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not receiving safe care from sufficient staff and staff were not always taking action to safeguard people from abuse. At this inspection we found that improvements had been made and they were no longer in breach of these regulations.

The provider had made significant improvements and had met the requirements of the law for providing safe care and treatment, safeguarding people from harm and having sufficient staff. There were sufficient staff to meet people's needs and staff were safely recruited. People were supported to manage risks to their safety and were safeguarded from abuse.

People were protected from harm and abuse. People and their relatives told us they felt the staff and the service kept them safe. We asked people if they felt safe, one person said, "I feel safe because there are locks on doors and the staff are available when needed". Another person added, "The staff make me feel fantastically safe". A relative said, "I do not have to worry now my relative is here, they are very safe". Staff could give us examples of what abuse was. They were able to describe how they would recognise signs that may indicate abuse and what they would do to report it. One staff member said, "Staff have been trained and all our observations are recorded, for example any marks are body mapped and reported to the nurse for investigations". Staff told us they would make the manager aware of any safeguarding concerns after first making sure people were safe. Staff also understood they could report incidents to the local authority adult safeguarding team. We saw details on display of how to report matters. We saw records of incidents which had been reported and could see the registered manager took the appropriate action to investigate safeguarding concerns. This meant there were appropriate systems in place to keep people safe from harm and abuse.

People were supported to manage risks to their safety. People and relatives told us staff supported them to manage risks. For example one relative said, "My relative has a specially adapted chair to help keep them safe. The staff always ensure the chair is used". Staff understood the particular risks for individuals and the agreed strategies for keeping people safe. For example, Staff could tell us how they promoted good skin health for one person. One staff member told us "We keep [person's name] hydration levels up and complete weekly skin checks. This is to ensure any areas which could potentially breakdown". Staff we spoke with knew what they had to do to identify risks and to prevent harm as a result of accidents. One staff member told us, [Persons name] can move around without any assistance from us. However, when they start to become a little tired they become more prone to tripping. When we recognise they are sleepy we offer and support with a wheelchair". We saw risk assessments were documented in peoples care and support plans, these were reviewed monthly or sooner if something happened which meant the risks for people had changed. These included risk of falls, diet and nutrition and skin integrity. We saw staff working in accordance with people's risk assessment, for example, when people were moving around the home. We saw one person moving around in a wheel chair independently without using their footplates. We saw a staff member immediately seek permission to place the person's feet on the required footplates. They then

explained the need to do this to prevent their feet becoming trapped. We saw other people being reminded to use their walking aids in order to keep safe from the risks of falling. We saw staff ensuring they followed peoples risk assessments relating to how they had food and drink.

Staff members told us that any breakages or repairs were quickly rectified in order to keep people safe. One staff member talked us through the process when they involve external contractors to complete work. This included using recognised professionals familiar with the location. The maintenance team supervised external contractors. They confirmed they had the necessary permissions before work was completed in individual's rooms or in communal areas.

Staff could explain how to report and record accidents or incidents. Accident and incidents were analysed and appropriate action was taken to reduce the risk of reoccurrence. For example, we saw an accident had taken place which resulted in one person sustaining some bruising, staff had taken action to record this using a body map and ensured appropriate treatment was sought.

People and their relatives told us they thought there were sufficient staff available to support people. One person said, "Yes, there are enough staff, they are all good and keep me cheerful". One relative said, "There is always plenty of staff, they always come if you need them". Staff told us they thought there were enough staff and everyone had their needs met in a timely manner. One staff member said, "I think there are enough staff, on occasions people may wait for a short time, but this is always minimal and explained to the person". Another staff member said, "There are two nurses one on each floor, and carers on each wing, with floating staff, there is enough staff on duty". We saw there were sufficient staff on duty to meet people's needs at the times they needed it. There were staff present in communal areas and some staff were with people outside. This was because it was a very hot day. Additionally people were being supported in communal areas and in their bedrooms depending on their choice. We saw call bells were answered promptly and staff were able to spend time chatting to people, they were not focussed on tasks. We spoke to the registered manager about staffing and they told us staffing had increased since the last inspection. They described how they used a dependency tool to assess the levels of support people needed and determine how many staff were required. We could see this was included in peoples care plans and considered peoples mobility, personal care needs and security and were reviewed on a monthly basis. This showed the registered manager has systems in place to ensure there were sufficient staff to support people.

Staff were recruited safely. We found appropriate pre-employments checks had been carried out prior to staff starting work at the service. Records we looked at indicated staff had completed an application form, attended an interview, had references and Disclosure and Barring Service (DBS) checks completed. DBS checks help employers reduce the risk of employing unsuitable staff. This meant the provider had recruitment systems in place to ensure people employed met the required conditions in order to keep people safe.

People received their medicines safely and as prescribed. People told us they received their medicines from staff and they were always on time. One person said, "The staff make sure I take my medicines, they stay with me until I have taken them". A relative told us, "The staff have to assist [my relative] with medicines, we have never had any problems or errors, they are very safe here". Staff told us they received training to administer medicines and they were checked to ensure they were competent, records we saw confirmed this. One staff member said, "There is training and we have an observed practice by the clinical lead or registered manager, there is a good system in place for managing medicines". We saw medicines were stored safely, for example medicines which required refrigeration or to be in a double locked cabinet were stored safely. We saw people received their medicines at a time they were needed. People were asked if they wanted their tablets and agreement was reached before they were assisted. Where people had medicines on an "as required" basis there were clear instructions for staff on when this should be given. The staff we spoke with understood this this guidance. We saw Medicines Administration Records (MARS) charts were



accurately completed. Where concerns about people's medicines were identified, staff told us how appropriate action was taken to address this and how this would be recorded. There had been no concerns with medicines at the time of the inspection. This showed the registered manager had systems in place to ensure medicine was stored and administered safely with accurate records in place.

# Is the service effective?

## Our findings

At our last comprehensive inspection on 23 November 2016 we judged the service as requires improvement as we found that the provider needed to make improvements to staff training, in particular around the application of the principles of the Mental Capacity Act 2005. We also asked the provider to make improvements to the choice people had at mealtimes. At this inspection we found the provider had made the required improvements.

People were supported by staff who effectively met their needs. People and their relatives told us they felt staff were well trained and understood how to meet their needs. For example, one person told us, "Staff are well trained and they have the skills to support people". A relative told us, "Nurses and staff are well trained". Staff told us they were able to visit the building and be introduced to people before starting their role. They told us they had an induction which included all core training, for example moving and handling and infection control. They told us they worked alongside more experienced members of staff to learn how people liked to be supported and enable them to get to know people. Staff told us they received regular updates to their training and also received training to meet people's specific health needs. For example, one staff member told us, the registered manager identified that a couple of people were displaying autistic tendencies. As a result training has been arranged so that staff can understand people more who are living with Autism. Nurses who are required to revalidate as part of their membership with the Nursing and Midwifery Council (NMC) told us they were being supported by the provider. This included training and support sessions which would evidence their professional development.

We saw staff using appropriate methods of manual handling, food safety and infection control. Records confirmed what staff had told us. The visiting manager told us there were mandatory training identified for staff and records confirmed staff had completed this. The registered manager told us they carried out observations during a walk around; they spent time observing staff to check on how they supported people. For example, with whether call bells were answered promptly, and if care plans were followed. This meant the registered manager could be assured that staff had the skills to carry out their role effectively.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

People were asked for their consent to their care and support. People told us staff always asked their consent, even where they had an established routine. One relative said, "We are involved in making some decisions about my relative, [the person lacked capacity to make some decisions]. For example, we had a discussion about having a bed that lowered to the floor to keep them safe". Staff understood the importance of gaining people's consent before providing support. One staff member said, "I always explain what we need to do and see how they respond. For example, if we need to reposition someone I explain why and ask if this is ok". Staff could describe how they supported people to make choices and decisions. Throughout this inspection we saw people being asked for their permission prior to staff members assisting

them. We found care plans gave guidance to staff on how to seek people's consent. Where people were unable to make decisions we saw an assessment had been carried out to determine if they had capacity to make the decision. Where people lacked capacity decisions had been taken in their best interests. For example, one person had a MCA assessment and a best interests meeting was held. This was to discuss the use of bed rails to keep the person safe during the night.

Staff members could tell us about people that had made a decision not to be resuscitated. Staff explained people had a discrete image on their door name plate indicating whether or not they wished to be resuscitated. We checked these against people's care and support plans and these images reflected people's wishes. We saw that current guidance was followed. The records of decision making showed people and where required their relatives were involved in the decision making. This meant people's rights were protected as staff were applying the principles of the MCA.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications for a DoLS for people that were having their liberty restricted. We saw information was available for staff where a DoLS had been approved. Staff we spoke with were aware of the MCA and authorised DoLS. Staff were able to give us examples of how they assisted people in accordance with the DoLS recommendations. For example, one person subject to a DoLS still attended activities outside of the home and went to the pub with the assistance of staff and family. In another example, one person had to have regular reviews of their DoLS with a local authority assessor. This meant the registered manager applied the principles of the MCA when people were deprived of their liberty.

People and their relatives told us there was a good choice of food and people were supported to ensure their individual needs and preferences were met. One person said, "The staff help me to eat pureed food". A relative told us, "There is a good choice of food offered by staff at meal times". Staff could describe people's needs and preferences with regards to their diet and tell us who needed specialised foods and also who needed assistance with eating. For example, staff told us about one person that had preferences for certain types of drinks, but they told us they always checked with the person what they wanted. Staff could describe the action they took to monitor someone that was at risk of choking. One staff member said, "[Person's name] has to be monitored as they sometimes hold food in their mouth, we have to be careful with fluid intake and make sure the person is alert when they are eating their meals". We saw staff assisting people to eat and adapted their approach in order to promote intake. For example one staff member asked the person if they wanted a smaller spoon so they could eat smaller amounts. They agreed and we saw this person was then able to eat their food easier. Any risks or specific needs associated with people's eating and drinking had been assessed, recorded and there were plans in place to manage these. Staff confirmed they understood these risks and the action to take to keep people safe. We saw people being supported to eat and drink sufficient amounts in order to maintain good health. During this inspection the weather was hot. People had access to cold drinks throughout the day. We saw staff prompting people to have regular drinks to keep themselves hydrated. This meant people had their nutrition and hydration needs met and were supported to make choices about food and drinks.

People's health and wellbeing was promoted by staff. People and their relatives told us staff supported them to monitor their health. For example one person said, "The staff organise the GP for me, I have also just got some new glasses. It is marvellous here". A relative told us, "There is good access to doctors and nurses, last weekend a doctor visited and staff informed us straight away". Staff sought healthcare professional advice where required and we saw they were following advice to promote people's health. For example, one staff member told us, "We saw [person's name] wasn't their usual jolly self. We contacted the GP as we

thought there was a gradual deterioration in their health. The GP completed a review of the medicines and we noticed an improvement". Staff could describe how some people were monitored with their health, for example blood test for one person that was diabetic. We saw records of other health care professionals visiting and giving advice to staff which was followed. These included speech and language therapists, social workers, advocates, dentists and opticians. One person was living with high blood pressure. This was recorded and staff could tell us how they supported them and at what point medical assistance would be required. This meant people had access to support for maintaining their health and wellbeing.

# Is the service caring?

## Our findings

At our last comprehensive inspection on 23 November 2016 we judged the service as requires improvement as we found that the provider was in breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not treated with dignity and respect and were not always supported to make choices. At this inspection we found the provider had taken action and made the required improvements.

People were supported by caring staff. One person told us, "The staff do talk to me and they do listen". Relatives we spoke with confirmed what people told us. One relative said, "Staff here are very caring, for example they use lots of reassuring body language and eye contact which helps [my relative] recognise them and we see them smile and make eye contact". Staff showed they understood people's individual needs and personalities. They spoke about the people they supported with affection and respect. One staff member said, "I make sure I know people, we are here to listen and spend time with people and offer reassurance, like family members would". Staff were observed throughout the day having positive interactions with people. For example one person was asked what they wanted for breakfast. They Replied "A kiss." And then laughed. The staff member kissed them on the cheek and they laughed together. This showed people were responded to positively and treated as if they mattered by those supporting them. In another example, we saw one person become upset after believing they had lost something. The staff member went straight to them and retrieved their item. The staff member stayed with the person and reassured and comforted them.

We saw staff members had name badges that contained a brief statement about what was important to them. We asked staff about this and they explained this was so that it prompted conversation and interaction. One staff member told us, "Often we know all about those we support but they don't know much about us. This is a bit of an imbalance. At least we get time to talk with people and we can share experiences".

People's faith was recorded as part of their care and support plans. As part of people's feedback they had indicated they wanted more regular access to faith services. We saw that the registered manager had taken action to meet people's wishes. This meant people were supported by staff that showed they were caring and people had positive interactions with staff.

People were involved in making day to day choices about their care and support and retain their independence. Relatives told us people were enabled to make choices for themselves, and where appropriate they were involved in supporting staff to make choices on people's behalf. One relative said, "The staff always give people a choice". Staff shared with us examples of how they offered people choices. One staff member said, "I like to treat people as I would want my family treated, it is important to offer people choices all the time". Another staff member said, "Some people choose to sit with specific groups of people that they get on well with, but I always check with them". People were seen during the inspection being empowered to make choices for themselves, including how they spent their time, what they wanted to eat or drink and where they wanted to sit. People and their relatives told us staff encouraged people to remain independent. Staff told us they encouraged people to retain their independence and we saw examples of this during the inspection. For example, people were supported with eating their own meals

and taking drinks. This showed people were supported to live as independently as possible and make choices about their care and support.

People and their relatives told us staff promoted people's rights to privacy and dignity. One person said, "They cover me up when they wash me and all staff knock at my door before entering". One relative told us, "The staff protect peoples dignity, for example they always make sure [my relative] is appropriately dressed and covered". Staff described the need to treat people in a respectful and dignified way. They could give practical examples of how they promoted peoples dignity such as, making sure the door was closed, covering people when carrying out personal care tasks. We saw people were spoken to in a dignified way, staff were discreet when offering personal care and support. We saw staff knocked doors and made sure they addressed people in a respectful manner. People's care records were written in a way that encouraged staff to promote privacy and dignity. They identified for staff where people preferred male or female carers and peoples preferences for personal care. This meant people were treated with respect and supported by staff that recognised the importance of promoting privacy and dignity.

## Is the service responsive?

### Our findings

At our last comprehensive inspection on 23 November 2016 we judged the service as requires improvement as we found that the provider was in breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always receive care that met their needs and preferences. At this inspection we found that improvements had been made and they were no longer in breach of this regulation.

People and their relatives were involved in the assessment of their needs and reviews of their care plans. One person told us, "My relative is involved in reviewing my care plan with me". A relative told us, "We are always involved in looking at the care plan with staff". Staff told us care plans included information about people's preferences and these were reviewed often. One staff member told us, "We use a resident of the day process. This involves a complete review of their care and support needs. Sometimes there is no change which is OK. We talk to the person when we can and if not involve their families". We found staff knew people well and could describe their needs and preferences. For example, staff could tell us about one person that liked to wear their clothes in a particular way. We saw the pre-admission assessment included what people liked and how they wished to be supported. One person indicated that they liked chatting and having an afternoon nap. At this inspection we saw this person engaging in what they liked. We saw people and their relatives had been involved in developing people's care plans. People's preferences were included for example the care plan showed what time the person liked to retire to their room. It also included if they wanted a hot drink on retiring for the evening. We found personal and social histories were contained in people's files. These included what people used to do for a living, where they lived and grew up and things that were important to them. Staff we spoke with could tell us about those they supported and the things that were important to them. This showed us staff understood and were responsive to people's needs for care and support.

People had support from staff to spend time doing things they enjoyed. People told us there was a good range of things going on in the home but they were also supported to follow their own interests. One person said, "I don't really like to do the group activities, but the staff do ask me". Another person said, "I enjoy doing crosswords and knitting". One relative told us, "there is always different activities going on, it's nice to see people outside today". Staff told us they knew what people liked to do with their day, for example they told us about one person that liked to go out shopping, and another that liked to take exercise. We spoke with the activities coordinator and they told us they sought ideas for activities from attending the resident meetings to discuss suggestions. They said they run sessions regularly and ten or more people usually attended. The activities coordinator told us they had spent time in other locations to seek new ideas and had received training about putting on activities. We saw there was an activities plan on display which showed one to one sessions for people, arts and crafts, a film show, and what the papers say. The activities coordinator also told us outings were arranged using the minibuses. We found people's individual hobbies were included in their care plan along with how they liked to spend their leisure time. One person had said they liked to read the local daily newspaper. We saw this person had access to the newspaper of their choice and was able to talk with staff about recent events in their local area. This meant people were supported to spend their time doing things they enjoyed and had social contact with staff and others.

People and their relatives understood how to make a complaint. None of the people or relatives we spoke with had made a complaint. However, they all felt confident that if they did their concerns would be addressed. One relative said, "I would go to the registered manager if I had to complain". Staff told us they would always listen to any concerns and try to see if they could solve it. All concerns would be reported to the senior staff member on duty to see if they could find an immediate resolution. If a solution could not be found complaints would be passed to the registered manager for investigation. People felt comfortable raising any issues that concerned them and they were confident that the registered manager would respond to them. The registered manager had process in place to respond and investigate complaints raised with them. As part of this process we saw the provider referred people onto appropriate agencies that may be best placed to answer their concerns. We also saw outcomes of investigations were provided to people. We saw the registered manager viewed complaints as an opportunity to improve the service. This showed the registered manager had a system in place to investigate complaints and take action to improve the service people received.



## Is the service well-led?

### Our findings

At our last inspection on 23 November 2016 we judged the service as inadequate as we found that the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance. This was because the systems in place to comply with regulations were not always operated adequately to monitor the quality of the service people received. The provider was also in breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (part 4), notification of other incidents. The provider had not notified us of incidents as required by law such safeguards in place to deprive people of their liberty. At this inspection we found that improvements had been made and they were no longer in breach of these regulations.

The provider had made significant improvements and had met the requirements of the law for monitoring the quality of the service and notifying us of significant events.

People were positive about the service they received. One person said, "They do look after me well, I have no worries". Another person said, "I have friends, and the carers are friendly. I feel wanted". People and relatives all spoke highly of the staff team and the registered manager. For example, one relative said, "The registered manager is very good, they always keep us informed". Another relative told us, "We have recommended this place to other people". A further relative said, "When we see people looking round with a view to living here, we always share our thoughts". People and their relatives were positive about the relationships they had with the registered manager and staff. One person told us, "The registered manager is very approachable and we have a chat". A relative told us, "We have very good relationships with all the staff, they are pleasant and chatty and always offer us a drink, it's a real pleasure to come here".

Staff told us they liked working at the service, they said they felt that nothing was ever too much trouble for the registered manager. One staff member said, "The registered manager is very good, they are very approachable and have been really supportive to me". We observed the registered manager was available to people, relatives and staff throughout the inspection and was known to people by name. We saw staff engaged with people and their relatives and these interactions were positive. We saw people smiling and chatting throughout the day. People approached the registered manager throughout the inspection and we found they responded to people well and were knowledgeable about their needs. This showed people were having a positive experience and felt they were able to approach the registered manager and staff.

Staff we spoke with demonstrated a good understanding of their roles and responsibilities and felt supported in their jobs. Staff had regular opportunities to meet as a team and felt they worked well together. Staff members told us that they found the registered manager open and approachable. They felt they had a very good awareness of those who lived at Brindley Court. There was a daily meeting where staff met and discussed any changes with people and any actions that needed to be followed up. Staff we spoke with believed the registered manager had a very good understanding of the day to day activities at the location. One staff member said, "The registered manager is open to suggestions and we feel listened to". Another staff member said, "Suggestions can be discussed, for example staff suggested charts should be in peoples rooms for signatures for topical medicines". Another staff member said, "We have monthly supervisions with

our mentor and regular staff meetings, we are well supported by the nurses and our colleagues". The registered manager told us they held weekly "drop in open door sessions" for staff to discuss anything they needed support with. They also told us staff felt able to make suggestions about how to improve the service. For example, staff has suggested having allocated break times to help them stay organised. The registered managers had introduced this and were monitoring its effectiveness. One staff member told us, "I have confidence that any suggestion made is taken seriously. At the last meeting we spoke about the use of incentives for staff. We will receive feedback at the next meeting." The records we saw supported what we were told. This showed staff felt involved in the service and well supported by the registered manager, nurses and their colleagues.

The registered manager demonstrated a good knowledge of people being supported by the service and of the responsibilities to submit notifications to CQC. We reviewed the notifications we had received and found the registered manager had submitted them in a timely manner. We had detailed notifications such as when serious injuries and safeguarding incidents had occurred.

People and their relatives told us they felt the quality of the service was good. The registered manager told us about the systems in place to monitor the quality of the service people received. They told us about how care plans were audited to ensure they were accurate and up to date and checks were carried out to ensure people had received their care and support. The records we saw supported this. For example, one resident had discussed not having a choice of curtains in their review. The registered manager had resolved this issue and now ensured everyone had a choice of curtains. There were medicine audits in place which checked how people's medicines were administered. We saw where issues were identified an action plan was put in place. For example one audit had identified the need to include dressing change dates on the MAR; we saw this had been done.

Accidents and incidents were monitored to look for trends meetings took place to discuss this with a range of staff and seek advice in order to update the risk assessment and care plan. For example one person had two falls in 24 hours. This was investigated and the root cause was identified as the person was suffering from an infection. We saw the risk assessment had been updated and actions taken. These included a crash mat and an alarm to notify staff if the person got out of bed. We found there was a system in place which monitored people's risks, such as weight loss, falls and pressure areas. A risk rating was given and where the risk was high an action plan was put in place. This showed the provider had systems and processes in place to monitor the quality and consistency of the service.

The registered manager had systems in place to seek feedback from people and their relatives on the quality of the care they received. They told us people and their relatives were able to offer their feedback about the home and they engaged them in all aspects of how the service was developed. One relative said, "There has been some building work done and new chairs bought. There is a good maintenance programme". The registered manager said they used people's feedback to drive improvements. People and their relatives supported what we were told. One relative said, "The registered manager is very open and holds meetings to discuss concerns". The relative added, "We were very upset by the last CQC report, we did not feel it reflected our experience. We have been right behind the registered manager who was very open about the report". We saw details of recent resident and family meeting were on display in the reception area for people to look at if they wanted. As part of the resident meetings people had the opportunity to openly discuss things which mattered to them. Relatives told us that improvements to Brindley Court over the last few months were discussed with the registered manager. One relative told us, "I felt they were completely open and transparent with us". People and relatives are encouraged to take part in an annual satisfaction survey. We saw details of the last survey which was provided in February 2017. All comments received were positive which included favourable comments about the registered manager and the provider's

communication with people and their families. This showed the registered manager had systems in place for people and relatives to give their feedback about the service and these were used to drive improvements.