

Alexandra Specialist Care Limited

Brooklands Nursing and Care Home

Inspection report

Rounday
Blackpool
Lancashire
FY4 4LY

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31 January 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Brooklands Nursing and Care Home is registered as a care home with nursing and provides accommodation for people who require nursing or personal care. The home is in a residential area of Blackpool. It can accommodate a maximum of 8 people. Accommodation is over two floors with bedrooms and communal facilities on both floors and lift access. There is outdoor space for people to enjoy and a car park.

At our last inspection in June 2016, we rated the service good. On this inspection the service had improved to outstanding. This was because the staff team had clearly shown the impact of the exceptional care and support they provided that gave people an excellent quality of life and well-being.

At the time of the inspection eight people lived at the home.

The inspection visit took place on 24 and 31 January 2019. It was unannounced on day one and announced on day two.

The registered manager explained they had been promoted within the company and would be cancelling their CQC registration for Brooklands Nursing and Care Home. The prospective registered manager was an experienced member of staff who was already managing the home on a daily basis, so any disruption would be minimal. 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 management team were hands on, visible, available for support and taught their staff team by example. They were passionate about improving people's wellbeing and this was reflected in everything they did. They were excellent role models in the provision of high care standards. This enthused and inspired staff to do their utmost to deliver outstanding care. They were proactive in finding solutions to problems. The management team and provider worked extremely effectively and proactively together.

Staff monitored people's health closely and acted quickly on any concerns. They were assertive in getting the right treatment for people and were persistent in advocating for people to get them the best care possible. We saw staff worked collaboratively and developed close working relationships with the other healthcare professionals to ensure the best possible and most appropriate care for each person. A health professional told us how the staff team went the extra mile for the people they supported and always engaged with therapy.

Staff excelled in the way they monitored people's health and acted proactively on any concerns. They were highly skilled and knowledgeable about people's nursing care needs and used this knowledge to provide exceptionally good care. They were exceptionally empathic and caring and used nonverbal communication, smiles and touch in their interactions. We found staff had an excellent working knowledge of people's care

needs and were passionate about meeting these.

We saw regardless of their perceived level of consciousness, people were involved in a variety of meaningful social and leisure activities. To enable staff to safely take people out of the home they had been exceptionally well trained in complex care regimes to ensure people's safety and comfort. We were told three people had remained in bed in previous placements. At Brooklands Nursing and Care Home they were supported to get up each day, relax in the communal areas and go out on social activities they liked with staff support. People able to indicate their views, were clear that they enjoyed these activities. To enable staff to safely take people out of the home they had been exceptionally well trained in complex care regimes to ensure people's safety and comfort.

Staff were extremely welcoming to people's families and friends and encouraged people to retain their family relationships. People said this assisted their well-being. Relatives were exceedingly complimentary about the management and staff team and said they were exceptionally committed and caring and had significantly improved their family member's quality of life.

People's end of life wishes were recorded so staff were fully aware of these. Staff understood the importance of supporting people to have a comfortable, pain free and peaceful end of life. They went out of their way to meet and exceed these and to support their family, other residents and each other.

People's care and support had been planned with them and was person centred and informative. We saw they had consented to their care and treatment wherever possible. People had been supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. The policies and systems in the service supported this practice. People had information about support from an external advocate should this be required.

People received sufficient nutrition and the assistance they needed and staff were proactive in raising any difficulties. All people who lived at the home when we inspected received nutrition by a percutaneous endoscopic gastrostomy (PEG) or other artificial feeding tubes. These are used when people are unable to swallow or eat enough and need long term artificial feeding. However, where possible and under the guidance of the speech and language therapists, (SALT) people were supported to eat and drink.

People told us they felt safe and cared for by staff. There were procedures in place to protect people from abuse and unsafe care and staff were aware of their responsibilities in keeping people safe. Risk assessments had been developed to minimise the potential risk of harm to people. Any safeguarding concerns, accidents and incidents were dealt with appropriately.

Staff had been recruited safely, appropriately trained and supported. Staffing levels were good and staff appropriately deployed to provide safe care. They had skills, knowledge and experience required to support people with their care and social needs. There were enough staff to provide nursing care and social and leisure activities.

Medicines were managed safely and according to National Institute for Health and Care Excellence (NICE) guidelines. People received their medicines when needed and appropriate records had been completed.

We looked around the building and found it was clean and hygienic, had been maintained and was a safe place for people to live. There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when providing personal care to people so they did not risk causing cross infection. The design of the building and facilities in the

home were appropriate for the care and support provided. We found equipment had been serviced and maintained as required.

The management team sought people's views in a variety of ways. They assessed and monitored the quality of the service through audits, meetings and surveys. People felt able to complain if they were not satisfied with their care and said action would be taken. They told us the management team were extremely supportive and approachable.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People who were able to talk with us, told us they felt safe and cared for. Relatives told us they had no concerns about their family member's safety.

There were suitable procedures in place to protect people from the risk of abuse and risks were assessed.

Staffing levels were good and staff appropriately deployed to provide safe care.

Medicines were managed safely and people were given their medicines as prescribed.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

The staff team were outstanding in providing effective care and support based on people's needs and wishes. This promoted their wellbeing and encouraged them to enjoy a stimulating and meaningful life.

We saw multiple examples of the way staff excelled in monitoring and management of people's health and acted quickly and decisively on any concerns.

Staff had excellent access to training to make sure they followed best practice and provided a high standard of care to people with complex needs.

Procedures were in place to enable staff to assess peoples' mental capacity, where there were concerns about their ability to make decisions for themselves, and to support those who lacked capacity to manage risk.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People indicated staff were excellent. We observed exceptionally positive staff interactions with people who lived at the home, which were very frequent, friendly and attentive.

Relatives were very pleased with the care and support their family member received. They said that staff were passionate about the care they provided and their family members were treated with kindness, respect and dignity.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

People received outstanding care that was flexible and responsive to people's individual needs and preferences, Staff enabled people to live as full a life as possible.

Care plans were personalised and people and their families had been involved in developing these. Staff went out of their way to meet and exceed these plans.

Staff went to great lengths to ensure people were supported to engage in their known interests and hobbies and activities they enjoyed.

Staff understood the importance of supporting people to have a comfortable, pain free and peaceful end of life and were passionate about providing this.

The management team were proactive in managing complaints and concerns to the complainants' satisfaction.

Is the service well-led?

Outstanding 

The service was extremely well led.

The management team were passionate about improving people's wellbeing and this was reflected in everything they did. This enthused and inspired staff to do their utmost to deliver outstanding care.

The management team were hands on, visible, available for support and taught their staff team by example. People felt the provider, management and staff team were approachable, available and willing to listen.

The staff team worked in partnership with other organisations to make sure they followed current practice, providing a safe, high quality service.

People indicated the provider, management and staff team were approachable, available and willing to listen. They demonstrated an in-depth knowledge of the needs of people they supported and put them at the centre of their focus. We saw their views were sought in a variety of ways.

Brooklands Nursing and Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

Brooklands Nursing and Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection visit took place on 24 and 31 January 2019. It was unannounced on day one and announced on day two.

Before our inspection on 24 and 31 January 2019 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch. Healthwatch is an independent consumer champions for health and social care. This gave us additional information about the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of an adult social care inspector 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. The expert by experiences on this inspection had a background supporting people with complex care needs.

Where people had limited verbal communication and were unable to converse with us, we observed staff interactions. During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with a range of people about the service. They included three people who lived at the home and three visitors. We spoke with the registered manager and six staff. We also sought the views of ten health professionals. We looked at the care and medicines records of two people. We reviewed a variety of records, including care plans, staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

We saw staffing levels were good and staff appropriately deployed to provide safe care. Staff provided supervision and support for people. Requests for assistance were responded to promptly and staff anticipated people's needs. Most people were unable to communicate verbally or voluntarily but staff were extremely focused on people's needs and preferences and ensured they were supported safely at all times. The duty rota showed sufficient staffing was in place and changes had been made to staffing when needed. Staff spoken with told us they were able to spend time with people in their care, meeting their care and social needs.

Throughout the inspection we saw staff supported people safely and with respect. People who lived at Brooklands Nursing and Care Home and relatives we spoke with told us people were safe and supported at the home. They indicated staff looked after them in a careful and attentive way. Relatives said they would feel confident asking a member of staff for support or if they felt something 'wasn't right'. A relative said, "[Family member] is perfectly safe and cared for here. I can relax knowing they are safe which I couldn't do in a previous home."

Appropriate recruitment checks had been completed to reduce the risk of employing unsuitable staff. Procedures and training were in place to reduce the risk of abuse or unsafe care. We asked staff to explain what they would do if they saw or suspected unsafe care or abusive practices. They said they would report this. Risks were reduced because staff carried out assessments to identify possible risks of accidents and harm to people. These provided guidance in how to safely support people, reduced potential risks and were reviewed regularly.

Staff followed The National Institute for Health and Care Excellence (NICE) national guidance on safe management of medicines. We saw medicines were ordered, checked on receipt into the home, given as prescribed, stored and disposed of correctly.

We looked at how accidents and incidents had been managed. Where any incident, accident or 'near miss' occurred, the staff team discussed and reviewed them to see if lessons could be learnt and if they could reduce the risk of similar incidents.

We looked around the home and found it was clean, tidy and maintained. There were safe infection control procedures and practices and staff had infection control training. They understood their responsibilities in relation to infection control and hygiene. We observed staff used personal protective clothing such as disposable gloves and aprons to reduce the risk of cross infection.

Is the service effective?

Our findings

Staff excelled in the way they monitored people's health and acted proactively on any concerns. They were highly skilled and knowledgeable about people's nursing care needs and used this knowledge to provide exceptionally good care. Staff were assertive in getting the right treatment for people and were persistent in their requests for the most beneficial care. We saw staff worked collaboratively and developed close working relationships with the other healthcare professionals to ensure the best possible and most appropriate care for each person. They explained to people and their families about their care and supported them to see GP's, and specialist healthcare professionals.

Staff were proactive in advocating for people to have their tracheostomy reversed where this was medically possible, working closely with the multi-disciplinary team. This reduced the complications associated with aspiration and chest infections and to make sounds or speak. This made a significant impact on their life.

When admitted to Brooklands Nursing and Care Home, one person had had a very high number of hospital admissions in the previous eight months. Since being in the home due to the exceptional level of care there had not been a need for any hospital admissions and the person's health had significantly improved. Careful monitoring and management of health issues had prevented infections and illness. Consistent and attentive pressure relief had resulted in excellent skin health. Another person was unresponsive to their environment when admitted and had severe pressure ulcers. Over time and with consistent and outstanding nursing care, the pressure ulcers healed and the person started to show responses and exhibit significant improvements medically.

When they found one person kept getting a small wound they were very assertive in seeking medical intervention. Although external services did not initially see this as a concern staff insisted that something wasn't quite right because of their in-depth knowledge about the person. Consequently, they were referred to a specialist, who found a serious underlying medical condition that required immediate attention. The excellent vigilance of staff prevented an emerging, more serious problem from impacting the person's health and welfare.

We looked around the building and saw accommodation, equipment and outdoor space met people's needs and was appropriate for the care and support provided. Bedrooms were personalised to people's individual taste. We found equipment to assist people with mobility and personal care was in place. An example of staff excelling at this was their persistence in requesting equipment to make life more comfortable for people they supported, even when this was very expensive. One person had recently received a new wheelchair, specially designed for people with involuntary movements and designed to soften the impact of these making it more comfortable for them and reducing injuries.

When we inspected, everyone who lived at Brooklands Nursing and Care Home received nutrition artificially either with a percutaneous endoscopic gastrostomy (PEG) or other feeding tube. A PEG is used when people are unable to swallow or eat enough and need long term artificial feeding. This means they are given artificial nutrition directly via a tube into the stomach. The feed contains all the calories and other essential

nourishment such as vitamins and minerals the person needs. We observed staff preparing and carrying out this procedure. They carried this out safely and efficiently. Relatives told us staff made sure people had the correct nutrition. All staff had been trained to carry out this procedure. This included theoretical knowledge and training, frequent observation followed by carrying out the task under supervision until they were fully competent. Staff were observed and monitored carrying out PEG feeds on a regular basis to ensure competence.

Staff used a nutritional risk assessment as part of their nutritional screening to identify those people who were at risk of obesity or malnutrition. People's weights were monitored frequently to check they received sufficient nutrition and maintained a healthy weight. We saw staff were determined to get the best care and support for people. When we last inspected we saw one person was unable to tolerate their peg feeds. Staff were unable to keep them at a desired weight and they were almost skeletal. Staff were extremely concerned and repeatedly requested alternatives. Eventually through their perseverance the person was provided with an option that they were able to tolerate. On this inspection we saw the person had gained sufficient weight to look nutritionally satisfied, healthy and contented.

Where possible and under the guidance of the speech and language therapists, (SALT) some people who had moved on from Brooklands Nursing and Care Home had been supported to eat and drink. On this inspection, staff engaged extremely well with the SALT team to support one person with sessions to taste different thickened fluids in the hope of eventually being able to eat and drink again. They said they were very impressed with the staff team and felt the person was being cared for in a way that showed significant improvements for the person.

We saw the service gain people's consent to care and treatment in line with the Mental Capacity Act (MCA). People's mental capacity had been considered and documented in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff made sure that people had choice and control of their lives and supported them in the least restrictive way; the policies and systems supported this practice.

We spoke with staff and checked the staff training matrix. Training was frequent and included weekly training sessions. It covered care training, brain injuries, PEG's, tracheotomy care, suction and other specialist equipment, safeguarding, infection control, health and safety and equality and diversity. Staff were encouraged to read and understand information on current research and evidenced practice to provide highly skilled treatment. One staff member told us, "We provide really complex care and get the training to make sure we are capable and confident." A relative told us, "The staff here are so well trained they are very professional and incredibly caring. They are just fabulous."

Staff were encouraged to reflect on training and information and to demonstrate how their learning was carried over to their practice. The provider recognised the highly important skills of its workforce and encouraged staff to progress by providing frequent and relevant training and promotion opportunities. We saw staff received regular supervision and annual appraisal. They said these were useful and provided feedback about their work performance.

Is the service caring?

Our findings

People indicated staff were exceptionally caring, compassionate, respectful and empowering. They had an excellent understanding of protecting and respecting people's human rights and about the importance of supporting and responding to people's diverse needs. They were totally focused on the people in their care and anticipated people's needs and wants. Staff spent substantial amounts of time talking and interacting with people as well as involving people in activities. They were also highly skilled in providing complex nursing care and confident in emergency situations. A health professional said staff really went the extra mile for the people in their care and were always keen to try new things and engage with therapy.

Staff proudly told us of improvement in one person who was unable to engage when first at Brooklands Nursing and Care Home. Records showed the person had started to occasionally laugh with staff and giggle, showing some level of awareness. One member of staff said, "It is fabulous to see. It is so worthwhile to see any improvement for people. We provide the best we possibly can to people."

We observed the delighted smiles on one person's face when staff sat with them, laughing and joking together despite their lack of speech. Staff routinely chatted to people and involved them in activities. They had meaningful conversations, which valued and included each person regardless of their ability to communicate verbally. We asked two people if they were happy with staff, they smiled at us and one person laughed loudly at a staff member in the distance. They quickly turned around and smiled back.

Staff were dedicated to assisting people to be able to communicate to the best of their ability and used a range of methods. They routinely used pictures and objects of reference as well as non-verbal communication, basic signs, speech boards and assistive technology to help people communicate their needs, views and preferences. Where people were unable to voluntarily communicate, staff asked families and friends and observed their reactions to different situations. People's personal relationships, beliefs, likes and wishes were also recorded in their care records. The management team observed how each person supported related to individual staff as well as looking at compatibility of personalities and shared interests, when choosing keyworkers. This helped people to receive the right support around their individual beliefs including religion, culture and sexual orientation.

Relatives told us the care was amazing and they felt secure in the knowledge that their family member was extremely well looked after. They added this was so important as they had bad experiences in a previous placement. Other comments included, "The staff are beautiful, absolutely amazing I couldn't wish for better. They are so on the ball and care so much." Vs told us the staff were extremely caring and knowledgeable about the people they supported. They said they were very proactive in making sure they met people's needs and provided an excellent standard of care. Visiting professionals told us the staff were extremely caring and knowledgeable about the people they supported and provided excellent person-centred care.

All staff were particularly sensitive to times when people needed extra caring and compassionate support. Each person who lived at Brooklands had gone through life changing injuries or illness and loss of their previously lifestyle. Staff monitored them closely for distress or depression and gave practical and

emotional support. One person had been through a very difficult time and life had just improved when they acquired their brain injury. Staff were extremely supporting on this difficult journey. They talked about this with them and help them explore different scenarios and choices, their needs and preferences in relation to themselves and family support.

Staff had open and honest relationships with people and their families and friends. We saw examples of where the staff team had supported people's families to adjust to the changes in their family member's health. Staff told us brain injuries did not just affect the person but sent ripples all around them. Families also had to deal with difficult news and decisions. Staff were excellent at providing emotional and practical support. This included long conversations and reassurance and invitations to drop in at any time and help to see their family member. We became aware one relative had been very ill. Staff had assisted them to visit the home and provided assistance to and from the hospital to attend their hospital appointments throughout their illness. This helped the person to make the adjustments needed and made sure they were as comfortable as possible. A senior health professional praised staff and told us they had seen examples of truly extraordinary care for the families of the people they cared for.

Family relationships and friendships were encouraged and visits could take place in privacy if people wished. Everyone said that family and friends were always welcome. Comments included "There are no restrictions on when we can come and we just turn up." And "This home is fabulous. I know they give 200% to the people here. I am so grateful. Relatives told us they had a good relationship with staff. Staff supported families as well as people who lived at the home. Staff made sure the home was 'family friendly' to make family visits relaxed and fun. They encouraged families to attend parties and activities and remain closely involved in their lives.

We saw staff respected people's privacy and dignity. We saw they were discrete when people needed assistance with continence, gently suggesting they returned to their rooms. They ensured doors were shut to make sure they were not disturbed and protected people's privacy and dignity when they supported people with personal care in their rooms.

People could see religious ministers in the home or at places of worship. Staff acknowledged, respected and supported people in their spiritual well-being. Ministers were made welcome by everyone and given privacy to pray together if they wished.

We spoke with the registered manager about access to advocacy services should people need their guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

Staff tirelessly sought activities which matched people's interests, took people's preferences into account, closely observing any reactions to suggest the person was enjoying an activity or not. One person did not enjoy a cinema visit that was an action and adventure film but smiled at a comedy film. Staff tried this again and reflected it was not so much the film but the noise and fast movement on screen. This helped them to choose gentle or amusing films. Another person enjoyed heavy rock and made it clear they did not like 'middle of the road' pop by their facial expressions.

Staff supported several people who lived at Brooklands Nursing and Care Home who were football fans of different football clubs to attend 'their' football team matches, visit the local pub to watch matches and watch matches in the home. This provided meaningful activities and sometimes heated but friendly discussions over which was the best team. Where possible they matched staff interests to the people they supported so they could discuss these with knowledge and enthusiasm. One person had a significant interest and history with sport and remained 'mad keen' on football. Staff supported the person to visit the football stadium, see matches and keep up to date with players progress. This enabled them to carry on with their interest and remain positive.

One person had always enjoyed betting on horse racing. Staff supported the person to continue their interest and visit the 'bookies' to place bets and to enjoy the sounds and atmosphere there. They looked forward to these visits giving them a distraction at a difficult time for them. They also enjoyed horse racing on their TV when it was on making it clear that they did not want disturbing.

Another person had planned to become a pilot. They were still interested in planes but unable to fly because of their medical condition. Staff supported them to visit air shows and the local airport to watch. Staff got in touch with the airport who invited them to go to the hanger where the planes and helicopters were kept. This assisted in their continued pursuit of information about their interest. The person indicated to us how much they enjoyed this visit and wanted to go again.

Medical equipment had to be on hand at all times. When people went out the equipment had to go with them and it was vital staff could use this correctly in an emergency situation. Staff were competent and confident using this medical equipment, familiar with its maintenance and were monitored using it.

Even where people were assessed as having no signs of awareness and unresponsive people were fully included in life in the home and in activities. Staff stated that as they did not always know how aware people were, it was especially important to provide them with conversation, activities and stimulation as if they were. We saw staff did everything possible to assist individuals to make their day-to-day decisions. They were exceptionally empathic and used non-verbal communication, smiles and touch in their interactions. They had excellent understanding of people's social, spiritual and cultural diversity, values and beliefs and how this could influence their decisions on how they wanted to receive care, treatment and support. Where people were able, they told us they chose when to get up and go to bed and what to do throughout the day. Where people were not able to express their views, staff observed the person's reaction to plans, care or

treatment and recorded this. also looked at the activities and lifestyles people had enjoyed before their brain injury or activities in a similar vein to these. They tried these out with the person, closely observing their responses.

People said they were extremely pleased and satisfied with the excellent care and support their relative received. They said staff were always on hand and interacted exceptionally well because they fully understood their needs and wishes. One relative said, "The staff are just fabulous. The care is second to none and they are aware of the slightest change in [family member]. A member of staff told us "I think this is a fantastic service, I know I work here but I have worked in other care homes and they are nowhere near as good as here. All the staff will do anything for people."

We looked at arrangements the had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified in detail each person's communication difficulties and any non-verbal communication. Where people were unable to communicate voluntarily, staff were exceptionally insightful and knew and shared what their non-verbal communication suggested.

Staff shared important information about people's needs, including communication needs, with other professionals. This helped to guide other professionals, particularly where people were unable to communicate easily. However, a member of staff always went with people to attend appointments and remained 24 hours a day throughout any hospital admission. This meant the person was not cared for by strangers and was with staff who knew them at all times.

We saw care plans were informative, personalised and reviewed and updated regularly. People told us and the care plans we saw demonstrated people and where appropriate, relatives were consulted and involved in care planning and reviews. Relatives confirmed they were consulted about the care and support and contributed to how their care would be delivered. One relative said, "The staff are lovely. They always keep me informed and check I am ok with things. They ring me regularly to keep me up to date." Another relative told us, "They get a 10 out of ten and a triple gold star for the way they look after [family member] and involve us. They are brilliant."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how to complain and reassured people these would be responded to appropriately. Relatives and people able to speak with us told us they knew how to make a complaint. They said they would feel comfortable doing so without fear of reprisals. They said they knew any concerns would be acted upon promptly and to their satisfaction. However, they told us they didn't have any reason to complain. One person said, "Absolutely not. It is fabulous here. [Family member] is exceptionally well looked after."

Is the service well-led?

Our findings

The service was planning a change of registered manager when we inspected as the current registered manager had been promoted within the company. They would still be involved in the home and provide support to the prospective registered manager. They were an experienced member of staff who was already managing the home on a daily basis.

We saw the management team were passionate about improving people's wellbeing and this was reflected in everything they did. They demonstrated an in-depth knowledge of the needs of people they supported and put them at the centre of everything they did. This enthused and inspired staff to do their utmost to deliver outstanding care. Health professionals told us the team were well led and appeared highly motivated to care to the best of their ability. Also, that staff always went out of their way to accommodate them and carry out care in the way they advised.

The management team were proactive in finding solutions to problems. They sought the views of people in a variety of ways including informal discussions, meetings and surveys. People said comments were welcome at any time. One relative told us, "[Manager] always takes the time to chat with us. She keeps us fully involved in all decisions and take our views on-board." People were able, family and friends completed satisfaction surveys about the care they received. The results were exceptionally positive but the registered manager said if any issues were raised action would be taken to sort them promptly.

The management team and provider worked extremely effectively and proactively together. We found they were excellent role models in the provision of high care standards. They worked closely with staff to provide excellent care. Staff spoke enthusiastically about Brooklands care and nursing home being a good place to work. They said they had the time and support to work together as a team, to provide excellent person-centred care.

The management team consistently put clear vision and strong values into practice. They had a strong and fair leadership which promoted a positive culture. Staff were supported, respected and valued by the provider, management team and each other. There were frequent opportunities for staff development and training courses and the management team encouraged staff to research and implement good practice and innovation. In addition, they had an excellent knowledge of the abilities and skills of the staff team and used this to develop each member of staff. One health professional told us staff were encouraged by the management team to learn. Adding they were always eager to learn anything they could teach them that would help the people they supported. Another health professional said staff fully engaged in training and were even willing to attend in their own time.

We saw evidence the management team were referencing current legislation, standards and guidance to achieve effective outcomes. They continuously sought opportunities for themselves and their staff to learn and reflect on best practice. They researched and shared information about care and brain injury advances. They used evidence-based tools to measure and monitor depression, anxiety and pain and to find the best possible support to increase people's wellbeing. This assisted staff to provide outstanding care which was

meeting people's needs and protected their rights.

The management team were hands on, visible, available for support and taught their staff team by example. They understood legal obligations, including conditions of CQC registration and those of other organisations. Records were well organised, up to date and informative. health professional told us they had confidence when plans were put in place, the staff team would implement and follow the plans, document and update them accurately with each person's progress.

The staff team worked in partnership with other organisations to make sure they followed current practice, providing a safe, high quality service. This multi-disciplinary approach helped to support people in their care to receive the right support. Comments from other professionals involved in the home were consistently extremely positive. They included comments that the registered provider and staff team were professional, exceptionally caring and proactive, that staff were willing to listen to advice and to learn new skills and that that staff provided highly specialist care that they rarely saw being achieved elsewhere.

Staff told us they felt exceptionally supported by the registered manager and management team. They said they had daily handovers, supervisions and staff meetings and were given relevant information as well as being able to suggest ideas. They felt they were kept well informed of any issues and plans.

The management team carried out audits to govern, assess and monitor the quality of the service and staff. These included monitoring and auditing medicines, staffing, care plans, equipment and the environment. The registered manager also carried out unannounced monitoring checks at different times of day and night. Where omissions or shortcomings were found actions had been taken, learnt from and changes made in response to these.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.