

Brook Lane Rest Home Limited

Brook Lane Rest Home

Inspection report

290-292 Brook Lane
Sarisbury Green
Southampton
Hampshire
SO31 7DP

Tel: 01489576010

Website: www.brooklaneresthome.co.uk

Date of inspection visit:

19 February 2016

24 February 2016

Date of publication:

07 April 2016

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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection was carried out by two inspectors. It took place on 19 February 2016 and was unannounced. A further visit took place on 24 February 2016 to complete the inspection. Staff were aware of the date we were returning for our second visit.

Brook Lane is registered to provide accommodation care and support for up to 25 people, any of whom could be living with dementia. The home does not provide nursing care. At the time of our visits 24 people were living there.

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'. The nominated individual who was also registered with CQC regularly worked at the home. 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. All people we spoke with said that the registered manager and nominated individual were dedicated, supportive and approachable. They said whatever people needed was provided to ensure people had the best quality of life they could achieve.

We found this service had consistently provided a good quality of care and support and this was reinforced by reviewing our previous inspection reports. The nominated individual, registered manager and all the staff we spoke with were passionate about providing an excellent service and about putting people at the heart of everything they did.

People we spoke with were very settled and contented. Relatives and friends visiting the home had only positive experiences and praise for this service. Staff treated people as individuals at all times and with dignity and respect. Staff were extremely knowledgeable about people's likes, dislikes, preferences and care needs. Staff we spoke with told us how they encouraged and supported people to make decisions for themselves, which ensured people were able to live the life they chose. Staff had a calm, friendly manner which people responded to positively. Staff paid attention to little things which enhanced people's quality of life and they researched thoroughly to provide equipment which would enhance people's dignity and maintain their independence.

Health and social care professionals highly praised the service describing how quickly they responded to any deterioration in people's health and how well they managed end of life care. The home had worked very effectively in collaboration with health care professionals to continuously improve the care and support provided to people. They had taken part in projects, for example to reduce the occurrence of falls and to reduce the number of hospital admissions. The success of these projects enabled the provider to share this learning with others. A social care professional who had worked with the home for a number of years said "It is the little extras that make it so special...If any home ever deserved outstanding status for their hard work and dedication to getting it right it is Brook Lane".

Staff told us that they loved working at Brook Lane. They were mentored and supported to achieve their very

best and they were offered good quality training. This ensured they were skilled in caring for people with a wide range of physical, health and emotional needs. Staff had received training about how to ensure people's rights were respected and how to safeguard people from abuse. They had a good understanding of the Mental Capacity Act 2005 and asked for people's consent before completing any care task. Where people lacked capacity decisions made to act in their best interest were clearly documented. This ensured people's rights were respected. There were safe staff recruitment procedures in place and staff were deployed in sufficient numbers to support people effectively with their physical needs and still to have time to sit and talk with them.

People's needs were thoroughly assessed and care plans reflected people's needs. The new electronic system of care planning being trialled helped to ensure staff were able to make clear and contemporaneous records of the care and support provided. Risks were clearly assessed and action was taken where necessary to enhance people's health and improve their comfort. People's nutritional needs and preferences were very well understood and the service had a hydration champion on duty every shift because staff understood the importance of good hydration for maintaining health. There were robust medication systems in place.

A wide range of activities were available which people's family and friends were invited to. Spontaneous activities took place, staff spent quality time with people to give them emotional support and comfort. The nominated individual regularly took groups of people out to places of local interest.

The service had very clear vision and values which were embedded into daily practice. Strong and passionate leadership was the foundation of the service. Robust policies and procedures meant there were clear systems in place to ensure the service provided a consistently high quality of care. This was a service which put people they cared for at the heart of everything they did and they continued to strive to improve further.

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 told us they were safely cared for.

Staff had a good understanding of personal and environmental risk and signs of abuse and neglect. They were aware of what to do if they suspected abuse was taking place.

There were sufficient numbers of safely recruited staff to support people safely.

Systems to manage medicines were robust.

Is the service effective?

Outstanding 

The service was very effective.

Staff were encouraged and supported to maximise their potential and were provided with a good range of training to meet people's needs.

People's nutritional needs were thoughtfully considered and provided for. A hydration champion on every shift helped to ensure people had plenty to drink at all times.

There was excellent joint working with health care professionals which resulted in people receiving high quality care and support.

Staff acted in accordance with the principles of the Mental Capacity Act 2005. Applications for Deprivation of Liberty Safeguards had been appropriately submitted.

Is the service caring?

Outstanding 

The service was very caring

The kind and compassionate staff team valued the people living at Brook Lane and ensured they acted upon their views and wishes.

The thoughtful actions of staff enhanced people's experience of

living in the home and promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

The service went to great lengths to ensure people were actively involved when they were deciding to move to Brook Lane.

Staff had a good understanding of people's needs and of their preferences in terms of how their care was provided. Records were written in a manner that helped to make sure people received care that was centred on them as an individual. Equipment provided enabled people to remain as independent as possible.

People felt confident if they had any concerns or complaints, these would be acted upon quickly in line with the home's complaints policy.

Is the service well-led?

Outstanding ☆

The service was very well led

There was an extremely positive atmosphere and people were very much at the heart of the service. High quality care and support was consistently provided. This was because effective systems were in place that regularly assessed, monitored and improved the quality of care.

The registered manager and provider demonstrated their commitment to provide high quality and consistent care and worked in partnership with other agencies to continually improve.

Brook Lane Rest 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 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 February 2016 and was unannounced. We visited again on 24 February 2016 to complete the inspection. Staff knew we were coming back on this day

The inspection team consisted of two inspectors during both days of our inspection.

Before the inspection we had received unprompted positive feedback from a health care professional to tell us how well people's need were being met at Brook Lane.

We reviewed all the information we held about the service including previous inspection reports. A review of previous inspection reports showed Brook Lane had consistently met all standards inspected. The provider was asked to complete a Provider Information Return (PIR) before the inspection. 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 used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with the provider of the service, the registered manager and with nine staff. We spoke with nine people living at the service observed care being given to others in communal areas. We spoke with three visitors, three visiting health care professionals and telephoned a social care professional following our visits to obtain more feedback. We reviewed the care records of six people and the records of four staff. We also reviewed the Medicines Administration Record (MAR). Other records relating the management of the service such as training records, audits and policies and procedures were also viewed.

Is the service safe?

Our findings

We asked people if they felt they were safely cared for. Everyone responded very positively saying for example; "I feel very safe here, it's really nice". Another person said "It's lovely here, I feel very safe, the staff are lovely" and another person said "The staff look after us, they are always asking if we are ok and checking on us" Some people were not able to tell us verbally if they felt safely cared for and so we observed interactions between them and staff. We saw respectful, calm and caring interactions between people which helped to reassure people who lived at the home.

People who lived at Brook Lane and staff who worked there said they would be comfortable to report any concerns they had regarding people's care and welfare. Staff had received training in safeguarding and whistleblowing and knew what procedure to follow if they witnessed or suspected any abuse of a vulnerable adult. Staff were able to clearly describe their roles and responsibilities under safeguarding and whistleblowing arrangements. There were safeguarding flow charts displayed in various places within the home. This meant staff, visitors and people living within the home had easy access to safeguarding procedures they could follow if they needed to. Staff were also trained in equality and diversity and these issues were discussed regularly during supervisions and appraisals.

Risk assessments had been completed when a person had been assessed as at risk of injury or of becoming unwell and these were reviewed regularly to ensure relevance. The manager had implemented a system of pictorial risk assessments. These included symbols such as yellow warning triangles to alert staff to 'diabetic Type 2 restricted menu', 'risk of weight loss' or 'malnutrition'. This helped staff identify quickly what the risk to a particular individual was.

Action had been taken to reduce the assessed risk, for example, where people had been assessed as being at a high risk of falling, alarms had been placed on the cushions they sat on during the day and mats had been placed next to their bed to alert staff if they moved. People's capacity to consent had been considered at all times during this and consideration had been given to ensure any actions were the least restrictive as possible to keep people safe. Referrals were made promptly to health professionals when people's health needs changed and where this put them at increased risk of becoming unwell. The registered manager told us a person had recently developed a skin rash. They had contacted the doctor who had visited and prescribed some medication, and they had discussed changing the person's bedclothes with their relative in their best interests. We looked at the person's daily records and noted this had been recorded by staff. A new risk assessment had been completed to reflect the person's up to date care needs. This had been done very quickly and so reduced the risk of the person's condition deteriorating further.

Basic life support emergency procedures were displayed on the wall in the lounge and in the office. This meant in the event of anyone becoming suddenly unwell staff had access to step by step instruction on the correct procedures to follow. There was a defibrillator on site and staff were trained in how to use this. There was clear documentation which addressed Do not attempt Resuscitation (DNACPR) decisions and staff had a good knowledge of these decisions.

Some people could become distressed at times because of their cognitive impairment and there were clear instructions to staff about how to manage this to prevent further distress. Staff described what they needed to do in these circumstances and we observed this being put into practice. There was a record kept of any accidents and incidents. We saw these had been completed in sufficient detail and had recorded appropriate actions taken as a response to the concern.

Risks to the environment had been assessed for example each person had a current Personal Emergency Evacuation Plan (PEEP) which provided instructions about what support they needed in the event of having to evacuate the building. Fire assembly points were clearly defined with one member of staff on each shift designated as fire warden and the manager had recently completed a night check and reviewed evacuation procedures with night staff.

There were sufficient staff deployed to support people and meet their needs. Staffing levels were assessed by the registered manager and changed where necessary to reflect changing needs of people using the service. At the time of our visits there were five care staff on duty in the mornings three in the afternoon and four during the evening. There were two waking night staff employed every night. Care staff were supported by senior staff the registered manager and the nominated individual. A cook was employed every day there were laundry and cleaning staff and a full time handyman. Staff felt they had enough time to do their jobs and said "if someone can't come in we ring round our own staff. We don't use agency. Staff said "It's better for the residents because they know us all and that is important" We observed staff responding quickly to people when they needed support and saw they had time to sit and talk with people..

Staff were safely recruited. Staff said the recruitment procedure had been thorough and they had attended an interview and been introduced to residents and staff as part of the recruitment process. The registered manager had obtained references from previous employers and checked with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post. Staff records contained photographic identification, a written application form, interview notes, and two written references.

People were able to manage their own medication if this was their wish. Any risk associated with this was assessed and regularly reviewed. People had been provided with lockable storage in their bedrooms to enable them to store medicines safely.

Medicines were safely stored in locked trolleys. Any medicine required to be refrigerated was stored correctly. Temperatures were monitored and recorded every day to ensure medicines were stored within the range to ensure their quality was not compromised. Controlled drugs were also safely stored. Controlled drugs are prescription medicines controlled under the Misuse of Drugs Act 1971, and which require special storage, recording and administration procedures. We undertook a balance check of the controlled drugs held against the register and these agreed. Staff dispensing medicines had completed safe medicines training.

We observed a medication administration round. Staff wore tabards saying drugs round in process please do not disturb. Fresh water was available to people to help them take their medicine. Medicines were dispensed from an individually labelled blister pack sealed system. Medicines were removed from the blister pack and tipped into small disposable paper cups to be given to people. Staff stayed with people to ensure they had taken their medicines. People were not rushed or hurried in any way.

Medicine Administration Records (MAR), contained photographic identification, body charts for topical application of creams and instructions regarding as required, PRN medicines. Any Allergies/ sensitivities

were clearly marked in red on the front page. When medicines had been given to people entries were made to confirm consent had been gained, and whether the medicine had been administered or refused. All MAR charts we reviewed were up to date, had been signed, there were no gaps and where necessary appropriate codes had been used. Suitable arrangements were in place to ensure any unused or unwanted medicines were safely disposed of.

Is the service effective?

Our findings

People said the care and support provided met their needs effectively. People praised the staff team saying for example "The staff are very good here" Another person said "It's the attitude of the staff They all want to be here" A relative said "If the situation was reversed and it was me who needed the care this is where I would want to be."

Staff were motivated to provide an exceptional service and they went about their jobs with enthusiasm and purpose. Staff all said morale was good. One recently recruited staff member who had previously worked in care said "It's amazing here, so different I didn't know it could be this good". The staff are really lovely, really welcoming We are like one big happy family here". These sentiments were echoed by the other staff we spoke with.

New staff completed a full induction programme which followed the Care Certificate standards. This included completion of work assignments which were signed off by the management team and they also shadowed more experienced staff. Staff had regular supervisions to provide support, review their role and identify any training needs they had. They also had an annual appraisal. The assistant manager told us night staff supervisions were carried out during their shifts to avoid disruption of their home life and off duty time.

Staff told us they were provided with a variety of training relevant to the needs of the people they cared for. They said "If there is any training we want we only have to ask". Training sessions were held over at least two days sometimes more so that all staff could attend. On one of the days of our visits a number of staff were receiving falls safety training from community nurses. Community nurses said the home made good use of the training they offered and this had had a positive effect upon the experience of people who lived at Brook Lane. For example, the service had significantly reduced their rate of admission to hospital after working together with health care professionals. This meant people could be more often successfully cared for at Brook Lane when they were unwell rather than needing to go into hospital. Health care professionals said the home had been so successful in reducing hospital admissions they were going to be used as a case study for other services to learn from.

We saw all staff had completed or were in the process of completing mandatory training and that it was updated regularly. This included key health and safety training such as in fire safety, infection control and moving and handling. Staff had also undertaken specialist training in subjects such as End of Life Care, Catheter Care, Diabetes and Nutrition. All staff were working through Qualifications and Credit Framework (QCF) qualifications or equivalent in care and the registered manager discussed the importance of enabling staff to fulfil their full potential. She did this by promoting from within the staff team and by mentoring. She said hoped and expected some of her staff team would progress in their career to become registered managers themselves and she wanted to give them the support and encouragement she had received earlier in her own career. The manager recognised the importance of staff developing their skills and how this impacted on the quality of life for people in the home.

People had a nutritional care plan where this had been assessed as needed. This gave guidance to staff about how to support people with any specific requirements they had, such as a diabetic diet. Staff had a good understanding of people's nutritional needs and wishes and provided food accordingly. People at particular nutritional risk had their food and fluid intake recorded in detail on a high dependency chart. This helped staff to closely monitor them. Staff liaised quickly when needed with district nurses and speech and language therapists who have a key role in providing specialist dietary advice and support. .

Management put a great deal of effort into meeting people's individual food preferences. People said the food was good. Most described it as excellent. There was a variety of choices available – one person said "You could have a cooked breakfast every day and some do!" Another said of the food there's plenty of it, we won't go hungry. If I want something different they make it for me no problem" another said "The food is close to top marks I would say" We observed throughout both days of our visits people were helping themselves to fruit which was in good supply and readily available in the lounges. The Nominated Individual told us they wanted the best for people in all aspect of their care and said about some people's nutritional needs "We've gone through lots of different prunes. We're trying to find the best. I think we're nearly there!"

Management recognised the need to make meals appealing for everyone including people on a soft diet. The service had recently purchased some silicon moulds which reshaped the pureed food into recognisable food shapes. This looked very effective and it was difficult to tell the difference between a meal prepared in this way and a non-pureed meal. This gave people a more dignified experience at mealtimes and the food was more appealing to the eye.

Staff recognised one of the effects of living with dementia is that people may no longer feel thirsty or remember they need to drink. The registered manager said "The old care home routine of the tea round four times a day is outdated. There should never be one of my residents without a drink in front of them". People did always have a drink in front of them during our visits. There was a hydration champion on duty during each shift. Their only role as hydration champion was to ensure people were regularly offered a choice of hot or cold drinks including smoothies and to support and encourage people to drink, even if it was only a few sips. They also offered people fruit. We observed the appointed hydration champion doing this during every shift. Staff said the attention they gave to this had had a positive effect upon people's health and wellbeing and was effective in ensuring people consistently maintained good levels of hydration.

Health care professionals spoke very highly of the service and described the good relationship they had with staff at the service. They said the service provided excellent end of life care and had good advanced care plans in place which helped them to understand people's wishes about how they should be cared and how they preferred to be cared for in the final months of their life. Health care professionals said staff always followed their advice for example they had adopted passive movement for people if they were confined to bed. Passive movements are where people who are unable to move themselves have their limbs moved for them to reduce muscle weakness and to prevent them from becoming contracted. Health care professionals said staff were very quick to contact them if they had any concerns regarding people's health which meant people received attention in good time. They said for example staff would contact them immediately if they noticed a person's skin was becoming a little red on their pressure areas so preventative measures could be put into place. This reduced the chances of the person's skin deteriorating further. Staff considered all aspects of people's health and comfort. The registered manager told us of a person had recently developed a skin rash. Staff had contacted the doctor who had visited and prescribed some medication. Staff considered whether the person's bedclothes may have been a contributory factor and they had discussed changing the person's bedclothes with their relative in their best interests. We looked at the person's daily records and noted this had been recorded by staff which showed this had been done very

quickly. A new risk assessment had been completed to reflect the person's up to date care needs.

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 the Deprivation of Liberty Safeguards (DoLS).

People's rights to make decisions were protected. Staff were able to explain correct procedures to follow in line with The Mental Capacity Act 2005 and Deprivation of liberty safeguards (DOLS). We observed people were always asked their consent before staff supported them in any way and this was recorded in their records. Where people did not have the capacity to make decisions, appropriate systems were in place. Where the registered manager had been told a person had someone acting as their Power of Attorney, this was followed up to ensure they had the legal right to make decisions for the person. A copy of the authorisation from the Office of the Public Guardian had been obtained and was kept on the person's care record.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom or choices, these have been agreed by the relevant bodies as being required to protect the person from harm. The registered manager demonstrated an understanding of the safeguards and relevant applications had been submitted and were waiting to be assessed by the local authority.

Is the service caring?

Our findings

We asked people what it was like to live at Brook Lane. They were all positive in their responses. One person said for example "You will like it here. I like the people. I like the atmosphere. I think it is a lovely place to live. I think everyone feels the same" another said "To me it's all perfect" another said "It's friendly and safe" A relative who visited very regularly said "Staff are loveable, just wonderful. I'm here every day so I see everything. They are respectful kind and very caring"

Staff, by their actions and responses to people showed them they were valued. They had good eye contact with people, ensuring they were at the same level when they were talking with them and did not hesitate when people asked for assistance. One person for example asked a passing staff member, "Can I borrow you for a minute" They wanted to ask a question. The member of staff immediately stopped and said "yes of course I've always got time for you" and then went on to have a quick chat with the person. Staff asked another person if they wanted anything to drink shortly before lunchtime. They said "No, but I do fancy a little bit of cake" Staff went immediately and got this for them.

One person called the staff mainly in charge of the laundry "wonder woman" and said they ensured they were provided with clean towels and clean freshly ironed nightclothes every day. They said "If something is missing she will move heaven and earth to find it. Nothing is too much trouble." When we spoke with the staff member mainly in charge of the laundry they said "Well I treat people's laundry the same way as I would treat my families."

Staff often went 'the extra mile' to ensure people had a positive experience. Where people did not have relatives who were able to assist them, staff provided support. For example, they drove one person to their house to collect their own furniture and belongings. This person lived a long way away from Brook Lane. They stopped off at the person's favourite restaurant on route as they felt they may not be able to eat there again. The person had spare ribs which were their favourite. Staff said "We have them on the menu here now."

Healthcare professionals described "a nice happy atmosphere" and said staff supported people in a dignified way. The effective joint working enabled people to receive very good end of life care at Brook Lane where this was possible. This enabled people to die in familiar surroundings with the people they cared about with them. Staff ensured relatives had a bed to enable them to be as comfortable as possible whilst they spent time with their loved one. We saw a recent article in a local paper with a person describing how this had happened for their relative and they praised staff at Brook Lane for their support and care.

Attention was paid to make the environment as comfortable and homely as possible. Dining tables were set up with fresh flowers (daffodils) and with freshly laundered tablecloths. We asked people who lived there if this was always the case. They said no, not always – as sometimes fresh flowers were not available but they said fresh flowers were quite often on the table. One person liked to spend some time in their room in bed each afternoon. They had a window box planted with fresh spring bulbs on their windowsill which they could look at while they were lying down. They clearly took pleasure in this and when speaking with staff

they confirmed they had done this because they were aware the person liked flowers. The home had a cat, two dogs and some fish. Staff ensured the dogs were carefully managed to ensure they did not get in people's way but people we spoke with said they enjoyed having the animals around and we saw them petting and talking lovingly with them, feeding them the occasional biscuit. Staff respected people's dignity. They said for example, "We get all our bed sets from [Named homeware store]. If anything is stained it goes in the bin and we buy new. It's good quality."

People were involved in making decisions about their care and support. For example, everyone was given colour swatches before admission so their room was decorated in the way they chose. There were regular residents meetings and people's views about what the service should provide were gathered and acted upon. Everything on the menu was picked by people who lived at the service and activities and outings were planned on the basis of feedback received.

People's birthdays were celebrated and people received presents which reflected their interests and hobbies. Staff evidently put a lot of thought into this – for example one person who had been a model builder was given one for their birthday and we observed staff supporting them to build this.

Visitors were made welcome. We spoke with one person who was visiting their friend and they were having lunch together. They said they were always asked if they wanted to dine with their friend. Staff confirmed visitors were always invited to eat with the people they were visiting.

Is the service responsive?

Our findings

One person told us staff, "Bent over backwards" to help them when they were considering a move to Brook Lane. They described how staff had taken them to visit the home while they were in hospital. This helped them to be sure the service provided would be appropriate for them. The management team described how they always met any person who was considering moving to Brook Lane, describing how they had visited Lincolnshire and Kent for two previous residents. This helped to ensure people had as good an understanding as possible about what the service could provide and also helped the management team to be confident the service they provided could meet the prospective person's needs.

People had an initial assessment of their care needs which ensured the home could meet their needs before they were admitted. The assessment included information such as people's mobility, personal care and sensory needs. There was also information about people's life histories, their food likes and dislikes, hobbies and interests. This enabled staff to have a good understanding of the person and what was important to them. Social care professionals said these were of good quality and reflected the person's health and social care needs appropriately.

From the initial assessment people's care had been planned and reviewed regularly to ensure staff had up to date information about how they wanted to receive their support. Care plans were person centred and promoted independence. For example, one person's care plan included guidance about how they wanted to receive support from staff to maintain their hearing aids in good working order.

Each care plan had a summary at the top which included the person's name, date of birth, their medical conditions and any allergies which enabled staff to check important details when looking at individual care plans. People's care plans included their own comments which showed they had been involved in their care planning. The person's care and support needs were written in red or amber, depending on their significance. The actions that staff were to take were written in green. This made it easy for staff to identify the care and support needs for the person and then to see what support they should be offered.

Each care plan had a statement about respecting the person's choices and wishes. For example "Staff are to remember that [the person] has the choice to refuse any activities that are offered to [her]. Her wishes must always be upheld and documented on [the electronic recording] system."

Staff recorded detailed information of the care and support they had provided through an electronic handheld device. Daily records were thorough. On one person's daily records for a day in January 2016, showed staff had recorded twenty five entries of care and support given. This included records of when and how the person had received personal care, medicines administration, continence care and visits by health professionals. Staff also recorded how the person was feeling in mood and if they had slept well. We saw similar records and interventions throughout all of the records we looked at.

Staff had a good understanding of people's current needs. They said "We have a proper staff handover at the beginning of every shift so we are always kept up to date and everyone is kept informed." Staff had received training in working with people living with dementia and were quick to recognise when people's needs changed, for example a relative told us "The other day they rang me to say (their relative) was not well

I came straight in and they were already all tucked up in bed, all comfortable. They had taken really good care of them. It's so reassuring"

The service did not have an activity coordinator at the time of our visits although the manager was in the process of recruiting one. We observed however, staff supported people in a range of activities such as exercises, singing playing board games and doing puzzles. The nominated individual took people on outings – people enjoyed these outings. One person said; "We go to Rye to the shingle beach" another person said "last week the boss took me out to Lee on Solent. We sat on the beach in the car. It made a nice change" The nominated individual also included relatives in these trips out which was appreciated by them. Additional entertainers such as singers also visited the home to provide additional entertainment. An activities board displayed the organised activities available There was always one and sometimes two planned activities a day. A vicar and a minister also regularly visited the home.

Pictorial signage was used throughout the home to help people to navigate their way around. This supported people to remain as independent as possible. There was a board which included information about the day and date weather forecast and any announcements. One of the days of our visits it included information about a new care planning system being trialled at the home. This helped to ensure people were kept informed about changes and developments. All the information boards were kept up to date.

Equipment had also been purchased with a mind to maintaining people's independence. For example the service had recently bought a customised wheelchair which was for occasional use. This had been coated with red fabric as staff were aware colour can be used to highlight important objects and orientation points and they felt people with sight and perceptual problems may be able to see the seat more clearly.

Consideration had been given to the environment with one of the lounges divided into smaller seating areas so people could choose where they sat. The smaller areas enabled people to watch a particular television programme or spend more private time with family and friends. There was also a sun lounge for people to enjoy if they wished. Access to routes outside were made up of flat or gently sloping walkways so that people of all mobility levels could easily access the gardens.

There was a robust complaints policy and complaints information which was available to everyone in their bedroom. People said they had nothing to complain about but said they would certainly make a complaint if they needed to. They were confident any concerns would be listened to and acted upon. The registered manager said the service had not received any complaints and said they always tried to resolve any concerns quickly to people's satisfaction.

Is the service well-led?

Our findings

People were very positive about the service. One person said, "It's as good as it gets" Another person said "It couldn't be better."

The mission statement for the home on display in the hallway was to provide "High quality care for older people in comfortable accommodation through a commitment to the core values of privacy, dignity, independence, choice, rights and fulfilment " During our visits we checked how well the service was performing in regard to their mission statement. We found the values expressed within the mission statement were embedded into daily practice.

A key strength of the service was the management team. The nominated individual said, "We forever want to be better" and "We try to run this home with Passion and Pride. That's what we strive for every day. The responsibility of someone leaving their home and moving in here is enormous. They have a trial period but I'm on trial too. I'm always on trial from the day [the person] moves in to the day they leave". The Nominated Individual worked at the service Monday to Friday for several hours each day and where necessary at the weekends. They had a high profile in the home. We saw them for example, supporting people with their leisure activities, serving drinks and when required, cleaning up. We observed people who lived at the service knew him well and reacted with him in a positive way laughing and joking with him. We asked visiting health care professionals and other regular visitors to the home if our observations were correct. They confirmed this was what they had observed also. The registered manager praised the nominated individual describing how supportive they were and how much they cared for example about the quality of equipment they provided for the service

The registered manager demonstrated the same passion and enthusiasm and was very receptive and responsive towards any suggestions about how to improve the service. They said for example "We look at competitors [CQC] reports so we can learn off the back of them." They continued to develop their skills and knowledge, for example they were studying for their QCF level 7 in management. The registered manager said "I try to lead by example" and this was manifested by the fact she worked alongside staff and ensured she offered consistent support and guidance. For example she arrived at the service at 6am every week day to support the night staff. Health care professions said "The manager is on the ball. It filters down." One member of staff said of the management team "I feel I could go to them about anything" Another said "They are supportive kind and friendly"

The registered manager, her senior team and the nominated individual clearly worked very well together. They complimented each other in terms of their skills, experience and knowledge. The management team staggered their shifts every day to ensure there was management cover for around 13 hours a day during the week and there was always one of them on call over the weekends to provide additional advice and support where necessary. The provider had systems in place to ensure the continuity of data access and management in the event of an IT failure. The assistant manager told us they had IT support twenty four hours a day, seven days a week from the company that supplied their electronic recording system. They

showed us emails that had been exchanged on a Sunday evening when they wanted some support, which meant they didn't have to wait to continue with their work. Data was stored on a Cloud based system, which enabled staff to have access from anywhere, using any laptop if required. This meant that if the laptops failed in any way, data could still be accessed to enable staff to continue to support people appropriately. Access rights to different levels of data were given to staff dependent on their roles and authority, ensuring confidentiality and security of people's personal information.

The registered manager, assistant manager and nominated individual regularly logged in and monitored what was happening in the home when they weren't on duty. For example, they could see if fridge temperatures had been taken. If they hadn't they would call the home and speak to a member of staff to find out why this had not been done.

Staff said there was a good culture within the home with person centred care. They said for example "You are here for them". They took pleasure in their work – a representative comment was "I'm really proud of this place"

This service had actively sought and acted upon the views of others to create and develop it further. They had taken part in some projects to improve the lives of people in care homes for example they had participated in a project to reduce the usage of calls to the ambulance service when this was not always needed. As a result the home had reduced the number of calls dramatically and health care staff praised the way they had taken all the advice and support on board. The had also taken part in the hydrate programme and had changed practice by appointing a hydration champion who made sure people had access to drinks at all times. This had been so effective the registered manager was taking part in presentations to give advice to others about how effective hydration was important for example in preventing falls.

People could provide feedback about the service in a number of ways- there was a feedback box in the hallway with feedback cards which they could complete anonymously if they wished. There were quality assurance surveys which were completed annually. We saw the most recent ones had been completed in December 2015. These had been completed by visiting professionals, residents, relatives and staff. All were very positive about the service describing for example a "passionate manager" "excellent care" with staff saying they loved working at Brook lane and would not want to work anywhere else" There were residents meetings and staff meetings. Shift handovers were also used as an opportunity to staff to discuss any aspects of the service. People who lived at the home were aware of proposed developments within the home and so it was clear these had been discussed with them. Policies and procedures were readily accessible to all and were up to date.

Audits were carried out at regular intervals for example medicines management and care planning was carried out monthly to ensure systems were effective. Infection control and kitchen checks were carried out every day. The kitchen had recently had health and safety food hygiene audit and staff said they had been awarded the maximum 5 *. Spot checks were also carried out, for example the registered manager had recently visited the service at night to check staff knowledge of the fire safety policies and procedures.