Brookfield Care Home Limited

Brookfield Residential Home

Inspection report

1 High Street
Somersham
Huntingdon
Cambridgeshire
PE28 3JA

Tel: 01487840900

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21 March 2018
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23 March 2018

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

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

Brookfield Residential Care Home consists of a two storey building and is registered to accommodate up to 14 people. At the time of this inspection there were 10 older people living at the service.

This unannounced inspection took place on the 21, 22 and 23 March 2018. At our previous inspection on 5 February 2016 the service was rated as 'Good'. At this inspection the rating had improved to 'Outstanding'.

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

People remained safe because there were systems and processes in place to protect them. Staff, as a result of their training in safeguarding people, understood the different types of harm and to who they could report this to. Risk assessments were in place and these promoted people's safety such as when mobilising around the service. Incidents such as falls were used as an opportunity for learning and to help drive improvements. Medicines were administered, recorded and stored in a safe manner and all staff who administered medicines had received suitable training to do this. Enough staff were employed to ensure that people's needs could be met in a timely manner. Staff were aware of infection control measures and the service was clean and well maintained. Staff were subject to checks on their suitability before they were offered employment. People who used the service were involved with the recruitment of staff.

People received an effective service and were supported by staff who had received an appropriate induction. Staff were encouraged to take up training opportunities and to further their knowledge, especially around people's health care conditions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible: the policies and systems in the service supported this practice. Staff knew when people needed support and also when to respect people's independence. Staff were supported in their role and they knew what standard of care was expected. People were enabled to access healthcare services. People's nutritional needs were met by staff who knew each person's needs well.

People received outstanding care. We received extremely positive comments from a range of people about the caring nature of the service. People received very high quality care from staff who had the time to spend with them and their families. Staff showed kindness to people in everything they did by offering exceptionally friendly support around their individual needs. People were able to retain their interests and routines, and staff fitted in around these. People were at the heart of the service as staff put people first and

foremost in everything. People's care plans contained relevant personalised information and these gave staff the information they needed in meeting people's needs. Staff used people's life histories to help them to understand what was important to each and every person. Staff told us about how it was important that people were enabled to be independent. They told us how they worked in a way to protect people's privacy and dignity.

People received an outstanding responsive service. There was plenty of meaningful stimulation for people and many opportunities for people to stay connected to their pasts. Staff encouraged people to retain their independence and uphold people's dignity. People were completely involved in their care. Staff saw people's well-being and community engagement as being important. The service and its staff team supported people to feel good about themselves and to have positive emotions by encouraging people to stay active and socialise with others. This also enabled people to play an active part in the community. There were regular planned and spontaneous activities, which took into account people's individual interests and hobbies and this helped prevent social isolation. Concerns were responded to before they became a complaint Staff worked well with other stakeholders to ensure that peoples end of life care was well managed.

People received a well led service. The registered manager had fostered a highly positive working relationship between staff and relevant stakeholders. The registered manager motivated the staff team with regular meetings, formal supervisions and mentoring. The registered manager understood their responsibilities and worked with people, staff and the provider to improve the quality and safety of care that was provided. Quality assurance procedures, a programme of audits and leadership were effective in driving continual improvements to the quality of service that was provided.

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 remains Good.

People were supported to be safe by staff who understood what safeguarding was.

Risks to people were identified and managed to reduce the risk of harm.

Sufficient staff had been safely recruited and they were deployed in a way which meant people's safety was promoted.

Medicines were administered and managed safely by staff who had the training to do this in a competent way.

Is the service effective?

Good

The service had improved to Good.

People's assessed needs were met by staff who were well trained.

People had access to a range of health care professionals and their health care needs were provided for in a timely manner.

People's independence was respected and measures were in place to promote people's safety where they lacked the ability to make decisions for themselves.

Is the service caring?

Outstanding

The service had improved to Outstanding.

Respect for people's privacy and dignity was at the heart of the service's culture.

Staff were proactive in anticipating people's care needs and they provided these needs in a respectful way.

People were enabled and supported to have a real say in how they led their lives.

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All staff were highly motivated in their roles in delivering to each person the most compassionate care they possibly could.

Is the service responsive?

Outstanding ☆

The service had improved to outstanding.

People's care was provided in a person centred way and staff knew people extremely well.

Staff were very proactive in providing a wide range of social stimulation. This enabled people to live their lives in a way each person wanted.

Concerns were acted upon before they ever got to become a complaint.

The registered manager and staff team were passionate about ensuring that people would experience a comfortable and dignified death.

Is the service well-led?

Good ●

The service remains Good.

The registered manager was aware of their responsibilities and they had notified us about events that they were required to do so.

Staff were motivated and supported in their role with supervision, training and being mentored by experienced staff.

Quality assurance, audit and governance procedures were effective in sustaining improvements.

People had a say in how the service was run.

Brookfield Residential Home

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place between 21 and 23 March 2018.

The inspection was undertaken by one inspector and an inspection manager.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we hold about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law such as serious injuries. On the day of our inspection we spoke with three people and a visiting relative. We also spoke with the registered manager, the head of care, two care staff and a member of the housekeeping team. We spoke with a further two relatives and a GP by telephone on 22 and 23 March 2018.

We observed people's care to help us understand the quality of care that people received. This was because not everyone was able to engage in meaningful conversation with us.

Prior to our inspection we contacted organisations to ask them about their views of the service. These were Healthwatch, the local safeguarding authority, commissioners of the service and the Fire Service. These organisations' views helped us to plan our inspection.

We looked at two people's care plans, staff training and supervision planning records and three people's medicines administration records. We looked at audit and quality assurance records in relation to medicines management, care plans feedback about the service. We also looked at two staff recruitment records and records in relation to the management of the service.

Good

Is the service safe?

Our findings

Information on how to report safeguarding concerns was displayed in the entrance of the service. The staff we spoke with were aware of the safeguarding protocols in place. They knew who to report any concerns to and were able to tell us what about the different types of harm that people could suffer. They all stated that they would report any concerns to the registered manager and they were aware of the external organisations who they could also report to. Staff confirmed that they had received training in safeguarding and received regular refresher training.

The service had systems in place to help identify risks to people. Risk assessments were in place for potential or known risks. These included risks associated with nutrition, falls, mobility and moving and handling. Risks to people who had behaviours which might challenge others were managed well. Potential triggers were known and staff took appropriate action to assist people to remain calm such as by speaking with them quietly or offering gentle reassurance to them. Medicines to help calm people were only used as a last resort. The provider told us in their PIR, "Risk assessments are carried out on all service users and evidenced in care plans. These are reviewed monthly or sooner in the event of any change. Risk assessments for the whole environment inside and out are also carried out."

Staff were aware of people's risks assessments and were able to describe the risks to them in the service. Staff understood what risks people could take such as with their mobility but also what measures to take to safeguard people from harm including making sure people's call bells were in reach. One member of staff told us, "We have training on safe moving and handling, infection prevention and control as well as safeguarding. We make sure people have the equipment they need and that they can access the equipment that they need such as their walking frame."

Staff continued to be recruited safely. Checks were undertaken before people were employed. These included checks for criminal records through the Disclosure and Barring Service (DBS), previous employment references, photographic identity and a declaration of physical health. One recently recruited staff member said, "I didn't start until my DBS came back clear." We were told that people using the service were involved with interviewing staff and that this gave the registered manager a greater insight into the suitability of potential staff.

There were sufficient numbers of suitably skilled staff. The registered manager assessed people's dependencies and ensured that there was sufficient number of staff on duty to meet their needs. Call bells were responded to promptly and people's request for assistance were attended to by staff who were proactive in meeting people's assessed care and support needs. One person told us, "As soon as I ask for help or press my buzzer [call bell] they [staff] are there. You don't wait long." A relative said, "Whenever I visit there are always enough staff. The good thing here is they don't use agency and the same familiar staff faces greet you." Staff told us that there were enough staff on each shift. One member of staff said, "We work well as a team, that's one of the great things about working here".

We observed that staff were adept at understanding what people's needs were and how to meet these safely

such as with moving and handling equipment. Appropriate arrangements were in place to ensure that lifting equipment including stair lifts and other services such as gas appliances were maintained in line with statutory requirements. One person said, "I always have my [walking] frame and they [staff] remind me if I forget to take it with me." A relative told us, "[Family member] has to use the stair lift to go upstairs to bed but [they] use it well as staff help [them]."

Medicines were managed safely. People were supported to have their medicines administered as prescribed. Staff who administered medicines received training in how to do this and their competence was regularly assessed. One member of staff told us, "The manager checked my competence and observed me before I was signed off to administer medicines." Records of administered and stored medicines were accurate and medicines were stored securely. The disposal of medicines was undertaken in line with current guidance. Protocols were in place for medicines that were prescribed to be taken as required. One relative told us, "Since moving into Brookfield [family member] has never looked so well. They tell me they get their medicines which is something I used to worry about before they moved here. I can relax now knowing they are in safe hands."

During our visit we noted that people were cared for in a service that was clean and free from malodours throughout the day. Domestic staff were employed and there was a cleaning schedule in place. Some of the people living in the service also assisted with household chores such as putting the washing out, laying the tables and washing up. A relative said, "Every time I visit [family member] the only lovely smell is the home cooking. The home is always clean, fresh, tidy and the dining room is always mopped." We saw that different colour coded mops helped staff to maintain hygiene standards and reduce the risk of any potential to spread infections. A staff member told us, "I have regular training on infection prevention and control and we have hand-washing gel and paper towels and have had training in infection control." The service had recently been awarded a food hygiene rating of five which is the highest level that can be awarded. Staff wore appropriate protective clothing such as aprons and gloves when assisting people with personal care and there were plenty of supplies of these. These helped to reduce the risk of cross contamination and spread of infection. Regular infection control audits were carried out and all staff had received training in infection control.

Accidents and incidents were recorded to show what had happened and what actions had been taken by staff. These records were analysed for themes or trends. Where incidents occurred appropriate actions were taken to help ensure that people were safe. For instance, by staff contacting a GP or out of hours 111 service for advice. Accidents such as when people had a fall were monitored and appropriate measures were put in place to reduce these occurring. For example, people were referred to specialist health professionals when they had fall. Accidents and incidents were discussed during staff meetings and any lessons learnt were also discussed.

Good

Is the service effective?

Our findings

At our inspection in February 2016 we found that improvements were needed because people were not encouraged to make choices. During this inspection we found that improvements had been made and that people had a wide range of choices including those for food and pastimes.

People we spoke with were happy living at the service. One person told us that staff knew him very well and how he enjoyed the company of the other people and staff in the service. He said that he felt so much better than when he lived on his own and that that the, "Staff were marvellous, cannot be faulted".

People's care needs were assessed before they started to live at the service. The assessment covered a range of areas including people's health conditions, medicines, their likes, dislikes, pastimes, mobility and levels of independence. One relative told us, "[Registered manager] was so helpful in going through what they needed to know about [family member]. Everything was discussed, right down to how they liked their hair and who their GP was."

People chose what they wanted to eat. There was a wide variety of choice and people were supported to eat a balanced diet. People could have a cooked breakfast each day, during a residents meeting they all agreed not to have a cooked breakfast on a Sunday so that they were hungry enough to eat the roast dinner. The main meal was served in the evening as staff had noted that when people had it in the middle of the day they became lethargic afterwards.

We observed people having their breakfast and lunch. People were not rushed and all received the support that they required. One person told us, "I am having salad for lunch. Ham I think." Another person chose to have an omelette. Another person told us they liked onions which we saw they placed with their salad. A relative said, "People help prepare the meals and this is good for my [family member]. It keeps them occupied but also gives them purpose and to be part of the meal experience and not just the eating bit. [They] have put on some weight since moving in but they had a need to."

Tables were laid with condiments, sauces and pickles which people could help themselves to. We found that the lunchtime experience was one which everyone enjoyed and where people ate well. Homely supplements such as full fat cream or cheese and milk were added to people's food when they required additional calories and full information about people's dietary needs were in their care plans. Fruit, biscuits and hot and cold drinks were provided throughout the day and placed where people could access these. In addition, cultural foods had been provided such as Irish and Chinese foods and others were planned.

Staff were provided with an induction when they stated to work at the service. The induction was a recognised national standard known as the Care Certificate. Staff received mandatory training in subjects such as moving and handling, fire safety, first aid, end of life care, equality and diversity and basic life support. Other training on more subjects was given to staff so that they could provide the required care to people. This training included dementia awareness, diabetes, Parkinson's disease and advanced falls prevention.

The registered manager encouraged staff to undertake further training. On the day of our inspection a staff member was working on their level 3 diploma in health and social care with an external assessor. This training helped staff to increase their knowledge and skills.

A wide range of support mechanisms were in place for staff and these included, induction training, formal supervisions, staff meetings, shadowing experienced staff as well as support from the registered manager. One staff member told us, "We are expected to provide good quality care all the time. It doesn't mean we can't have a laugh with people. Any staff who fall below the expected standard soon get pulled up. The [registered] manager is so good. She is always there when you need them. They even come in on a night time to help." Another staff member said, "I have a planned supervision every two months, "It is an opportunity to go over what has gone well, how my role as a key worker for various people is going, any extra training I may need as well as what suggestions I might have for activities. I don't have to wait for supervision as I can speak with them at any time as their door is always open." All staff told us that feedback from the registered manager and head of care was provided in a positive and constructive manner that helped staff to develop in their role.

The registered manager and staff team worked with healthcare professionals to allow people to have the on-going healthcare support they needed. Health records were kept for people and we noted that nutritional risk referrals had been made to a Speech and Language Therapist when this was needed. A health professional told us, "As soon as they [staff] have any concerns about people, they contact us. We are confident in their concerns. It is good to have such a good working relationship with the [registered] manager."

Staff enabled people to access health care services when these were required. One person said, "I feel quite well but I am sure that if I needed a doctor they [staff] would call one for me." One relative told us, "Since [family member] moved into the [service] they have been so much healthier as they never used to eat well. I can relax knowing that if they need a GP or district nurse that [registered manager] would be straight on the phone. They keep me fully informed. It's good to have that assurance."

The service had received written feedback from a health care professional judging the service to be 'excellent' at keeping records relating to people's health conditions and following treatment guidance. Another healthcare professional had stated that "Staff looked after people's health and well-being well."

The service was accessible to people who used it. Adaptations had been made to the property. These included a stair lift, wheelchair access, and a recently refurbished and accessible bathroom. One person had regular falls so staff had covered hard edges with padding so that there were fewer risks for them when they fell. We were told that people enjoyed spending time in the garden and a local building firm had donated equipment for raised garden beds to be built. This would allow increased access for people who used a wheelchair as well as giving people sensory stimulation without having to bend down.

The Mental Capacity Act 2005 (2005) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager had followed the correct procedure in applying to deprive people of their liberty to the local authority and these had been acknowledged. This was to gain legal permission to deprive people of their liberty and of their human rights to freedom. Records and staff we spoke with confirmed that they had been trained and they had a good understanding about the requirements of the MCA and its code of practice. People were asked for their consent before being assisted by staff.

Where people using the service had the mental capacity to make informed decisions for themselves they were supported to do this safely. For instance, people who were at risk of falls were monitored by staff in the least restrictive way such as reminding or prompting the use of walking aids or bed rails. One person told us, "I know when I can go out. It's up to me. They [staff] remind me if I need my coat or a jumper." A relative said, "If it wasn't for them [staff] I would worry. I know they prompt [family member] to eat. It's just that little bit of encouragement that's needed." One staff member said, "Where people do make unwise choices we need to consider them. However, it is their choice as long as it is safe we can't always stop them. Always assuming mental capacity is vital as mental capacity varies as does each person's decision making." Staff also told us how a decision in the best interests' of the person could be made if this was ever needed. For example, with the involvement of relatives, health professionals, the person, the registered manager and staff.

Outstanding ☆

Is the service caring?

Our findings

People, their relatives and healthcare professionals made extremely positive comments about the caring nature of the service. One person living at the service told us, that staff are, "Some of the best people I have had in my life." A relative told us "They [staff] always without exception respect people's privacy and dignity. [Family member] might not understand everything you say to them but they do know what being respected means and they [staff] are so good at keeping [family member] decent and clean every time I visit."

Staff showed people exceptional kindness. We saw how staff took the time to talk through situations with people, using examples which people could relate to but also life stories where they could reminisce about happy times. We found that as a result of all staff's understanding of each person, they were sensitive about the subjects people liked to talk about as well as subjects which would otherwise cause anxieties. Staff completely understood the needs of people, their preferences and their personalities. People living at the service were encouraged to live well and stay connected with their past, with friends, family and their communities. One person who had used the respite service and who had returned to their home after several months told us, "In all the time I was there I was treated with care and kindness as were all the other residents. The lovely friendly atmosphere was present all the time and the lovely homely cooking. I still visit as I consider Brookfield's and the smashing staff to be my extended family and thank them for all they did for me."

All of the people, relatives, health professionals and external stakeholders described the service as very homely. A double room was available should a couple want to live together. A relative told us, "I am offered a cup of tea or coffee and a homemade cake. I can stay for lunch too. It is so welcoming every time I visit. Staff often come in on their day off for half an hour or so just to be with [family member] as well as other residents." Other relatives and health professional's also told us that staff coming in on their days off or spare time was a regular event where staff spent time developing their relationships with people.

Staff described to us how they respected and promoted people's privacy and dignity. One member of staff said, "I let people do as much as they can but preparing everything such as toiletries in advance to avoid any delays really makes a difference to dignity." This was as well as being proactive as to when people required help to the toilet before any continence incidents had chance to occur. Another member of staff told us, "I close the door first; I explain each stage of the care and let people do as much for themselves as they possibly can do."

A relative told us, "The [registered] manager has been amazing with [family member]. They have changed the clothes they wear to make sure they no longer compromise themselves. [Family member] was having a few incidents and rather than just letting these continue we discussed what could be done and [registered manager] suggested] that trousers would be a better option and [family member now seems just as happy." It is good to know that even though [family member] is in a care home and safe that they [staff] still treat them as a person and look after their dignity so respectfully."

People were empowered by the support and understanding they received from staff. Staff were proactive in

helping them avoid anxiety and stress. We saw that when one person required support with their dignity that staff did this without compromising the person and by doing it discreetly before returning the person back to complete their lunch. We saw another person whose eyes were closed that staff said their name quietly whilst playing snakes and ladders and the person opened their eyes and caught the inflatable dice, before throwing the dice. Staff used creative ways to communicate with each person using the service. For instance, letting people use the service's telephones, e-mail system or just having a confidential chat in the privacy of the person's bedroom with family member's in the person's first language. Communication was individually tailored to each person.

Staff were aware and sensitive to people's preferences in terms of gender specific care. Additional male staff had been employed as a result. One staff member told us. "[Name] is revelling with our new [staff member." A relative said, "The registered manager recruited additional male staff to help [family member] to have their care undertaken by a male member of staff." Some people living in the service did not have English as their first language. Staff were learning other languages to be able to speak with people in their own language.

Staff told us how they understood what good care was and how to make a difference to people's lives. One said, "We talk to them and they can tell you so much about their life." We saw that staff used many of the wide range of available photographs to stimulate people's memories and keep these alive. We also saw how staff used a recent newsletter to recount more recent events where people's huge smiles, dancing and holding their favourite cocktail or drink had made such a huge difference to each and every person's day. Another staff member said how they spent many hours sat with one person who needed support as they had lived for many years on their own. We also observed how people could be supported with a one to one puzzle, game of cards or jig-saw the person liked doing a bit each day. When people helped with making meals, staff provided individual time to chat about people's memories and what was important to the person and about daily life in the service. Staff listened to what people said to make a real difference to their lives as they acted in a person centred way by promoting independence.

Care plans gave staff the information they needed about what people enjoyed and examples included, 'person has an interest in [pets]'. One staff member told us, "When they [person] came to live here we had to look after their [pet] as they were not able." We also saw how some people preferred to eat on their own but needed more support from staff. We saw that they made sure the person had their adapted crockery with a rimmed plate to help the person eat independently and that when this came off that staff quickly refitted it with calmness and sensitivity to the person's satisfaction.

People had the advocacy support in place they needed such as a lasting power of attorney. People, when required, were supported to access advocacy through external agencies. Information about advocacy was included in a service user booklet which people were given when they started to use the service. One relative said, "I have a power of attorney for health and making these decisions for my [family member] is important."

People were supported to follow their chosen faith and the staff organised for people to access a community church or to have visits by various religious leaders. Staff were aware of people's dietary choices and preferences and of those foods which were not acceptable due to the person's religion.

Outstanding ☆

Is the service responsive?

Our findings

The service provided to people was exceptional. The service really felt like it was a person's home and people could choose what they wanted to do, at the time that they wanted to do it. The staff team were fully committed to ensuring that people were treated as individuals and that they provided the best care and support to people that they could. There were no set routines in the service and people could choose what they wanted to do and any support they needed from staff to fulfil their wishes.

A relative told us, "It's a fantastic home where people live out their lives being stimulated with meaningful hobbies and interests." Another relative said, "There hasn't been a day I've visited and I come every day that there hasn't been some kind of social activity." A further relative told us, "The lovely smells of home cooking often fill the air. People are seen in the kitchen helping if they are able and want to. It is a service that is as near as possible for a residential home to being a person's own home."

People were consulted by staff about their care and they listened to what people had to say. One person told us, "I used to be in the boy scouts and I now like to help doing some of the washing up and helping other people while I am able."

Staff planned care and support around people's needs. Staff assessed people before they came into the service to ensure that it was a suitable place for them to live in and be cared for. One person who recently moved into the service was concerned because they had a dog and it might not get on with the service's cats. To overcome this situation the service was a member of a national charity whose primary objective was to respect and preserve the treasured relationship between owners and their pets. The registered manager worked in partnership with owners to overcome any such difficulties that might arise. The person really wanted to move into the service so a member of staff offered to look after their dog for them at their house.

A care plan was put in place soon after the person moved into the service and this was kept under regular review. The person using the service and people important to them were involved in setting up the plan of care. One staff member told us, "We talk to families to provide us with as much information about their loved ones as possible. Even if it's only a little it helps." They told us this helped them converse with the person and know what was important to them and helped aid a meaningful conversation. Each person had a specific member of staff who as their 'key worker' helped determine exactly what each person wanted out of their life at the service. For example, by asking, "Is there anything you want to do which we are not doing at the moment. How can we help you to do this?" Each person spoken with knew who their "keyworker" was and there was a photograph of them in the person's bedroom. Keyworkers met weekly with the person whom they were keyworker for and during this meeting they discussed the care plan, any concerns that they may have and any improvements that could be made.

Care plans, clearly illustrated people's needs and wishes. They included information about the person's background and what staff should take into account when delivering their care. They included people's care preferences, and any religious or cultural considerations staff should be aware of. One care plan we

reviewed included comprehensive information about the person's health condition. The care plan gave a detailed account of how the person was to be supported and any risks posed by their health condition.

People's care plans were followed by staff. Staff helped as much as practicable to respect people's independence to make sure people had what they needed. For instance, by engaging with people to be active and ensuring people always had the resources and any equipment they needed. Families told us they met to discuss the care plan and any aspect of their relatives care and had been told these could happen as often as they liked. Information provided by relatives was then added to people's electronic care plans. A relative of a person using the service told us, "I'm invited to a review of my [family member's] care. I don't need to book an appointment as they [staff just ask when I am visiting if it's alright to go through [family member's] care." I am always fully informed about everything that's going on."

A wishing tree was in the hallway of the service. This was where people who had a wish to do something could write it down on a leaf and put it on the tree. We saw that many of the wishes that people had, had been fulfilled. This included a person going out for a curry, playing with their pet dog, having a favourite singer and going for a walk with their pet to a local lake with staff. One relative told us about their family member's special wish for a garden party and that the registered manager was looking at ways to fulfil this.

The service had a newsletter that was produced each month. This contained information about events that had been held and dates for your diary of forthcoming events. People and their relatives and friends spoke enthusiastically about the events and told us that they and their relatives were aware of what was going on. The newsletter included photographs of people undertaking activities. The registered manager told us that they regularly sent photographs to peoples relatives. An outdoor summer party was being planned and information about this was in the newsletter.

Other activities that people had enjoyed included visits by the local school children singing, a visit by Santa Clause and a Christmas party. A relative told us, "The Christmas party was fabulous. [Family member] had such a good time and in the summer [family member] was out in the sun with a hat, sun cream and having a great time doing some gardening and sun bathing."

People had recently celebrated St Patrick's Day. Irish dancing was performed and people ate Irish stew. Thy also had a choice of drinks including Guinness, Irish Whisky and an Irish Liqueur. Staff had assisted people to decorate the service with Irish flags and four leaved clovers which they have made. The registered manager said, "It was a real team effort, right from choosing the recipe for an Irish stew to people making the hats and dancing an Irish jig." Photographs showed the fun people had experienced over the day. One member of staff also told us, "I danced with people as best I could. I was prepared to try and learn but we all had a great laugh." One person told us that they, "Had had an amazing time with the music, [drink], food and decorations." Staff told us that they had planned an around the world journey. A Chinese party was held when a person of Chinese descent moved into the service, and a Greek party was being planned as a Greek person lived at the service. The registered manager said, "We are going to Greece next so we will need to research their culture. It will be nice to have the different smells from cooking a Stiffado [beef and onion stew]."

When we arrived, for our inspection all but one person was up and busy either having breakfast, or helping clean, in the kitchen or chatting with friends. People told us that they could choose when to get up and go to bed. The registered manager said that there were no set routines in the service and that people could chose when to do what they wanted to do. One relative told us, "[Family member] loves to go for a walk and the staff go out with them. It's so nice to see them helping in the garden in the summer and looking so healthy."

Staff spent time sitting and chatting with people and also assisted them to take part in activities. During the day we observed people sitting in the lounge playing snakes and ladders. This game was played by everyone and all were really engaged with it. We spent time observing the fun that each person had taking part in this game using a large inflatable dice and large floor based board with plates as counters so people could easily see where they had got to. We also saw everyone playing a card came, higher or lower and a game of throw the ball into the basket. During the afternoon one member of staff brought their twin grandchildren to the service. People really enjoyed cuddling them. One person kept saying, "Look real babies."

Staff told us that when people moved into the service their end of life wishes were discussed such as who they wanted their funeral director to be and if they wanted to be buried or cremated. They went on to say that when people were nearing the end of their life a full end of life care plan was drawn up with them and their relatives. Staff worked closely with other healthcare professionals including MacMillan and District Nurses to ensure that people who wanted to say at Brookfield Residential Home at the end of their life could do so. We saw that this was in line with the most up-to-date guidance for end of life care. A relative told us, "It was a difficult decision choosing a home for my [family member to live but I know that when the time comes they will be in the best possible hands." Staff also told us that recliner chairs were provided so that relatives or friends could stay with their loved one as long and as comfortably as possible.

The registered manager told us that, "Every member of staff does their bit to ensure that people's end of life care is as dignified and pain free as possible". They went on to say that all staff had received training in respect of caring for a person who was reaching their end of their life.

We received positive comments about how people's end of life care was managed. A GP told us, "One aspect about the home's end of life care is that they [staff] do absolutely everything they possibly can do to make sure the person can stay at the home and be provided with all the necessary care which means so much to people and their families at such a time." A relative of a person who had recently died had written to the staff. They said, "Thank you for all the kindness you gave [family member] in the last two weeks of their stay with you. It was much appreciated by all the family." And another relative had written, "We would like to express our grateful thanks for the love and care you gave [family member]. Especially during the last few days of [their] life. It really did mean a lot."

The service had a complaints procedure. The registered manager told us that no complaints had been received since our last inspection. People using the service and their relatives were aware of the procedure and they stated that they would have no hesitation in making a complaint if they needed to. Staff were aware of the procedure to follow if they received a complaint. One relative told us, "The reason I have never had to complain is that everything is simply just perfect." People we spoke with told us they had not had to raise any concerns. One person said, "I would just speak to a staff member if I had anything that was bothering me, but I have never had to. It's one big homely home."

Good

Is the service well-led?

Our findings

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

The registered manager was passionate about driving improvements in everything that they and their staff team did. Their focus was on ensuring the people received the best care that they could. They were supported by a head of care, care and house-keeping staff. All staff were aware of the vision and values of the service, and they praised the registered manager for their enthusiasm, leadership and availability.

The registered manager had strong links with other stakeholders and they told us that they had a particularly good working relationship with heath care professionals. They also told us that peoples' relatives and friends were able to visit anytime. One relative told us, "The staff are always smiling. I don't know how they do it. My [family member] is so happy here it's a pleasure to visit. I can't fault anything." Another compliment received from a relative was, "Exceptional introduction to the [registered manager] who was positive and proactive, in helping to arrange for [family member] to be transferred from hospital."

The registered manager told us that although they faced challenges in recruiting staff, they had risen to these by involving people in the recruitment process. They had been successful in retaining a solid core staff base. This meant that people's care was more consistent and that changes could be made over a period of time which people had benefitted from.

To assist with the smooth running of the service staff held a twice-daily handover meeting. This was to share important information such as any changes in people's care needs. Accurate and secure records were maintained.

The service had submitted notifications to the Care Quality Commission that they were required to do. The ratings for the last inspection were on display at the service and are available on the provider's website.

A range of audit and quality assurance processes were in place including those for medicines and care plan reviews. Many ways were used to encourage people, relatives, staff and external stakeholders to contribute in developing the service. These included surveys, face to face meetings, e-mails and communications using technology such as the internet for those who could not attend the service. As part of the quality assurance process views were sought from people using the service, their relatives and friends, health professionals and staff via written questionnaires. Comments received were collated and actions taken where necessary. In response to one relative's comments, refurbishment works had been undertaken to a bathroom and two rooms were in progress of being updated. One highly consistent theme throughout the responses was how homely the service's appearance and atmosphere was as well as how staff consistently worked to a high standard.

The registered manager held staff meetings each month and all staff attended these. Staff were reminded of their responsibilities at these meetings and of the quality and standard of work that was expected of them. Policies and procedures were in place to support staff.

Resident and relatives meetings were held each month. In addition, the registered manager held a "drop in" session one evening a month for families to meet with her. No families had taken up this offer and the registered manager thought that was because she was in regular contact with them. However, she was keeping this option open for people.