Island Healthcare Limited

# Brighstone Grange

## Inspection report

Brighstone Grange
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Brighstone Grange is a care home registered to provide accommodation for up to 23 older people, some of whom were living with dementia. At the time of our inspection there were 21 people living in the home. The service also provided personal care support to a person in their own home within the local community, known as 'the hub'. The inspection was unannounced and was carried out on the 31 October 2017 and 7 November 2017.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People's medicines were not always stored at the correct temperature. We have recommended that the provider seek advice and guidance on the safe storage of medicines. Medicines were administered by staff who had received appropriate training and assessments. People received their medicines at the right time and in a way that met their needs.

People and their families told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the providers' safeguarding policy and explain the action they would take if they identified any concerns.

Staff knew the people they supported and were able to explain the risks relating to them and the action they would take to help reduce the risks from occurring.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs.

The provider have an effective recruitment process in place. This included an interview process which involved the people living at the home and all appropriate checks. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

Staff sought consent from people before providing care. Where people lacked the capacity to make a decision staff followed legislation designed to protect people's rights. Where necessary Deprivation of Liberty Safeguards (DoLS) applications had been made.

Staff developed caring and positive relationships with people and were sensitive to their individual communication styles, choices and treated them with dignity and respect. People were encouraged to remain as independent as possible and maintain relationships that were important to them.

People were supported to have enough to eat and drink. Staff who prepared people's food were aware of

their likes, dislikes and dietary needs. Mealtimes were a social event and staff supported people, when necessary in a patient and friendly manner.

People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

There was an opportunity for people and their families to become involved in developing the service. They were encouraged to provide feedback on the service provided both informally and through resident forums, a quarterly survey and through a 'bright ideas' suggestion box. They were also supported to raise complaints should they wish to.

People told us and indicated that they felt the home was well-led and were positive about the registered manager who understood the responsibilities of their role. The provider was fully engaged in running the home and provided regular support to the registered manager.

The providers' clear vision and values underpinned staff practice and put people at the heart of the service. Staff were aware the vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the home provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

## 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 received their medicines at the right time and in the right way to meet their needs. However, their medicines were not always stored at the correct temperature.

Staff were aware of the risks to people and the action they should take to reduce those risks.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

There were plans in place to deal with foreseeable emergencies and staff were aware of their responsibilities to safeguard people.

### Is the service effective?

Good

The service was effective.

Staff received an induction and on-going training to enable them to meet the needs of people using the service. Staff were supported appropriately in their role and could gain recognised qualifications.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People across the service were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

### Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices

and their privacy.

People were encouraged to maintain their independence, friendships and important relationships.

## Is the service responsive?

Good

The service was responsive.

Care plans were personalised and staff were responsive to people's changing needs.

People's wellbeing was enhanced through activities that were focused on individual's abilities and preferences.

There was a process in place to deal with any complaints or concerns if they were raised. People told us they knew how to complain but had not needed to.

## Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People, their families and staff were actively encouraged to become involved in developing the service.

The provider had suitable arrangements in place to support the registered manager and there were were systems in place to monitor the quality and safety of the service provided.

# Brighstone Grange

**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 was 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.

The inspection was unannounced and was carried out on 31 October 2017 by two inspectors with a further day by one inspector on 7 November 2017.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

The service provides a mixture of residential care and had just commenced the provision of care in people's homes, which they call 'the hub'. We spoke with five people using the service and two relatives. We observed care and support being delivered in communal areas of the home. We spoke with four members of the staff, a social activities co-ordinator, a kitchen hand, the cook, the deputy manager, the registered manager and the provider. We also spoke with two visiting health professionals and received feedback about the home from two other health professionals.

We looked at the care plans and associated records for six people using the service, staff duty records and other records related to the running of the service, such as, three recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The home was registered in October 2016, following a change of provider and had not previously been rated.

Good

# Is the service safe?

## Our findings

The service provides a mixture of residential care and the provision of care in people's homes, known as 'the hub'. People across the whole of the service told us they felt safe. One person said, "it is a good place. I feel safe here." Another person told us they felt safe. They added, "I like to be independent but I have been known to fall so they gave me a bell to ring, around my neck. When I ring they come straight away". Family members told us they did not have any concerns regarding their relative's safety. One family member said, "Staff are a godsend. I don't have any concerns at all. Fantastic." Another family member told us, "[The registered manager] is in control of looking after [my relative's] welfare and I feel [my relative] is well cared for". Health professionals told us they did not have any concerns regarding people's safety. One health professional said, "I have no concerns at all; people are definitely safe." A health professional who provided feedback told us, "I been attending to the residents needs for approximately 20 years and in that time I have found the home to be of a very high standard."

People's medicines were not always stored safely and in line with the manufacturer's instructions. The temperature of the room in which medicines were stored was taken on a daily basis using a thermometer, which recorded the maximum and minimum temperatures. We looked at the medicines stored in the cupboard and found they should be stored at temperatures below 25 degrees Celsius. Between the 1 November 2017 and 7 November 2017 we saw the maximum temperature had been recorded on seven occasions as being in excess of 25 degrees with a maximum of 26.3 degrees Celsius. The registered manager told us they had identified the problem with the temperature in the room and was in discussions with the provider to move the medicines to a new location within the home. However, they had not contacted the pharmacy or the GP to identify whether storing the medicines at temperatures in excess of the recommended temperature would impact on the viability of the medicines. Following our intervention the deputy manager spoke with the pharmacist who stated there should be no impact on the current medicines stored in the room.

We recommend that the provider seek advice and guidance on the safe storage of medicines.

People received their medicines safely. One person said, "They bring you your tablets and stand over you to make sure you take them." A health professional providing feedback told us, "From my experience they have a well documented, safe system for the distribution of the medication provided, incurring minimal errors or waste. They have good communication with the surgery and have worked alongside us reviewing the medication systems this year." Only senior staff were able to administer medicines and they had received appropriate training and their competency to administer medicines had been assessed by the registered manager and the deputy manager to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provided a record of which medicines were prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was

a medicine stock management system in place and a process for the ordering of repeat prescriptions and disposal of unwanted medicines. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Staff were aware of the risks to people and were able to explain the action they would take to help reduce those risks from occurring. However, we found some records in respect of people's risks were not up to date. We raised this with the registered manager who explained that they were in the process of changing and updating everybody's care plans and risk assessments in line with the provider's corporate model. They showed us a number of care plans and risk assessment which had been up dated, personalised and written in enough detail to protect people from the risk of harm, whilst promoting their independence. By the end of the inspection all of the care plans and risk assessments were updated and personalised to the individual.

The registered manager had also identified the environmental risks to people and they were supported by the provider's health and safety officer. They provided advice and guidance to the registered manager and carried out quality assurance monitoring to ensure the risk assessments were relevant and up to date. Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents. Each person's care plan contained information, in an easily assessable format, necessary for health professionals to support that person should they be taken to hospital in an emergency.

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff, including non-care staff and the registered manager had received appropriate training in safeguarding adults. Staff knew how to raise observed concerns and to apply the provider's policy. One member of staff told us, "If I had a concern I would go to [the registered manager]. If nothing happened I would go to [the provider], CQC, the police or safeguarding." Each person had a safeguarding care plan, which described measures staff should take to keep people safe. For example, how staff should support a person who occasionally displayed behaviours that staff or other people using the service may find distressing. The registered manager conducted thorough investigations in response to allegations of abuse and worked with the local safeguarding authority to keep people safe from harm.

People and their families told us there were sufficient staff to meet people's needs. One family member told us their relative had been at the home for many years and they felt the staffing and care was good. The registered manager told us that staffing levels were based on the needs of people using the service. They explained that they considered the 'hub' to be an extension of the home. Therefore, the team of staff supporting the person in their own home were drawn from the care staff within the home. The 'hub' staff were employed on a shift basis and when they were not required to support people in the community they provided support to people living at the home. The staffing level in the home and the 'hub' provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. Staff responded to people's needs promptly. A member of staff said, "There is enough staff to look after people. We have time to sit down and have lovely conversations with people."

There was a duty roster system, which detailed the planned cover for the service. This provided the opportunity for short term absences to be managed through the use of overtime, staff employed by the provider at other homes and agency staff. The registered manager and the deputy manager were also available to provide extra support when appropriate.

The provider had a recruitment process in place to help ensure that staff they recruited were suitable to

work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The registered manager also included one of the people using the service in the interview panel to encourage people involvement. We spoke with the person who had been involved in the interviews of new staff and they told us, "I help interview new staff. We [recently] had an interesting lady join us. I saw her down stairs. I felt safe knowing I had help pick her."

There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire. Fire safety equipment was maintained and tested regularly. Emergency information was available, including contact details for staff and management out of hours. Personal evacuation plans for people were available in people's care plans, however these were not easily assessable in an emergency. We raised this with the registered manager who agreed that they would be better in a fire 'grab bag' in the foyer for easy access if people needed to be evacuated in an emergency. Staff had received fire safety training and had been trained to administer first aid.

Good

# Is the service effective?

## Our findings

People and their families told us they felt the service was effective, staff understood people's needs and had the skills to meet them. One person said, "It is a good place. It is home. The carers look after people." The person added, "The carers are lovely, they look after me". Another person told us, "The girls look after me." A family member told us, "It's been great. They are all very very helpful." Another family member said their relative was receiving end of life care and, "They [staff] are doing their best to keep [my relative] comfortable." A health professional told us, "They know their residents very well. They are always expecting me, prepared and know where the people are." Another health professional said, "I do not find any problem with the staff here; they are always friendly and helpful."

People across the service were supported by staff who had received training and an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing a more experienced member of staff who assessed their suitability to work on their own. Staff who were new to care, received an induction and training, which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. A new member of staff told us, "I have done the care certificate and shadowing for a couple of weeks. The training has given me the confidence to start supporting people. There is always someone to ask though [if I am unsure]."

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults, fire safety and first aid. Staff had access to other training focused on the specific needs of people using the service, such as, dementia awareness, end of life care, mental capacity act and deprivation of liberties safeguards. Staff were supported to undertake a vocational qualification in care and were able to demonstrate an understanding of the training they had received and how to apply it. For example, how they supported people to safely mobilise with the support of equipment. One staff member told us they had "done lots of training in the last year or so" they added they had recently completed her medication training so they can administer medication. A health professional said, "Staff seem skilled from the interactions I have had with them."

Staff had regular supervisions and staff who had been at the service for longer than 12 months also received an annual appraisal. Supervisions provide an opportunity for management team to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away. One member of staff told us they had regular supervisions and added "It is great to get feedback."

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any

decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. We saw staff followed these by consulting with relatives and professionals and documenting decisions taken, including why they were in the person's best interests. For example, a best interest decision had been made in respect of one person who lacked capacity to enable them to understand the use of a profiling bed with bed rails to keep them safe. Following consultation with a member of their family it was decided the least restrictive option was to only use one bedrail with an alarm mat to ensure the person did not feel too restricted.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements. DoLS applications had been made to the supervisory body with the relevant authority when appropriate. The registered manager carried out a review of the applications on a regular basis to ensure they were still required. Staff had been trained in MCA and DoLS; they were aware of the people that these restrictions applied to and the support they needed as a consequence. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests and the least restrictive option.

People and their families across the whole service told us that staff asked for their consent when they were supporting them. One person said, "They always check with me first if it okay before doing something". Another person told us staff, "say do you want me to or shall I do. Whatever it is they have come to do for me". A family member said, "They [staff] get on really well with [my relative]; [my relative] won't do anything [my relative] doesn't want to do. [My relative] will soon tell them." We observed staff spending time engaging with people before providing care or support, such as helping them to mobilise or take their medicine. They used simple questions and gave people time to respond. Daily records of care showed that where people declined care this was respected.

People across the whole service were supported to have enough to eat and drink. People living in the home and their families told us they enjoyed their meals. One person said "The food is okay. I eat perfectly well so it must be." Another person told us, "The food is very good. There are two choices every day. The second choice is a salad at the moment. There is a nice dessert as well. They will always save the meal if you are away and then heat it up." They added "I always go down for lunch and prefer to have my breakfast in my room." A third person said, "The food on the whole is very good now, improved tremendously over the last year. Cook gives us things that we like; we have different flavours that are very tasty." They told us that they tell the cook the things they like and the cook gets them for them. They added, "For example they have got me my own special marmalade that I like and the Irish butter I asked for." Other comments from people included, "The food is good, I don't have much of an appetite but there is choice", "I am getting the fish pie I had wanted at supper time, so I am looking forward to that" and "I always have two choices and choose on the day." A family member told us they felt the food and choice was adequate and confirmed that his relative was now on a very light puréed diet and fluids.

Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences. Meals were appropriately spaced and flexible to meet people's needs. People were offered a choice of hot meals. The cook told us they used a four week rotational menu based on what they knew people liked. If people did not want what was offered, alternatives were available, such as poached eggs, homemade soup and sandwiches. People were also offered a choice about the size of the meal they preferred, small, medium or large. Drinks, snacks and fresh fruit were offered to people throughout the day. Mealtimes were a social

event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. One person told us, "If I am feeling poorly they will call a doctor for me." A health profession said, "Staff contact us if they have any concerns and discuss what is needed." They added "If I ask them to do anything they will always ensure it is done. I never have any concerns." A health professional who provided feedback told us, "All the residents that I see are very happy and often tell me how well looked after they are, this includes the food that I have to say, always looks delicious, as one lady told me yesterday 'if you have to be in care then this is the place to be.' Another health professional who provided feedback said, "They have always been quick to implement any advice given by the practice, maintain good communications with healthcare services and our GPs enjoy the relationship the [the registered manager] and her team have created."

Good

# Is the service caring?

## Our findings

Staff across the service developed caring and positive relationships with people. One person said, "Staff do a lovely job here. It is a nice place." They added "I am so comfortable here that I don't even think about it [as being a care home]." Another person told us, "They are all friendly and mostly efficient. I use my call bell when I want support." A third person said, "The staff members are very kind, they help me dress and sometimes take me out." Other comments from people included, "Staff are kind, caring and loving" and "I can't fault it here." A family member told us, "Staff are really good; [my relative] enjoys their company. They completely respect his dignity. They are very loving." A different relative spoke with the registered manager in our presence and said, "I just wanted to thank you for all of your support. Your staff are caring, very supportive and kind. 10 plus out of 10." Health professionals told us staff were caring and supportive of people living in the home. One health professional said, "I do not find any problem with the staff here; they are always friendly and helpful."

People were cared for with dignity and respect. Staff spoke to them with kindness and warmth and were observed laughing and joking with them. We also observed that personal care was provided in a discreet and private way. Staff knocked on people's doors and waited for a response before entering. Staff told us the action they took to ensure that people's privacy and dignity was respected when supporting them with personal care. This included making sure doors and curtains were closed and people were covered as much as possible. One person said, "Staff knock on my door and wait. When they [staff] are washing me they respect my dignity. I get on with all of them." Another person told us, "Staff always knock and check it is okay to come in." A family member said staff, "Completely respect [my relative's] dignity. They are very good; caring."

Staff understood the importance of respecting people's choice. Staff spoke with us about how they cared for people and we observed that people were offered choices in what they wanted to wear, what they preferred to eat and whether they took part in activities. Choices were offered in line with people's care plans and preferred communication style. We saw one member of staff supporting a person to mobilise into the dining room and offered them a choice of where they wanted to sit. Where people declined to do something, take part in an activity or wanted an alternative, this was respected.

People and where appropriate, their families were involved in discussions about developing their care plans. We saw that people's care plans contained information about people's life history and interests to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes. One new member of staff told us, "I use the care plans and I have learned so much about people by talking to them. I use this [information] to help me care for people." They then gave an example where they had used their knowledge about a person who was living with dementia and could occasionally behaved in a way that staff or other people using the service may find distressing, to successfully engaged with them in a positive way.

People were encouraged to be as independent as possible. During the inspection, we observed staff

supporting people, who used a walking aid to mobilise. They encourage them to take their time and followed nearby providing reassurance to them to continue to mobilise. Another person's care plan describe how they liked to be supported when they received personal care and which parts of their care they could do by themselves. One person said, I am very independent. I can go off and arrange things for myself or if they [staff] have arranged things I can just do it."

People were supported to maintain friendships and important relationships; their care records included details of the people who were important to them. All of the people we spoke with talked about how their friends and family visited them at the home and that they were able to go out to visit with them in the community. One person said, "My daughter and family live nearby so it is good for them to come and see me whenever they want to." Another person told us they had a telephone in their room so that their family could telephone them whenever they wanted. They said "My son gives me a call most evenings." A third person told us, "I have two daughters who live nearby; they can come to see me whenever they want". People's bedrooms were personalised with photographs, pictures and other possessions of the person's choosing.

Information regarding confidentiality formed a key part of the induction training for all care staff. Confidential information, such as care records and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

Good

# Is the service responsive?

## Our findings

Everyone we spoke with told us they felt the staff were good and responsive to people's needs. One person said, "They know how to look after me and can tell when I am not having a good day or feeling poorly." A family member told us, "They really know [my relative] well and [their] needs. They are supportive of me as well as looking after [my relative]." The health professionals we spoke with and received feedback from told us that staff were responsive to people's changing needs. One health professional said, "The residents are seen regularly in a room especially allocated for private one to one treatment. All patients are assisted by a carer and treatment is explained to the patient and if requested the carer will remain."

People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. The registered manager was in the process of updating and personalising people's care plans. They showed us some that had been updated, which were detailed and contained support plans that included people's preferences, backgrounds, medical conditions and behaviours. They also included specific individual information to ensure medical needs were responded to in a timely way. They told us the remaining care plans were a work in progress. By the second day of our inspection all of the care plans were up to date and reflected people's personalised needs. The registered manager told us that staff have been set a challenge to find out two new things about a specific person they were allocated. This had to be things that no-one else knew and meant they were actively engaging with people and their families to find out about things that are important to people and their life's journey. They will then make visual scrapbooks with things that help aid memories for that specific person. The registered manager showed us an example of one person's 'My Life Journey' book.

People across the service received care and treatment that was personalised and they or their relatives were involved in identifying their needs and how these would be met. Before moving into the home or being supported in the community, people were assessed to ensure that their needs could be met safely. One family member told us, "[The registered manager] has provided things [equipment] I didn't even know that [my relative] could have." Those people who were not able to verbally communicate with staff, were able to demonstrate their understanding about what they were being asked and could make their wishes known. One member of staff told us, "[Named person] has a communication book so [they] can point at what [they] need."

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff were able to describe the care and support required by individual people. For example, one member of care staff was able to describe the support a person required to thicken their drinks because they were at risk of choking. This corresponded to information within the person's care plan. Handover meetings were held at the start of every shift, which provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

The philosophy of care at the home was built around the provider's values of Valuing individuals; Inspiring them to keep; Treasured memories; and remain Active (VITAL). Staff were knowledgeable about people's

right to choose the types of activities they liked to do, and respected their choice. The provider had arranged for two donkeys to lodge in the grounds of the home. These provided an interest for people and an opportunity for them and their families to be involved in looking after them. One of the people living at the home used to have their own donkeys and the registered manager has given the donkeys at the home the same names. This has given the person a sense of 'home' and purpose. They spoke with us about 'their' donkeys and how they looked after them. They said, "I can go out and see my donkeys if I want to. It is lovely they are here with me." Staff supported the person to look after the donkeys, often in their own time once they had finished their shift.

People had access to activities that were important to them. One person told us, "I've got no complaints, there is lots to do if I want to join in. There is always something on like painting or crosswords for everyone to join in." Another person said, "Yes there is always something on, lots to do. I sometimes find it too much and want quiet, so I go to my room." A third person told us, "It is such a nice place. I get involved in the activities. I just enjoy what I do". A health professional said, "Often when I am there [at the home] they have activities, chair exercise, a quiz, or music. The staff are always very caring." They added "My involvement with Brighstone Grange has always been very pleasurable and I look forward to my visits."

There were two social activities co-ordinators, which meant they were available to activities for people seven days a week. One of the co-ordinators who had only worked for the provider for a short time told us, "It is amazing I have not worked with the elderly before. I am overwhelmed by the love staff show for people and how well they know them. I would definitely bring my mum here." During the inspection we observed activities taking place. For example, the activities co-ordinator carried out a crossword on a large electronic screen in the lounge, during the morning. She called out the clues and was encouraging in her communication with people telling people "There are no wrong answers just call out what you think it could be and we can try to see if it fits." The people appeared to enjoy this and they were calling out their guesses. Humour was used throughout the activities, which the people appeared to really respond to and we observed lots of laughter throughout the day.

After lunch on the first day of our inspection the activities co-ordinator explained to people that she wanted them to work together to create a Remembrance Sunday collage. She asked if people would like to come into the dining room to paint the poppies. Some people chose not to at that time but later on we observed them looking in the dining room and joining in later. The people that went to paint the poppies all had a job to do, which was within their capabilities and the activity seemed to be very inclusive. During our observation of this activity all the people were engaged and were supporting each other. For example one person was struggling to paint to the edges of the circle of paper that was to be a poppy. Another person said to her "If you pass them to me when you have finished, I will do the edges if you like?" When people choose not to engage in activities this was respected. One person told us, "I like to stay in my room. They [staff] say come down and join in [with the activities] but I like to stay in my room."

The registered manager and the social activities co-ordinator told us about how they engaged with the local community. There were positive links with the local primary school and a project to follow a particular class all the way through their primary school years, sharing information between the children and people at the home about each other and learning about the ageing process. One person said, "Yes I like seeing the schoolchildren. I would enjoy it if they came in to do more things with us. I don't feel isolated."

The registered manager told us they held an annual open-air church service in the grounds. They invite people's families and all the local churches to participate. They said this was usually very well attended with lots of people from neighbouring areas visiting the event. Brighstone Grange holds annual Christmas events where they invite family and friends for Christmas carols and are planning for the children from the Primary

School they are working with to come and sing for everyone this year. The people at Brighstone Grange are making decorations for the Christmas tree they will be decorating as part of the local village annual Christmas tree festival. They then plan to take people to look around the festival at all the trees and see the Brighstone Grange one on display. Brighstone Grange also provided day care services to other people from the local community. This enabled people at the home to mix with a people from the local community on an informal basis. The social activities co-ordinator told us, "I am proud of how we engage with the local community. We raise a lot of money from our garden parties and fayres, which we then spend on the residents; so anything we want [for activities] has been supplied."

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. The information on how to make a complaint also included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. The registered manager told us that family members or staff would support people to raise any complaints initially and people also had access to independent advocacy services if they needed them.

People and their families told us they knew how to complain but told us they had never needed to. One person said, "I don't have any complaints. Everyone is so helpful I can't think of anything [to complain about]." Another person told us, "I would talk to the manager or deputy manager if I needed to raise a concern, but I haven't had to." A family member said, "I would speak with [the registered manager] is I had any concerns. I have no doubt she would sort it out for me." The registered manager told us they had not received any complaints during the last year and was able to explain the action that would be taken to investigate a complaint if one was received.

Good

# Is the service well-led?

## Our findings

People and their families told us they felt the service was well led. One person said they got on well with the registered manager and "I came here because my son liked [the registered manager] and thought she was very good". Another person told us, "I am content here. If I have got to be in a home, this in a nice one." They added "I can see the manager if I want to I would just go to her room." A family member told us, "[The registered manager] is outstanding; they are so supportive; I am so grateful for the support she has given me." Another family member said the support they had received from the manager was "A godsend to me. I certainly would recommend them to others; I can't praise them enough." The health professionals who spoke with us and provided feedback told us they felt the home was well led. One said, "I have no concerns about Brighstone Grange at all." Another health professional told us, "The ongoing expertise and leadership shown by [the provider] and [the registered manager] has guided the new team to improvements and high levels of care."

There was a clear management structure with a registered manager, deputy manager, head of care and senior care staff and administration staff. Staff understood the role each person played within this structure. All staff described the culture in Brighstone Grange in a positive way. One member of staff said, "It is lovely working here being able to spend time with people and to talk to them about their lives and family." Another member of staff told us, "I love it here it is really fun. I get on with all the staff and residents." A third member of staff said, "Everyone is friendly, we work as a team in a safe and friendly environment". A different member of staff told us, "Everything here is really good. It is a happy work place. I would put my mum here and recommend it to friends and family."

The providers were fully engaged in running the service and people received care that reflected their vision and values; VITAL (Valuing individuals; Inspiring them to keep; Treasured memories; Active; Lives) which focused on looking after people, their families and each other and placed the people at the heart of the service and underpinned practice. There were posters explaining the VITAL philosophy and reinforcing the provider's expectations with regard to people's experiences of the care displayed in the home. All staff clearly showed confidence in their roles and abilities and worked towards achieving and maintaining these values and vision.

The registered manager had an open door policy for the people, families and staff to enabled and encouraged open communication. One member of staff said, "[The registered manager] is very supportive and can be flexible in my shifts, which is great." They added "[The registered manager] helps with anything, and has a personal touch. She cares about us [staff] and the residents." Opportunities were available for people and their families to regularly contribute in a meaningful way to develop the service and help drive continuous improvement. The registered manager told us they sought objective feedback from health professionals, staff, people and their families on an informal basis whenever they met them. They held a two monthly residents forum, which covered items, such as residents likes and dislikes, trips out, food, new staff, staff interviews and complaints. They also sent out questionnaires on a quarterly basis. They told us they regularly sent out a 'managers update letter' to let people and their families know what has been happening. There was also a 'bright ideas box' in the hallway of the home to enable staff, families, visitors

and people, to write down any suggestions for Brighstone Grange or to say if they don't like something. One person said, "I like the manager she pops in to see me. She asks me if I am happy. I like that." One family member told us, they were given a form each year to fill in with his views about the home and which he fills in. He said, "[My relative] has been here for many years and I feel the staffing and care here is good." They added "I don't have any concerns about [my relative's] care. [The registered manager] is in control of looking after [my relative's] welfare and I feel [my relative] is well cared for."

The provider and registered manager identified a need within the local community to provide support to people living in their own homes who were at the early stages of living with dementia. They developed the concept of 'hub' working where members of staff from the home go out and provide support and care to people living in the community. This is in its early stages of development, at the home, with one person using the service. This approach reinforces the provider's vision of a 'safe journey' of care for people. The registered manager told us they considered 'the hub' as an integral part of the home.

The provider had suitable arrangements in place to support the staff and the registered manager. The registered manager had regular meetings with the provider, which also formed part of their quality assurance process. The registered manager told us that support was available to them from the provider who was responsive to any issues raised. The registered manager attended a quarterly management meeting, which provided good support and allowed managers to mentor one another and share ideas. During these meetings the managers were updated about any organisational change and new legislation. Staff were supported in their role though regular supervision and have been supported to access counselling services and occupational health where necessary. There was also opportunities for staff to regularly contribute in a meaningful way to develop the service at staff meetings. One member of staff told us, "[The registered manager] is very approachable. We have staff meetings; we can have our say; that's why they go on so long. I definitely feel listened to." They then gave an example where they had raised a concern at a meeting about a person's wheel chair, which has now been changed.

The provider had a system in place to monitor the quality of the service provided at the home, the safety of the environment and manage the maintenance of the building and equipment. The provider employed a health and safety officer whose role was to ensure that policy, reviews, and appropriate audits are undertaken and effective in these areas. Equipment, such as fire extinguishers and mobility aids were checked in line with manufactures guidance. They had a clear understanding with regard to legionnaires, water temperature management, safe storage of hazardous materials, asbestos management and infection control. The health and safety officer completed unannounced spot checks at the home to ensure that the staff were working within the health and safety guidelines.

The provider and compliance officer carried out quality assurance checks and provided documentary feedback of their findings to the registered manager who then acted on them. These included observations in line with the fundamental standards of care and checking the appropriate completion of consent forms, care plans and risk assessments. They also carried out an informal inspection of the home and produced operational reports, which looked at a range of areas including number of falls, infections, safeguarding, and complaints, as well as medication errors, pressure wounds and DoLS authorisations. This allowed benchmarking across all of the provider's services and showed any patterns allowing learning and appropriate action to be taken. The registered manager had also established their own quality assurance checks and carried out an informal inspection of the home during a daily walk round.

The home had a whistle-blowing policy, which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or

the Care Quality Commission if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. They also understood and complied with their responsibilities under duty of candour.