Care Quality Commission

Century Healthcare Limited

Brimstage Manor Nursing Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 26 and 29 April 2016 and was unannounced. Brimstage Manor is divided into an older main building called 'The House' and a modern wing called 'Hesketh'. The home is registered for nursing care of up to 46 people. At the time of our inspection 44 people were living in the home. The Hesketh Wing was described to us as a single storey specialised dementia unit that had been added onto an original Victorian building. Brimstage Manor is set in well-kept grounds, containing a duck pond and paddocks in a countryside location.

There was a registered manager working at the home. 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 manager had a warm and kind approach to people and helped them with patience. We noted that she was familiar with people and knew them by name. During our visit we observed her taking time to stop and talk to people living at the home and their relatives. Staff we spoke with told us she was approachable and was visible at the home. People's relatives also told us she was approachable and that communication from the manager and staff at the home was good. The manager had used questionnaires and conversations to gain feedback from family members about the care of their relative.

People's care files we looked at were recent and they had the dates noted of regular reviews. They contained brief information about a person, their care plan and risk assessments. We found the information in people's care documents wasn't always up to date, complete, detailed enough or at times didn't follow a logical pattern. We have made a recommendation that the manager review how care plans and other care documents are reviewed and updated at the home.

People living at the home and their relatives who we spoke with told us they felt the home was a safe place. There were security measures in place within the building. The home was clean. There were adequate staff available to support people. The staff were trained in and were aware of, safeguarding vulnerable adults. The home's environment was safe and health and safety checks had taken place on the safety systems of the building, equipment used by people and the maintenance of the environment. Accidents and incidents were recorded and we observed some incidents had led to a quick response from the manager and staff when necessary. People's medication was stored and administered safely by nursing staff.

People who lived at the home and their relatives told us they liked their rooms. People had been supported to put up their own pictures and ornaments in their rooms to personalise them. One in three of the rooms were ensuite. The Hesketh wing was described as an area of the home specialising in caring for people with dementia. However the corridors and dining room walls of the wing were all painted in one light mono-tone colour with no distinguishing features and they felt clinical. There were no dementia friendly signs or

evidence of any adaptions or points of interest in the environment for people experiencing dementia. We have made a recommendation that the manager review current best practice on how the environments of a home can affect a person living with dementia.

We saw that staff were recruited and introduced to the home safely with the relevant checks in place. New staff received induction training when new to the role. All staff received training relevant to their role with longer standing staff receiving refresher training. We looked at the manager's training plan which organised this. Staff told us and we looked at records that showed staff received regular supervision and annual appraisal. There was staff meetings held in which staff were updated with new information.

We observed lunchtime in the 'House'. The dining room was well laid out and people were supported with kindness and respect. People's preferences were sought and staff did not assume to know but rather asked people. There was a main meal and a choice of alternatives. People we spoke with told us they enjoyed the food at the home. The kitchen facilities had been awarded the highest rating of five stars by the local authority.

The home was operating in line with the principles of the Mental Capacity Act (2005). Some people had a Deprivation of Liberty Safeguard (DoLS) in place, for some other people the manager had submitted an application to the local authority. When a person didn't have the capacity to make a decision and a decision needed to be made the staff at the home had made arrangements for a best interest meeting to take place, and invited the relevant people. People were provided with information and supported to make their own decisions as much as possible. This included being involved in making future decisions for end of life care.

The staff at the home had a caring approach to people. We observed staff to be warm and kind, using people's names and treating people with dignity. Visitors came and went from the home. They told us they were made to feel welcome at the home and felt comfortable making phone calls to the home at other times. There was a range of activities available to people, some of these involved going outside of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt the home was safe. The environment at the home was clean. There were regular checks to ensure the home stayed safe.

There was an adequate number of experienced care staff to meet people needs.

New staff had been recruited safely and received training in safeguarding vulnerable adults.

Medication was administered safely.

Is the service effective?

The service was effective.

Staff received initial training for their role and refresher training as they became more experienced.

The staff were supported in their roles by an initial induction period, regular supervision, team meetings and annual appraisals.

Care at the home was provided within the principles of the Mental Capacity Act (2005). People themselves and their families along with any other relevant people were involved in making decisions about a person's care.

People told us they enjoyed the food provided at the home.

There were no adaptations of the environment that may support people who have dementia to stay independent.

Is the service caring?

The service was caring.

People told us they felt well cared for.

We observed positive, thoughtful and caring interactions between staff and the people living at the home.

People were provided with information and supported to make their own decisions as much as possible.

People living at the home and their families were involved in planning their end of life care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were recent and had been regularly reviewed. However we found them to often not contain important relevant information or to not reflect the care a person received.

There was a range of activities people could get involved with at the home including some outside of the home.

We recommended that the service consider guidance on best practice on stimulating people experiencing dementia. The practice we observed did not reflect a dementia specialist home.

Is the service well-led?

Good

The service was well led.

The manager had a warm and kind approach to people.

Staff at the home told us the manager was supportive of them.

The manager had an open door policy and sought feedback from the relatives of people living at the home.

The manager responded to and reviewed complaints and compliments made to the home.

Care Quality Commission

Brimstage Manor Nursing Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 and 29 April 2016 and was unannounced. The inspection team consisted of an adult social care inspector and a specialist professional advisor with a nursing background.

We spoke ten people who lived at the home. We also spoke with ten friends and relatives of people who lived at the home.

We spoke with twelve members of staff who worked at the home; three carers, three nurses, the cook, one member of the housekeeping team, the activities coordinator, a maintenance person, an administrator, the organisations director of nursing services and the manager of the home. We spoke with a GP who visited the home during our inspection.

We observed the care and support of people including some activities, medication administration, food being taken at lunchtime and people's general care and support throughout our visit.

We looked at and case tracked the care files for eight people and the recruitment records for four members of staff and the training and supervision records for six staff members of staff. We looked at the medication administration records for seven people and a sample of the medication stock held. We looked at the administration records for the home including records of audits and those records relating to health and safety and a selection of the home's policies and procedures.

We checked the records held by the CQC prior to our inspection and spoke with the local authority quality

assurance team.

Good

Is the service safe?

Our findings

People we spoke with living at Brimstage Manor told us they felt safe. One person's relative told us, "The home feels safe to me." Another relative said "I think she's safe" and then talked about security features at the home. They added, "I'm quite happy with the home." A relative had recently written to the staff thanking them for the 'Wonderful care and support you have given our mum [name] over the last year. We all know she was in a safe, happy place and never needed to worry about her. You all do a wonderful and amazing job.'

The manager showed us the staffing rota for the home and told us that they were currently fully staffed on their team of carers and had a small vacancy on the nursing team which was currently filled with familiar agency staff. We observed, and people told us, that there was adequate staff at the home to meet people's needs.

Staff had been trained in safeguarding vulnerable adults and were knowledgeable about the different forms abuse can take. They were confident in telling us how they would respond if they suspected anyone was being abused or neglected in some way. Staff knew when it may be necessary to contact outside organisations and how to do this, they had access to the organisation's safeguarding policy. One staff member who had recently been on safeguarding refresher training said, "The refresher was good and thorough, keeps safeguarding at the forefront of your mind." Safeguarding concerns raised were dealt with by the manager who kept a log of these and any actions that had been taken. There were records of appropriate referrals to the local authority safeguarding team.

We found that new staff had been recruited in a safe manner. Candidates completed an application form outlining their qualifications, experience and background. Successful candidates were invited to attend an interview. If successful at interview the home sought two satisfactory references, checked three forms of identification for the person and arranged for a criminal records check (DBS). Staff had job descriptions and contracts of employment on file.

We looked at the storage, recording and administering of people's medication and found this to be managed in a safe manner. Medication was stored in a clinic room. The clinic room contained locked cabinets to safely store medication and a fridge for temperature controlled medication. The clinic room had hand washing facilities and there were stocks of aprons and gloves for staff to use. The room was air conditioned to ensure it was kept at an appropriate temperature for the storage of medication. We saw records that showed that room and fridge temperatures had been monitored to ensure these were within a safe range.

Controlled drugs were stored in a second lockable safe and these stocks were recorded as being checked weekly. We checked the stock of all controlled medication and a sample of people's general medication and found these to all be correct. We checked seven medication administration records (MAR) and found they had been completed correctly. We observed medication being given to people by a nurse, they paid attention to people and treated them with patience. We observed the nurse giving people their tablets on a

spoon along with a drink. The nurse explained to people what the medication was, how to take it and what it was for.

There was a call bell system fitted into each room in the Hesketh Wing, with a control panel in a corridor advising staff who had made the call. We tested the call bell in one room and a few staff attended promptly. However we saw that many of the call bell units and their pull cords were out of people's reach whilst they were in their sitting areas and were not close enough to be used by people whilst they were in bed. The units could detach from their holders on the wall, however we did not see any being used in this way. We looked at the call bells in seven rooms, in four rooms the pull cord was wrapped around the unit on the wall and was out of reach, in three rooms the unit was across the room.

When we asked the manager about this she said "In 17 years I've never known anyone to use them." The manager added that some people didn't have the ability to use the call bell system.
People who were able to tell us said they were able to acquire help when they needed it. We heard one person who had spilt tea on themselves calling for help for a short period of time before staff heard them and attended, their call bell was out of reach. We asked another person what they would do if they needed help. They told us, "I'd have to wait until staff came, if they go past I'll call out to them". There was a call bell in the room with the cord wrapped around it. The person told us, "I don't think I've used it, I can't access it. If I'm in bed I can't reach it".

On the second day of our visit the manager told us they had arranged for each person to be assessed to find out if they were able to use the call bell system. She told us "Very few people can use them in their beds." People who were able to use a call bell now had one available.

The environment was kept safe by a series of health and safety checks and audits of the equipment used at the home and the home's environment. We found that services and safety checks had been done by the relevant professionals. This included firefighting equipment and fire alarms, emergency lighting, hot and cold water systems, call bell system, hoists and slings, the electrical installation, electrical appliance testing and gas safety. The lift had been serviced recently and the engineer recommended further tests, these tests have now been done. In addition to this, the staff at the home conducted weekly fire alarm checks and periodic fire drills. In the care files we looked at there were fire evacuation plans. We saw risk assessments that had been completed for many aspects of the home's environment. We observed the staff used appropriate personal protective equipment (PPE) such as gloves and aprons and these were readily available for staff.

The home's environment appeared clean with no unpleasant odours. The corridors were well lit and free of clutter with handrails available to help people move around independently. There was one area of uneven flooring that we brought to the attention of the manager. We observed that some people's bedrooms had a type of stair gate across the entrance meaning that their door could be open without people having access to their room. We were told this was at their request so that they could have their door open and people would not wander into their room uninvited.

Incidents and accidents were reported to a senior member of staff and the manager made a record of them. We looked at these records and saw that the manager reviewed them monthly looking for trends. This was an embedded practice as there was evidence the manager had done this for a long time. We looked at the records for the previous year. Some incidents had resulted in immediate action being taken to keep people safe and prevent further incidents from happening. One recent incident had resulted in additional safety measures being put in place the following day.

Good

Is the service effective?

Our findings

One person living at the home told us "I like my room." One person's relative told us they looked at ten different care homes and chose Brimstage Manor. They told us it was because "The staff are attentive. It has nice grounds and a good vibe." Another person's relative said "This place is excellent, [name's] room is very nice."

A local GP who visited the home weekly told us they were "Usually very impressed, I recommend this home to a lot of my patients." They told us that staff, "don't use medication as a first resort" and provided "Good continuity of care, which makes a big difference to people with advanced dementia".

The staff at Brimstage Manor had received training appropriate to their roles. The manager provided us with a copy of the home's training matrix and plan. This outlined the qualifications staff had obtained, the training they had received and the dates when refresher training was due. Nearly all of the care staff had a relevant national vocational qualification at level 2 or above. Staff we spoke with told us, and the training matrix showed, that staff had received training that helped to keep people safe, such as basic food hygiene, first aid, manual handling, fire safety, health and safety and infection control. There was also training in dementia awareness and challenging behaviour. Staff were aware of upcoming training they had been booked on. Nursing staff had training in medication administration and their competency was checked.

Staff told us they enjoyed their roles and felt well supported by the manager and other senior staff at the home. Staff told us they had regular supervision meetings. We saw the manager's supervision plan they used to ensure people received their supervisions. Staff also had an annual appraisal with the manager. One staff member told us the manager was "Really supportive". There were staff meetings with the managers every two months. New staff received induction training, one staff member told us, "My induction was good, I shadowed other experienced staff and was shown around the home."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

People at the home were supported to make as many decisions for themselves as possible. Six people at Brimstage Manor had a DoLS in place. Applications for another 15 people had been made with the local authority. All applications made by the home were made after a mental capacity assessment had been done. A visiting GP told us, "If the staff are uncertain about a person's capacity, they get a second opinion and use information from people's relatives."

There was evidence both documented in people's care files and from what people told us, that decisions made on a person's behalf were in their best interest, were the least restrictive option and were made after consulting with the appropriate people during a best interest meeting. One relative we spoke with told us they had been involved, kept informed and up to date regarding an application for a DoLS for their relative. At the time of our inspection one person received their medication covertly. This practice was decided at a meeting attended by a nurse from the home, the person's GP and family and following an assessment of the person's capacity. The nurse told us they tried to encourage the person to take their medication by the usual route first and only used covert administration when this wasn't working.

At Brimstage Manor meals could be taken in two dining areas or in a person's own room if they preferred. We observed lunch being served in a dining room that overlooked well-kept gardens and was well laid out with table mats and cutlery. There was jazzy background music playing. When the meal was served, people were offered a choice of drinks, different condiments and sauces and helped with these as needed. The main meal was fish and chips and the soft diet alternative was similar with mashed potatoes and smoked haddock.

People were informed of the main meal for the day and alternatives on a notice board in the corridor. Throughout the day people could have snacks and hot and cold drinks. One person's relative told us "The food is fine, you can always ask for something else." The kitchen had received the highest rating of five stars from environmental health. We observed that food was stored appropriately and the kitchen appeared clean. The temperature of food was checked when being stored in the fridges, freezers and when being served to make sure it was within a safe range. We spoke with the cook who told us they checked and updated their records weekly and received information about people's needs from nursing staff. Information about the needs of people new to the home was obtained from the nurses and from people's families. The cook told us they thought it was important to know what people liked. The cook catered for different dietary needs, such as a diabetic diet or a diet of soft foods. They also made fresh fruit milk shakes fortified with double cream for people who required extra nutrition.

Brimstage Manor is divided into what was called the 'house' and the 'wing'. We were told by the manager that the wing was a specialised dementia unit that had been added onto the original building. Although it was on one level, there was one part of a corridor that had uneven flooring which could be a hazard for some people. The environment in the wing had not been adapted for people experiencing dementia. The corridor and dining room walls were all painted in one light mono-tone colour with no distinguishing features. There were no 'dementia-friendly' signs or evidence of any adaptations or points of interest in the environment for people experiencing dementia. We recommend that the service consider current guidance on environments that support people living with dementia.

The older part of the building, called the 'house', was decorated in a period style and was spacious. There was a large entrance hall with a fish tank. There was a large lounge with chairs around the perimeter and a conservatory. There were some shared rooms in this part of the home. We observed that there were screen room dividers that could be put up across the room for people to have privacy. People's bedrooms were pleasant and bright with personal pictures and ornaments displayed. Most rooms looked out onto either well-kept internal courtyards with bird-feeders or over well-kept grounds. One person's relative told us "I like the layout of the building, it's not cramped, and it gives [name] space to walk around."

The laundry was in a separate building. It was clean and tidy with new washing machines, hand cleaning facilities and protective equipment for laundry staff. We saw that soiled clothing was separated and washed

separately. The laundry staff told us that dirty clothes were cleaned a second time so they were "nice for people". People's clothes had their names inside to ensure they were returned to the right person.

Good

Is the service caring?

Our findings

One person we spoke with said "I like it here. Oh yes we all [pointing at staff] get on well." Another person's relative told us they liked the atmosphere at the home. They said "It feels warm and the staff are always helpful. I sometimes call at night before the shift change. The staff are always responsive, it's not a problem, they are good on the phone." Another relative said "The care is fine, I'm quite impressed. They are very understanding." A third relative told us "It's a very good standard of care, [name] is well looked after. The staff are nice, in fact very nice." A fourth relative told us "The whole care package is very good, if needed I wouldn't mind living here." One person's friend who visited often told us they thought the standard of care was very good.

People's information and care files were kept confidential and safe. Staff that we spoke with understood the importance of keeping people's information safe and confidential. We observed that staff interactions with people were caring, kind and patient. For example, we observed one person who went the wrong way and was having difficulties turning around and changing direction. A carer helped them to do this slowly whilst chatting with the person letting them know how they were doing. This was done safely with kindness and tact, not creating a fuss. We observed that one person was worried and confused about losing their shoes. They were offered reassurance by staff in a patient and kind way.

We found that people were asked questions and that staff did not presume to know how the person wanted to be cared for. We heard people being asked if they were warm enough or if they were hungry. People were spoken with using their first name in a friendly yet respectful manner.

People's relatives we spoke with told us they were kept informed. One relative said, "Staff at the home were very supportive during admission. I'm quite pleased and [name] is content."

We observed lunchtime in the main house of the home. Some people were helped into the dining room in an unhurried way by staff holding their hands. Other people had handbags that they liked to keep on their person and they were helped with these. People who arrived to the dining room in a wheelchair were asked if they wanted to stay in their wheelchair or move to another chair. We observed people asked if they were ready and comfortable before food was served and were asked if they wanted an apron to protect their clothes. People were also asked what their preference was in relation to the choices available. Staff reminded people what was for dinner and checked that this was still OK before it was served to them. Staff supported people with their meal in a patient manner. One person wasn't eating their food and a staff member asked them if they liked it and offered them something different.

There was a birthday list that ensured that people were supported to celebrate their birthday. One person who had a special diet had been provided with a birthday cake that had been adapted to their diet so they could enjoy this with people.

We saw that people were supported with their personal appearance. A staff member told us "It's important for people to look good, wear nice clothes and smell good – we support people by always checking their

clothes and wardrobes." We observed people being offered a handkerchief if needed and helped to use this is they needed this support in a discreet way.

The home provided people with end of life care. A visiting GP we spoke with told us the home used advance planning to help people receive care in a dignified manner. We saw on one person's care file that their family had been involved in an end of life care plan. Another person's relative told us they had been involved in their family member's end of life care plan and the staff had been supportive with this. One person's family member had written to the staff at the home regarding their family member's end of life care 'I was struck by how calm and content he was, that's a lovely memory for me.' Another relative wrote 'I would like to express my thanks for the care, commitment and compassion you showed [name] in the short time she stayed with you.'

Requires Improvement

Is the service responsive?

Our findings

One person we spoke with told us they were happy with the care they received at the home. A person's relative we spoke with said, "I feel totally involved in my Mum's care and have seen her care plan." Another relative we spoke with told us their family member was, "Calm and relaxed since being in the home". They told us that their family member's mobility had slowly improved since leaving hospital and moving into the home and they hoped this would continue. One person's friend who was visiting told us "The care seems good, [name] always appears to be comfortable."

The care plans we looked at were recent and they had the dates noted of regular reviews. They contained a photograph of the person, a brief personal history and a note of the person's likes and dislikes. People's files contained a care needs assessment and, if needed, a mental health assessment. Risk assessments were in place for falls, nutrition, skin integrity and the use of bed rails. Some files contained accident reports. People's files also contained mental capacity assessments and, if appropriate, information on end of life care.

The information in people's care files wasn't always detailed enough and did not always follow a logical pattern. One person's care plan showed their end of life status change during monthly reviews from green to amber and back to green. Comments for these monthly reviews stated there had been no changes, so it was unclear why the person's status had changed. Sometimes information was not detailed enough. One care file stated 'Check position and posture regularly' and 'Ensure pressure relief is adhered to', without stating what pressure relief measures were in place or how often to check a person. This meant that staff may not always be clear what care and support the person needed.

One person's risk assessment for falls stated that one of the measures in place to mitigate risk was they had a call bell to hand. When we visited the person in their room the call bell was out of reach across the room with the cord wrapped around the unit. This meant the person didn't have the equipment in place to mitigate a risk as outlined in their risk assessment. We spoke with the manager about this. The manager didn't know that the call bell could be taken out of the holding unit on the wall and placed next to a person for ease of access. The manager took the person's call bell out of the holding unit on the wall and placed it on the table next to the person and showed them how to use it. On the second day of our visit the manager told us they had arranged for each person to be assessed to work out if they were able to use the call bell system.

We were told that nobody at the home had a pressure sore, however there were gaps in the care planning and records relating to pressure care. One person who was immobile and received care in bed had a 'turning chart' for staff to record their position and skin condition. The instructions on the chart were not clear and it appeared this may have contributed to different staff turning the person within different timeframes. Another person's care plan stated 'Ensure pressure relief is adhered to, to prevent sores', however there was no chart or guidelines about this person's pressure relief. We looked at five other turning charts for three other people. On two of the five charts there were no instructions for staff, and on two others the information was not enough for the carers to understand the person's needs. There was no separation of the

information into days making the chart difficult to read. We also found significant gaps when the chart had not been used during the night. On a chart relating to a person who required their position changing every three hours, there was one gap of over 14 hours, one of eight hours and one of six hours, over a period of five days. Two other people's charts we looked at had similar gaps. On the second day of our visit the turning charts had been changed to only cover one 24 hour period to make them clearer and they contained guidelines for staff.

Some people had air flow mattresses for pressure relief. We could not find any guidance in their care files regarding what the correct settings should be. We checked the settings on three people's air flow mattresses and the settings in use did not match the approximate weight of the person. This meant that people may not be getting the benefit of the mattress. The manager was unsure what setting should be used and told us they were set by the people who installed them. On the second day of our visit the manager told us they had arranged for each mattress to be on the recommended setting and for this to be documented in the person's care file. We noticed there was a small label on each mattress control panel which outlined the setting.

One relative told us that the staff had been very responsive to potential skin problems with their relative. They told us "There was some redness and they were quick on it, I can't praise them enough for that." We were told that a pressure relieving mattress was put in place. The person using the mattress told us they found it comfortable.

Some information in the care files we looked at was not up to date. For example, one person's care documents guided staff to use equipment to keep bed covers off the person's feet, however this was no longer used and the bed covers were on the person's feet. We found some comments we read were inappropriate and highlighted this to the manager.

We recommended that the manager review how people's care plans, risk assessments and care records were updated and reviewed and review any training or supervision that may be beneficial to the staff updating and reviewing such records.

We spoke with the activity co-ordinator who had recently started the role. We saw in the lounge decorations they had made with people celebrating the Queens 90th birthday. There were also decorations from St. George's Day. There were pictures on the wall from the Queen's birthday celebrations, showing many people involved. One relative told us they went to the royal birthday celebration and it was really good.

We observed a music group taking place and the people involved looked like they were enjoying it, however other people appeared excluded. We noticed one person looking unsettled in their chair for long periods of time. The person did not have anything to comfort or stimulate them. We recommended that the service consider guidance on best practice on stimulation for people experiencing dementia.

The activity co-ordinator told us they made sure they involved people who were not able to leave their bed or chair and we saw documentary evidence of when this had been done. We observed one person who received a hand massage whilst they were sitting in a chair and another person who was read to whilst they were in bed. There were fundraising events that contributed to an activity budget. The activity co-ordinator told us they were exploring the purchase of dementia friendly items and the use of dementia dolls. A hair salon was provided.

We saw a copy of a newsletter called the 'Brimstage Bugle'. It contained a schedule of activities for the

forthcoming month, including two trips out. The Bugle also announced upcoming birthdays, the summer fair and introduced new staff to people and their families. There was also an activities notice board in the corridor.

Good

Is the service well-led?

Our findings

When we arrived at Brimstage Manor we observed that the manager was helping people take their medication. She had a warm and kind approach to people and helped them with patience. The manager was familiar with people and knew people by name. Throughout the day we observed her taking time to stop and talk to people living at the home and their relatives.

People told us the manager was very supportive and a good communicator. One staff member said "She is really supportive. I feel like I could go to her about anything. It's nice to work for somebody you look up to. She's visible, not shut away in her office." Another staff member said "The manager is always here if you need her. I know where she is, this gives me confidence." The manager said "I have an open door policy, I like to see staff from all different levels at the home and make sure I'm not missing things." One person's relative told us that they were not always sure who to go to at the home for certain issues. They gave an example of a maintenance issue and asked "Who do I tell?" Another person's relative told us they felt well informed by the manager and staff at the home "If there is a problem I always get a telephone call".

We saw information on a notice board keeping people up to date with events at the home. The manager ensured that information regarding compliments, suggestion and complaints was available for all visitors.

The manger told us that Brimstage Manor benefitted from having a stable staff team. The manager told us she kept herself up to date by regularly reading journals and attended meetings with fellow managers across the organisation where best practice was discussed.

The manager arranged for questionnaires to be sent to people's relatives every six months, as a way of obtaining their thoughts and feedback. The majority of the responses received were positive. Relatives we spoke with told us they appreciated being consulted by questionnaires. One relative told us they were very thorough. Another relative said they found for them it was a useful way to give feedback. We saw that the manager had analysed the returned questionnaires for themes and any learning or improvements that could be made.

The manager arranged for audits of health and safety at the home, medication and care file audits. The manager completed monthly audits of medication. We looked at copies of the medication audits and found them to be thorough and had identified problems which had been addressed.

We saw that copies of the homes policies and procedures were readily available for staff. There were copies of certain policies on the staff notice board for quick access. We looked at the safeguarding policy and whistleblowing policy and found these contained appropriate information for staff if needed.