

Prestwick Care Limited

Brunswick House

Inspection report

Brookside Avenue
Brunswick Village
Newcastle Upon Tyne
Tyne and Wear
NE13 7DP

Tel: 01912170000

Date of inspection visit:
20 November 2019
21 November 2019

Date of publication:
03 February 2020

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?

Outstanding 

Summary of findings

Overall summary

About the service:

Brunswick House is a residential care home providing accommodation and personal care to up to 41 older people, some of whom have nursing needs. There were 39 people living at Brunswick House at the time of this inspection.

People's experience of using this service and what we found

People received exceptional support from caring staff, who knew them very well. Staff were extremely respectful and fully protected people's privacy and dignity. Independence was strongly encouraged, and people were thoroughly involved in making decisions about their care.

The provider had exceptionally caring values which encouraged staff to put people at the heart of the service. The provider had fully invested in innovative technology and equipment to provide people with a high-quality service which reduced risks and improved their quality of life. The provider was committed to being involved in research projects to drive up standards throughout their organisation and across the care industry.

The registered manager was extremely passionate and dedicated to providing person-centred care. They led the staff team very well, providing motivation and inspiration. Staff were well supported by the senior management team to deliver high quality, person-centred care to people.

Staff were very proactive and responsive to meeting people's changing needs. Staff provided extensive support which significantly enhanced people's lives and helped them to achieve positive outcomes. Staff quickly sought additional help from external professionals with whom they worked in very close partnership with.

A wide variety of activities were arranged, which supported people to pursue their own interests and hobbies as well as encouraging socialisation amongst those who lived at Brunswick House, their families and the local community.

There was a robust quality assurance process embedded throughout the service. Regular checks and audits were carried out to monitor the safety and quality of the service. The senior management team achieved high standards through continuous improvements and developments to the service and the wider organisation.

People felt very safe living at Brunswick House and relatives confirmed this. Staffing levels had been increased so there was enough staff on duty to meet people's needs safely. Staff recruitment was safe and staff training was up to date. Competency checks were carried out with staff to make sure they remained suitable for their role.

There were risk reduction measures in place to protect people's health, safety and well-being. People's medicines were well managed.

People's care needs were thoroughly assessed. Staff provided care which met with people's current needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The premises were safe, and the home was clean and comfortable. Any accidents or incidents were fully investigated and reported as required. Lessons learned were shared with staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 6 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about Brunswick House until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Brunswick House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Brunswick House is a 'care home'. People in care homes receive accommodation and 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. We arranged with the registered manager to return for a second day to complete the inspection.

What we did before the inspection

We reviewed the information we had received about Brunswick House since the last inspection. We contacted the local authority and other professionals who work with the service for information. We used this to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 10 people who lived at Brunswick House and nine relatives about their experiences of the care provided. We spoke with staff, including care staff, nursing staff, the activities coordinator, the chef, a domestic assistant, the administrator and the registered manager. We also spoke with three senior managers from the provider organisation.

We reviewed two people's care records in detail and reviewed aspects of others. We looked at the information kept regarding the management of the service. This included two staff files and records related to the quality and safety of the service.

After the inspection

We looked at supervision and appraisal records. We received written feedback from two more relatives. We reviewed additional evidence submitted to us by the provider and we contacted 11 external professionals and one volunteer. We received seven responses. Their feedback supported our findings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt very safe living in Brunswick House with support from staff. One person said, "It's the entire place that makes me feel safe." Relatives agreed, one relative said, "(Person) is very safe here. She can't get out of the building and get into difficult situations that can harm her."
- Staff fully understood the importance of safeguarding people and how to raise any concerns.
- There were solid systems in place to reduce the risk of abuse or harm. Safeguarding concerns were thoroughly investigated and reported to external agencies by the registered manager as required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place to identify any risks people faced. People's own capacity to understand risks was considered and positive risk taking was encouraged. Proactive measures were in place to reduce the risk of incidents or near misses. A relative told us, "(Person) is an extreme risk of falls and has one-to-one care throughout the day. She also has a pressure mat beneath her bed for night time too."
- The premises were safe. Checks, tests and servicing were carried out as required. Additional checks had been introduced following lessons learned. The registered manager oversaw the audits carried out by maintenance staff.
- Any accidents and incidents were recorded and investigated by the registered manager to ensure appropriate action was taken. The registered manager had introduced additional safety checks following an incident when a falls sensor failed to work.
- The registered manager shared learning with staff to promote safe working practices and further reduce the likelihood of repeat events.

Staffing and recruitment

- Staff recruitment was safe. Robust vetting checks were in place. People were involved in the recruitment of staff. Applicants were graded using value-based interview questions and assessed on how well they interacted with people during their visit to the home.
- There were enough staff deployed throughout the day and night to provide a safe and consistent service to people which met their needs.
- Agency staff usage was kept to a minimum. The registered manager ensured appropriate checks were made and strived to maintain the consistency of agency staff.

Using medicines safely

- Medicines were managed safely. One person said, "I take lots of medication and it is always given meticulously."

- There was a robust process in place to ensure staff safely managed the ordering, storage, administration, recording and disposal of medicines.
- Medicine administration records were well maintained and up to date.
- Medicine audits were carried out regularly by nursing staff to ensure people had received their medicines as prescribed. This was overseen by the senior management team.

Preventing and controlling infection

- Dedicated cleaning staff kept the home clean and comfortable. The domestic team had been increased in recent weeks to further improve the cleanliness of the service. A relative said, "Domestic staff are so diligent."
- Staff were trained in infection control and prevention and regular cleaning audits were undertaken. The registered manager monitored cleanliness on her daily walk around the home.
- Staff used personal protective equipment such as disposable aprons, gloves and hand gel to reduce the risk of cross infection when delivering personal care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a holistic approach to assessing people's needs. People experienced very good outcomes with support from staff. One person said, "I am really happy with my care here." A relative said, "Staff were instrumental in getting a change in medication which had a positive impact on reducing her agitation."
- Care plans clearly described people's needs, wishes and choices, which empowered staff to deliver care in a way people had chosen. People's current needs were reflected in the support staff provided to people.
- Staff supported people in line with best practice guidance and relevant legislation. The registered manager had recently organised for staff to attend NHS England Oral Health training.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. The catering staff were fully aware of people's special dietary requirements and these were well catered for.
- Specific guidance from external professionals was followed by staff to ensure people's nutritional needs were safely met, such as providing fortified or soft textured food. A relative told us, "(Person) is losing weight very fast so she has a dietician to advise the kitchen staff. She gets high calorie nutrition drinks and has 100mls cream in each meal to help her gain weight."
- The dining areas were homely and pleasant which encouraged socialisation. Relatives were encouraged to join people at meal-times. This had a positive effect on people because the inclusiveness of families improved their meal-time social experience.
- The catering staff provided a choice from home-cooked meals, snacks and drinks which looked appetising and were nutritious. One person said, "The food is very good here. They have a lovely chef here. There's also food available for visitors; cake, fruit or biscuits are available in the foyer."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was a strong joined-up approach to people's care. Staff were proactive and had very good links with external health and social care services to improve people's health and well-being. Timely referrals were made to external services if people's needs changed. A relative told us, "Staff have to work closely with the Parkinson's Nurse and dietician because of (person's) continued weight loss."
- People were helped by staff to lead healthier lives through the consistent and timely involvement of medical professionals, such as nurses, dieticians, podiatrists, opticians and dentists. The provider offered a free physiotherapy service to give people prompt access to a beneficial service which had improved people's posture, reduced falls and alleviated pressure damage and pain. Consequently, improving their quality of life.

- The registered manager had acquired the support of a bereavement counsellor for one person after their relative expressed some concerns about the person's mental health. This had a very positive effect on the person.

Staff support: induction, training, skills and experience

- Staff were very well trained, which allowed them to deliver effective care. They had the right skills and knowledge to deliver high-quality care. One person said, "Staff are very skilled in what they do."
- A nationally recognised induction for care staff was embedded into the staff probationary period. This covered the essential standards needed for staff working in health and social care. New staff also undertook shadowing shifts to assure the registered manager of staff suitability and competency.
- Formal supervision sessions, appraisals and daily observations by the registered manager and senior staff provided ongoing support to staff. This helped to identify and address any staff training needs or development areas. The registered manager had identified staff strengths and effectively redeployed staff to match their skills with people's specific needs. This had improved the quality of care people received.

Adapting service, design, decoration to meet people's needs

- The provider had invested in technology which contributed to delivering effective high-quality care. For example, superior lighting was installed in the home, which illuminated when it sensed movement. This has been incredibly effective in reducing falls by 60% in 2019.
- Communal areas of the home were adapted and designed to meet people's needs. For example, experts in dementia care from Stirling university has visited the provider's homes to provide guidance on design and decoration. Improvements to the home's décor included dementia friendly features and displays to provoke memories and generate conversations. A relative told us, "I like the new display in the foyer of activity photos – it has prompted conversations with (person)."
- The home was tastefully decorated and there were multiple areas around the home available for people to spend private time with their families, be alone or join in with group events.
- People's own rooms were personalised and contained their belongings and sentimental items. Rooms were adapted with specialist equipment as necessary to meet people's individual needs. One person said, "I like my room. It's a good size and well equipped."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff were trained in the MCA and applied the principles to the support they provided, to ensure people's legal and human rights were upheld. Best interest decisions were made in accordance with legislation and people's wishes, with their families and external professionals involved. A relative told us, "We've always been included in putting together a plan for (person's) care. We've been involved in DoLS and know our role in it."

- There were people with legally authorised restrictions in place for their own safety. The registered manager fully understood the importance of prioritising people at risk and acted promptly to address issues. Applications, authorisations and their expiry dates were tracked by the registered manager to ensure restrictions remained lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated exceptionally well by staff who displayed strong caring values, such as patience, kindness and compassion. Staff were committed to providing an excellent service which included sensitivity and empathy. A relative told us, "On admission (person) was frightened and angry and I described her as difficult. A staff member said to me, she is not difficult, she has dementia. That really helped me to feel comfortable and I thought - this is the right place."
- Everyone we spoke with gave positive feedback about the staff. People's comments included, "Staff treat me well. They do everything for me" and, "They're smashing! I do like staff here." A relative said, "They'll do anything for us and they even take care of my emotional well-being as his wife." An external professional said, "I feel they do go the extra mile."
- The provider was dedicated to implementing a strong person-centred service. On many occasions, a senior manager had approved company expenditure on an individual basis to offer a unique service or experience. For example, a specialist chair was purchased for a person with major disabilities to alleviate pain and address constant seating issues which had affected their mental health. This had a significant positive impact on the person's health and well-being including less pain relief medicines, improved sleep, improved appetite and increased confidence and mental health. We were told the person had "tears of joy" when they were hoisted into the new chair.
- An equality and diversity policy was in place and staff were trained to ensure people were truly respected regardless of their age, gender, disability or beliefs. People's diverse needs were clearly described in their care plans. Staff ensured people were not discriminated against in any way and strongly promoted their rights.

Respecting and promoting people's privacy, dignity and independence

- Upholding people's privacy and dignity was at the heart of the provider's values. Staff provided discreet support which protected people's privacy and dignity. The registered manager ensured this was embedded into staff culture through recruitment, training and supervision. A relative told us, "Staff do treat (person) with dignity and respect. The way staff are; always pleasant and friendly and look after her everyday needs."
- People received help from staff who were well known to them and very familiar with their needs, wishes and preferences. Staff could identify and anticipate people's individual needs which enabled them to intervene early in situations which may cause people distress. One person said, "Staff know where things are and know what I need. They help me and do it well. I look forward to it."
- There was active promotion of independence throughout the service. The provider often supplied equipment or made adaptations to the premises to help people become more independent. For example,

one person had permanent fixture and fittings in their bedroom altered to meet their wishes, and investments in activity equipment allowed people with sensory impairments the ability to take part in certain activities without relying on staff to help them.

Supporting people to express their views and be involved in making decisions about their care

- Staff listened to people's opinions and ensured they were fully involved in making decisions about their care. For example, people with capacity made decisions which weren't always in their best interests. Staff undertook further work to ensure safeguards were in place to allow the person to exercise their right to choose. However, they continued to encourage the person to make wiser choices.
- Care records indicated people had expressed their views about the staff who supported them. For example, people's preferences for male or female staff. One person did not respond well to staff with certain characteristics. The registered manager had ensured staff were creatively deployed to avoid distress to the individual person, while ensuring staff did not feel discriminated against or discouraged.
- Staff recognised when people needed help from others, such as obtaining independent advice and support. An independent advocate was introduced to one person to help them resolve some issues they experienced. The advocate worked closely with the person and the registered manager to settle the issues.

Is the service responsive?

Our findings

Responsive – this means that we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection, this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff delivered extremely person-centred care. They focussed on what was important to people and helped people to achieve their personalised goals and positive outcomes. There were multiple examples of people's lives being enriched through outstanding staff support. For example, one person who was cared for in bed due to pressure damage was supported by staff to visit their spouse who was receiving end of life care in hospital. Specialist transport was organised by staff to facilitate the hospital visits. This demonstrated staff met the person's emotional needs whilst maintaining their physical health needs. An external professional said, "Nothing is too much trouble (for staff)."
- People's care records were very personalised and contained information about them to enable staff to provide support in a way which people preferred. One person told us, "I don't like lots of lights on in my room and staff know this and don't put the big lights on." An external professional said, "The records were very accessible and person-centred - they helped me a lot in my role."
- Care plans were wholly developed with the involvement of people and their representatives. People's choices were the foundation of creating an individualised care plan. A relative told us, "I've been in meetings with social workers and staff here who decide what care (person) needed. I trust them to put it together, because they are the experts and know medically what she needs."
- Care plans were regularly reviewed and evaluated to ensure staff continued to meet people's needs. Any changes were communicated to staff and promptly made. The registered manager had arranged for one person to have more one-to-one time with the activities coordinator to provide additional emotional support for the person following a recent bereavement. An external professional said, "Staff definitely meet the individual's needs. You can see from their appearance that they receive a high standard of care."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Social care plans were used by staff to engage with people and understand their needs, life history and what was socially important to them. People were personally supported to maintain relationships with their families and friends to reduce isolation and loneliness. For example, one person expressed a wish to contact their relative in Australia. Staff suggested the person would benefit from the use of an iPad and arrangements were made for access to this and a Skype account to enable video calling. The person now keeps in regular contact with their relative. Staff said the person and the relative were "visibly moved" by this.
- The new activities co-ordinator had spent significant time getting to know individual people's interests and hobbies. They had inspired and motivated people to pursue activities which were enjoyable to them.

For example, one person had enjoyed bowling in the past. The activities co-ordinator donated an electronic games console to the home which enabled the person to play virtual bowling. This had made the person incredibly happy. Staff told us, "Other residents love to watch too and are encouraged to chat about the game and cheer on the players."

- People were supported to make new friendships and visitors were made to feel very welcome in the home. For example, there were some excellent positive links with local community groups. People had developed meaningful friendships with the young children who visited the home on a regular basis. There was also an excellent pen pal scheme set up with a local school. School children had written letters to people introducing themselves and writing about their hobbies. They asked people to write back about themselves and share their experiences of coal mining to help them with a school project. People had taken great pride in being involved with this.

- People were given choices about how they spent their time. A wide variety of stimulating activities were organised for people. They reflected people's individual needs, wishes and preferences to enrich their lives. This included, animal therapy, arts and crafts and entertainers. Staff strove to ensure all people could take part or benefit from activities if they wanted to. For example, during an animal therapy session staff asked the visitor to make a special visit to a person's room who was unable to attend the group activity because the person has expressed a desire to meet the fox cub. Additional safety arrangements were made to enable this to happen, and the person was extremely happy.

- Staff also supported people who showed an interest in education and work-related activities which fulfilled them and gave them a sense of purpose and achievement. People had taken part in staff training courses and been awarded a certificate of participation. One person expressed a wish to have a job around the home, so staff created a role which involved preparing areas for activities. Staff told us, "He takes great pride in making sure that the area is just right."

- The registered manager was very keen to support the activities coordinator with developing this aspect of the service. Following a recent survey about activities, there were plans in place to increase the activity provision and introduce even more activities and events. A relative told us, "There has been an improvement in activities. It's really noticeable. The new one (activities coordinator) is really trying hard. I hope to see some real improvements here."

Improving care quality in response to complaints or concerns

- There had been a small amount of complaints made about the service. Complaints were thoroughly investigated by the registered manager and responded to, with an explanation and an outcome.

- Information about how to raise a complaint or concern was well advertised around the home and the registered manager was very visible in the service and took time to speak with people and relatives about any issues they had. A relative told us, "I would go straight away to make a complaint. I did make a complaint once. It was a long time ago and was dealt with acceptably."

- The registered manager provided monthly information to the senior management team regarding complaints or concerns. These were tracked by the senior management team to identify any trends and report on any areas of the service which may need improvement or further development. Learning from complaints was shared with staff to improve the service.

End of life care and support

- There was currently no-one receiving end of life care. However, staff were experienced, well trained and supported by the registered manager to deliver dignified care. Staff had received some lovely compliments from the families of people who had passed away. One relative wrote, "My Aunt was in your care until she died recently. Our family have been so thankful for the quality of care provided by yourselves."

- Some people had shared their end of life wishes which included religious, cultural and spiritual preferences, which helped staff care for people when they were unable to express those wishes for

themselves.

- Advanced care planning, emergency care and resuscitation preferences were recorded, where people had chosen to share these. This helped staff fulfil people's wishes if they were not able to express those themselves, due to illness.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and care plans were in place which contained specific details about people's communication needs and abilities. This included how people should be given information and how to make sure they understand it, such as visual, pictorial, verbal or written in large print. Staff ensured this information was shared with visiting professionals.
- Staff demonstrated good communication skills with people which enabled their wishes and choices to be heard. A relative told us, "(Person) cannot communicate, so gaining consent sometimes needs to be patient persuasion. They do it well though."
- Information was displayed throughout the home in various formats, such as easy read and graphics to assist people's understanding of the information provided.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Everyone we spoke with said this service was extremely well-led. People, relatives and staff would recommend this service to others. A relative said, "The staff are excellent, the manager is approachable and there have been improvements." A staff member said, "There is not one member of staff you can't get along with - it is a blessing."
- The registered manager instilled a solid person-centred culture, which put people's individual needs at the centre of the service. This was fully reinforced by the provider organisation whose values included dignity, privacy and choice. One person said, "They (staff) care for individual needs."
- Staff felt empowered by the registered manager to deliver a high-quality service which achieved excellent outcomes for people. The registered manager led the team by example and had put herself in a care workers role to understand the challenges they faced. For example, they had provided 12 hours of one-to-one support to an individual to understand their needs and experience what staff had experienced. This enabled them to make specific changes which improved the experience for the person and the staff. The registered manager fed this back to other managers at regional meeting to encourage their peers to undertake this where possible, due to the benefits and insight it had given them about the care worker role.
- The registered manager had introduced reflective practice meetings with staff following any incidents. The purpose was to proactively encourage staff to be involved in the successful operation of the service through continuous learning, whilst driving through necessary improvements.
- The chef had been recognised by a senior manager as being exceptionally skilled. The chef was now mentoring new chefs and promoting the importance and impact of good nutrition on people's quality of life throughout the provider organisation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and senior staff consistently engaged with people and their visitors to keep them involved in how the service was operated. This included 'residents and relatives' meetings. A relative told us, "It's good to see the residents being involved in these meetings."
- The provider organisation gathered feedback to help improve the service through annual surveys. A relative said, "We were asked recently for our views about this place." One relative had taken the time to complete a compliment slip expressing thanks for each individual staff member who had been involved in their relative's care. The registered manager ensured these were shared with staff to celebrate their achievements.

- The registered manager had implemented a new feedback form to seek people's views following activities. From this they were able to identify the meaningful activities and seek new ideas to strengthen the activities provision and guide the future planning.
- Regular staff meetings took place where the registered manager shared information and staff shared their ideas. Meetings gave staff an opportunity to be involved in how the service was run. The registered manager had implemented daily "flash" meetings to discuss current issues and find resolutions. This had improved staff involvement in the service. Staff told us the registered manager was very approachable and listened to them. A staff member said, "(Registered manager) is implementing some good improvements. I like the daily flash meetings, it makes me feel more involved."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A solid quality assurance process was embedded throughout the service. Multiple audits modelled on best practice examples were routinely undertaken to check quality and safety. The registered manager analysed these to identify key themes and trends to take preventative or corrective action. The senior management team had oversight of quality performance.
- The senior management team visited the home on a regular basis. They carried out independent audits based on their skillset to identify areas of improvement within the home. An overarching service action plan was in place to address any matters which had arisen. The senior management team used their visits as opportunities to share examples of best practice and outstanding care amongst their home managers, to ensure the continuous development of services.
- The provider organisation and registered manager had fully complied with regulatory requirements. The senior management team ensured the home had financial stability and that every available resource was accessible to staff to not only meet but exceed regulatory requirements and the high standards they had set.
- There were robust policies and procedures in place which included a wide range of best practice guidance. The registered manager and staff had a clear understanding of their roles and responsibilities. The team worked exceptionally well together, demonstrating responsibility and accountability for their role. The senior management team were immensely proud of the registered manager and staff at Brunswick House. The provider hosted an annual award ceremony for staff to celebrate their achievements. The staff also benefitted from a variety of staff incentives, rewards, discounts with the provider's partner organisations.

Working in partnership with others

- Extremely positive relationships had been developed and advanced with external professionals, local services and other organisations to provide a joined-up approach to meeting people's needs and achieving positive outcomes. An external professional said, "When I informed (registered manager) I was coming to visit Brunswick House for the first time, she arranged a welcome meeting with staff, and some staff came in to meet me on their day off. I thought this was exceptional and it made me feel so welcome and part of the team."
- The provider worked in partnership with a local university providing placements for student nurses and mentorship. As well as successfully developing students into qualified roles, the home benefits from the additional staffing. People benefit from more time to spend with high-quality staff and they gain from the research-based practices which are trialled in the home to improve the quality of care and people's lives.
- Relatives spoke positively about staff working in partnership with them, to ensure their family members were well looked after.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their obligations under the duty of candour. There had been no

serious incidents that required them to act on this duty.

- The registered manager demonstrated an open and honest attitude when dealing with any issues raised and had developed a good relationship with people, relatives and staff. There was great confidence in the registered manager to act in a responsible manner if something did go wrong.