FitzRoy Support

Brookview

Inspection report

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Ratings

Overall rating for this service	Good

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

This inspection took place on 11 May 2017. The inspection was announced 48 hours before we visited to establish if people living at the service would be available to talk with us and discuss how they may respond to our presence at the home.

Brookview is registered to provide personal care for up to eight people with learning disabilities and physical disabilities. At the time of our visit there were six people living at Brookview.

Since our last inspection of this service a new provider had taken over the management of Brookview. This change had occurred on1 March 2017. The previous staff team and the registered manager had been retained by the new provider. This was the first inspection of the service for the new provider.

Prior to the change in provider we were informed of a serious incident that had taken place which the new provider had been made aware of. During this inspection we found the provider had taken positive steps to ensure people were safe and robust safety measures were in place to reduce the risk of further incidents of a similar nature.

We found the provider was supportive to the registered manager and staff. Everyone we spoke with told us the new provider had kept them informed of any changes. They said there had been no impact on the quality of service people received during the transfer of ownership.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager at the service.

Relatives told us they felt people were safe at Brookview. The registered manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. Staff had a good understanding of risks associated with people's care needs and how to support them.

There were enough staff at Brookview to support people safely and at the times they preferred. Recruitment procedures made sure staff were of a suitable character to care for people at the home.

Medicines were stored and administered safely, and people received their medicines as prescribed. Regular audits were carried out of medicines to ensure they were managed in line with good practice guidelines.

People were supported to attend health care appointments to maintain their health and well-being and received support with a varied diet that took account of their preferences and dietary needs.

Staff were kind and supportive and ensured people's privacy and dignity needs were met. People were encouraged to be independent and some assisted with tasks around the home and shopping if they wished to. Relatives told us staff respected their family member's rights to privacy and told us how staff supported them to remain independent.

The management and staff team understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to make everyday decisions themselves, which helped them to maintain their independence. Where people were not able to make decisions, relatives and healthcare professionals were consulted for their advice and input.

People were supported to pursue their hobbies and interests both within and outside the home. Activities were arranged according to people's individual preferences, needs and abilities and staff were keen to explore a variety of new activities for people. People who lived at Brookview were encouraged to maintain links with friends and family.

Relatives knew how to make a formal complaint and told us they felt comfortable raising any concerns they had with the staff. At the time of our inspection no complaints had been received, however, the provider had systems in place to monitor complaints across all of their services. This was so they could identify any areas where improvements could be made to benefit all people including those at Brookview.

Staff felt the management team were supportive and promoted an open culture within the home. Staff were able to discuss their own development and best practice during one to one supervision and team meetings. A programme of training and induction provided staff with the skills and knowledge they needed to meet people's needs.

The registered manager felt well supported by the provider who visited the service regularly and encouraged them to discuss their views and ideas on how to improve the service.

The provider carried out audits to check the support and care people received to continually monitor and improve the quality of the service.

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.

Relatives told us people were safe because they received support from staff that understood the risks related to people's care and supported people safely. Staff knew how to safeguard people from harm and there were sufficient staff to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed. Accidents and incidents were investigated to identify any patterns or trends to help prevent them from happening again. Safety measures were put in place to reduce the likelihood of incidents reoccurring. Staff were recruited safely and the provider carried out relevant pre-employment checks before staff were allowed to start working at the home.

Is the service effective?

Good

The service was effective.

People were supported by suitably trained staff. New staff received a comprehensive induction and on-going training to develop their skills and knowledge. People were supported to access a variety of healthcare services to maintain their health and wellbeing. Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards. Staff demonstrated good knowledge of people's dietary needs.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring and there was a happy and positive atmosphere within the home. Relatives spoke positively about the care and support received by their family member. People were supported to maintain relationships with people that were important to them. Staff ensured people were treated with respect, had privacy when they needed it and maintained their dignity at all times. People were encouraged to maintain their independence and supported to make choices about how to spend their time.

Is the service responsive?

Good

The service was responsive.

People were given support to maintain their interests and access hobbies that met their preferences. People and their relatives were involved in decisions about how people wanted to be supported. The care and support provided was responsive to people's individual needs. Care plans contained detailed information about people's preferred routines.

Is the service well-led?

Good

The service was well led.

The provider and registered manager supported staff to provide a person centred service which focused on the needs and preferences of individuals. The provider conducted quality monitoring checks to measure and improve the quality of the service. The registered manager showed clear leadership at the service and relatives and staff spoke positively about the registered manager. throughout the changes of provider.

Brookview

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.

The inspection visit took place on 11 May 2017 and was carried out by two inspectors. The inspection was announced 48 hours before we visited to establish if people living at the service would be available to talk with us and discuss how they may respond to our presence at the home.

We observed the care and support provided to people who lived at Brookview. Most people had limited verbal communication and were unable to tell us in any detail about the service they received. We spent time talking with staff and observing how they interacted with people. We also spoke with relatives to get their views on the care given to their family members.

We spoke with the registered manager, and the provider's 'service development and implementation' manager. We also spoke with three members of support staff and two relatives. We looked at the records of three people who used the service and two staff records. We also reviewed quality monitoring records.

We reviewed information we held about the service such as information shared with us by the local authority commissioners of adult social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Good

Is the service safe?

Our findings

Relatives told us they felt people were safe at Brookview. One relative told us, "I feel [person] is safe, [person] is relaxed, there are always enough staff around." Another relative told us, "I have no concerns about [person's] safety."

Staff knew the risks associated with people's care and how to manage and minimise risks. Some people had behaviours that could place themselves or others at risk if they became anxious or upset. Staff knew how to manage the risk. They had been trained to 'de-escalate' situations and help people remain calm. There was clear information in people's support plans for staff to follow to manage behaviours to minimise the impact. One staff member told us; "I try to calm someone down and remove them from the situation and distract them, perhaps with a cup of tea. I then leave them for about 20 minutes and approach them again to talk." They went on to tell us this approach was often successful in calming people and reducing their anxiety.

During our inspection staff gave us clear and consistent information on how to recognise changes in people's body language and vocal sounds that could indicate a potential change in a person's behaviour. One person became anxious when we were in their home. Staff quickly identified this and took appropriate action to reassure the person. They also advised us where we should move to in the home so as not to distress them further. A relative we spoke with told us, "When [person] becomes upset they (staff) remain calm, they recognise [person] is stressed and that [person] needs space."

We saw risk assessments identified risks to people's health and wellbeing both inside the home and when taking part in activities outside the home. Risk management plans provided staff with guidance on how to manage identified risks to keep people safe. For example, there were instructions on how staff should respond when a person was having an epileptic seizure. This included providing first aid and administering medicines when required. We also saw risk assessments in place for a person who was at risk of choking. This informed staff the person required a 'fork mashable' diet and thickeners added to their drinks to make swallowing easier for them. We observed staff followed this guidance when supporting the person with their lunch.

Staff had completed training in safeguarding people and knew what action they would take if they had any concerns about people. Prior to our inspection visit and change of the provider, there had been a serious incident at the home that was still under investigation. We found staff on duty at the time had followed the correct procedures for reporting the incident. The provider had taken positive measures to reduce the likelihood of further incidents occurring and staff undertook regular safety checks to ensure people were kept safe.

All the staff we spoke with had a good understanding of the safeguarding process and how to keep people safe. They knew the procedures to follow to report any safeguarding concerns and there were policies to give guidance to staff. One of these was a whistle blowing policy that informed staff how they could anonymously report any concerns they had about the service. One staff member told us, "We have telephone numbers of who to contact…we all had to read the new provider's policies and sign to say we

had read them all."

During our visit we saw there were sufficient numbers of staff to support people living in the home. Relatives we spoke with told us, "Whenever I visit there are always staff around."

We saw staff were available in communal areas such as the kitchen and living room to observe people. One member of staff told us, "We have to know where all staff are to ensure we keep people safe and communicate with each other what we are doing. For example [person] seems a little more unstable on their feet today and needs extra supervision." All staff we spoke with felt there were enough staff to support people safely.

The registered manager told us staffing was based on individual people and their needs. On the day of our visit there were three members of staff on duty and the registered manager told us staffing levels would be increased if activities were planned for people who required the support of two staff members outside the home. At night two staff were on duty, one awake and one sleeping. A 24 hour on call manager was also available for support and advice. The registered manager told us, "I wouldn't accept anyone new to the home if I felt we did not have enough staff available to support them safely and meet their needs."

We asked how staff vacancies for leave or sickness were covered. The registered manager told us when they needed to use agency staff within the home they tried to ensure they requested staff who had worked in the home before. This ensured people received care from staff who knew them well. However, gaps in the staff rota were frequently filled by the permanent staff working at the home and recruitment for staff vacancies was on going.

We looked at medicines and found these were administered, stored and disposed of correctly. Administration records showed people received their medicines as prescribed and how they preferred. For example, one person's care plan provided detailed information how they should be supported to take their medicines with particular food they enjoyed.

Staff had undertaken training to administer medicines and had their competency checked to ensure they continued to do this safely. One staff member told us, "I have had medication training with [provider]. The last training was very good because they gave us some good tips. The [registered manager] does supervisions and observes us doing medication rounds." Records showed that medication audits were conducted regularly by the registered manager to check that people received their medicines as prescribed.

Some people required medicines 'as required', for example, medicines to relieve pain. There were protocols for the administration of these medicines to make sure they were given safely and consistently. We asked how staff would identify when this type of medicine would be required, A staff member told us, "We read people's body language and become familiar with different sounds they make and gestures, for example, [person] will bite their hand which may indicate they are in pain."

Procedures were in place for staff to follow in the event of an emergency such as a fire. There were up to date emergency folders that documented people's care and support needs so they could be assisted safely.

We saw the provider carried out regular safety checks, for example, staff tested and recorded water temperatures of baths and showers before supporting people with personal care. This ensured the temperature of the water was within safe limits. Care plans sampled also gave detailed information to staff on how to ensure people were not at risk of being scalded by hot water.

Good

Is the service effective?

Our findings

Staff told us they received regular training in order to undertake their job roles. One staff member said, "The registered manager is really on the ball with training, I have just had further training on medications." The registered manager told us since the new provider had taken over, all staff had to complete medication and health and safety training refresher training to ensure they met the providers required standards.

Staff had completed essential training so they could support people safely for example moving and handling people, safeguarding procedures, medicine management and health and safety.

The new provider informed us they had a 'Care Academy' which would be responsible for providing on-going support and training to staff. The registered manager told us they would be individually assessing and observing staff practice and carrying out knowledge checks to ensure staff were competent in their role. The 'Care Academy' would also support new staff enrolled on the Care Certificate Course. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff to help ensure they provide safe, effective and compassionate care to people.

New staff commenced training the provider considered to be mandatory before they started working at the home. This was to ensure they had the required knowledge and skills to support people safely. New staff received induction training. As part of their induction, they worked alongside an experienced member of staff in order for them to get to know and understand the needs of people they supported. One staff member told us, "I read all the care plans and looked at risk assessments. I also shadowed [worked alongside] the staff, I wasn't allowed to use the hoist (to move people) until I had training."

Agency staff new to the home were also supported with an induction, this included reading people's care plans and familiarising themselves with their risk assessments and dietary requirements. For example, people on special diets to maintain their health and well-being. In addition the registered manager requested a profile from the relevant agency on each new agency staff member to ensure they had the required training in place to support people effectively.

Relatives we spoke with told us they felt staff had the necessary skills and knowledge to support people. One commented, "I think they are well trained." We observed staff putting their skills and knowledge into practice. We observed them correctly using a support band to assist a person to walk to the kitchen.

Staff told us they had received supervision [one to one] meetings with the registered manager to discuss their role and were encouraged with ongoing training and development. One staff member said, "I have monthly supervision meetings." Another told us, "I had a one to one recently, they are useful. [Registered manager] asks me where I see myself [in the future] and what I want to achieve."

During our visit we observed a staff handover meeting that took place at the start of a shift, this was to inform the new staff coming on duty about changes in people's needs or routines. Information was clearly shared and staff had good knowledge of the people living at Brookview including their needs and the care

and support they required. We saw there was a daily communication book that all staff had to read and sign. This contained information related to people's day to day care or healthcare appointments they needed to attend and there was a handover sheet with more specific information regarding changes in peoples support needs.

Staff told us they observed people's non-verbal signs to ensure they were consenting to care and support. A staff member told us one person was due to attend a routine healthcare appointment on the morning of our visit, they commented, "I will give [person's name] the choice if they wish to go or not, [person] is able to indicate signs of yes or no."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 saw, where necessary, mental capacity assessments had been correctly carried out. Staff we spoke with had received training and understood the requirements of the MCA. One staff member told us "People are capable of making some decisions for themselves, that's important." DoLS applications had been correctly submitted to the local authority.

Care plans contained information about the support and equipment people needed to eat independently. For example, one person required a particular type of cup to enjoy their drinks and some people required equipment such as plate guards. A plate guard is curved to prevent food from falling off the person's plate and can be used as a barrier to push food against. These helped people to eat independently. Food was cut up for people unable to do this and assistance was given to those who could not feed themselves.

In the kitchen there was clear information for staff on people's individual food and drink preferences as well as the support they needed with their meals. Information was also displayed about allergies some people had to certain types of food. This would be important for staff new to the home to be aware of.

We saw staff took time to assist people to eat at their own pace and staff told us they would prepare alternative meals for people who chose not to eat the food offered. Individual preferences of how to eat and drink was taken into consideration. For example, a staff member told us one person had a preference to use a spoon and bowl when having a warm drink. Staff supported the person to do this as it helped maintain their independence. We observed the lunchtime experience and found the dining room was calm, with friendly banter between staff and people.

People were supported to attend regular appointments with external healthcare professionals to maintain their physical and mental health and wellbeing. Where change's in a person's health was identified, staff ensured they were referred to the appropriate healthcare professional such as a dietician or speech and language therapist so they received the care and support they required. A relative told us; "I like to take [person's name] to appointments but staff always offer." On the day of our visit one person was supported by staff to attend the dentist.

Good

Is the service caring?

Our findings

We saw staff were very kind and caring to people who lived at Brookview and had developed strong relationships with them.

One relative told us. "The staff are brilliant with [person's name]." Another relative said, "I am very impressed, [person] is cared for very well. [Person] is always clean and tidy. They are very professional."

We asked staff what they thought made a caring member of staff, responses were; "We get to know people, they are like my family I feel I really understand them." Another said, "We have good relationships and bonds with people, I really do care for them." We saw examples of this in the staff member's approach and manner with people. The new provider told us, "I took time to get to know everyone here; this really is all about the people who live at Brookview."

We saw good communication between staff and people. One person using gestures indicated they would like a drink to staff when they were busy supporting someone else. One staff member explained what they were doing and why they couldn't respond immediately and explained when they would be able to get them a drink. As soon as they had finished what they were doing they immediately made a drink for the person.

We saw staff communicating in a positive manner with people and talking with them in a calm and gentle way, they took time to explain things clearly to people. We saw staff laughing and joking with people, they showed concern for their wellbeing, were attentive to their needs and comforting towards them. People responded back and smiled at staff. We heard good natured banter between staff and people and we observed one person hugging staff members. One staff member commented, "I love working here, I like to see people are happy."

The registered manager told us a person who had lived at the home had recently passed away. All staff we spoke with were emotional when talking about the person. They had organised a memorial to take place at Brookview with people living at the home to remember the person on their birthday and had invited the persons' family. One staff member we spoke with told us, "We have planned to have tea with the family and have arranged so it will be at the time [person's name] would have been born. I miss their family, we love them as well." The new provider told us they had visited the person's family at their home to offer their condolences and took flowers.

People's wishes about their end of life had been explored by the provider, for example, we saw in one person's care plan an 'My End of Life Book'. This included information important to the person and their preferences when approaching the end of their life.

One person showed us their bedroom. We saw this was personalised and contained religious items of their choice. The registered manager told us staff ensured the person's dietary needs, to support their religion, were closely observed. They also told us staff had recently celebrated Diwali with the person. One member of staff told us, "I am very big on choice and cultural choices (making sure they were supported)." We also

saw other people's rooms that contained personal items reflecting their hobbies and interests. For example, there were photographs of family and friends, personal furniture and pictures on the walls. One person supported the local football team and we saw posters and memorabilia in their room.

To ensure privacy and confidentiality of people living at the home, we saw staff did not use people's names when they shared information with each other when other people who lived at the home were present. We observed staff knocked before entering people's rooms and bathrooms and we also saw screens were positioned around baths to ensure people's privacy when the door was opened.

Relatives told us people's privacy was respected. One told us, "Staff always leave me and [person] alone when I visit so we have private time together. We are always welcomed; it's really like one big family."

People were supported where possible to maintain their independence, for example the registered manager told us, "We promote peoples' independence…even if it's only a small thing we keep trying and encourage people." When we asked staff how they promoted independence one told us, "I am very big on independence, for example [Person] can't put the kettle on but I make sure [person's name] adds their own sugar. They are very capable." Relatives we spoke with confirmed staff encouraged independence and one told us, "They encourage but never pressure [person]."

The registered manager told us some people living at Brookview were supported by an advocate. An advocate is a designated person who works as an independent advisor, they ensure the person's 'voice' is heard on issues that are important to them and safeguard's their rights. They work to support the person's best interests. Advocacy services also help support people with their finances which could help people maintain their independence.

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Good

Is the service responsive?

Our findings

People living at Brookview were supported by staff to pursue hobbies, interests and activities of their choice.

The registered manager told us people were supported to attend a local charity group which provided person centred activities for people with learning disabilities. People were also supported with activities within the home. One relative told us, "[Person] enjoys gardening and has a vegetable patch at the home; staff encourage activities but its [person's] choice if they want to take part." Another told us "[Person] likes to go out to the local shops and has meals out. [Person] has also been bowling and attends a local centre where they had their nails done. [Person] also enjoys aromatherapy and has their hands and feet massaged."

One person regularly attended work within the local community with support from staff. This provided them with a level of independence and supported them to engage with others in the wider community. Staff told us people living at Brookview had been supported to visit a seaside town and a local safari park. One staff member told us, "We also do activities in the home such as arts and crafts." We saw one person enjoying playing an electric organ. We also saw the provider had created a sensory area for people where they could relax and have 'quiet time'. We observed one person enjoying this area and a member of staff reading to them. We saw the person looked calm and relaxed and attentive to the story being read.

People's care plans recorded activities they had taken part in, for example, one person's records showed they had attended a pamper session. They had also attended sessions for 'Chill and Chat,' arts and crafts, dance and music groups and had attended a local 'sea life' centre. Activities in the home that people enjoyed included sitting in the garden with their friends and receiving hand massages.

Staff told us they used a person centred approach in supporting people which meant people received care and support to meet their needs in the way they preferred. We saw records were written in a person centred way meaning each person's individual needs were carefully considered when planning their care and support. People were supported with their personal preferences about how they would like to spend their day. For example, when we first arrived at the home one person had decided to have a lie in and staff respected this. A member of staff told us, "If someone wants to have a lie in, that's fine, that's their choice."

We looked at three people's care plans and they contained detailed information about them such as their likes and dislikes, their non-verbal communication signs and how staff could recognise changes in behaviour. With this information, it enabled staff to look at someone's body language or facial expressions and identify what their needs might be. For example, one person had a communication plan which provided information for staff how the person communicated their feelings and emotions by using facial expressions and gestures. This explained that if the person was feeling unhappy they would clench their lips together. Another care plan outlined how the person wished to be supported with their religious needs at bed time and reminded staff to ensure a battery operated candle was switched on.

Care plans also contained comprehensive 'communication passports' which provided information for

hospital staff and other health care professionals, about how the person might communicate their needs, so they could understand and support the person appropriately.

We observed staff had a good understanding of the people they were caring for and could recognise when they were communicating particular needs, such as assistance with continence issues and personal care. We saw staff speaking with one person and they told us what the person was communicating to us with their hand gestures, for example, putting their hand against their face in a particular way indicated they were communicating about a man.

We observed staff were attentive to people's needs, for example, one person came into the room holding their cardigan and a member of immediately asked them if they were cold. The member of staff identified the person had come in to ask for help to put their cardigan on. After helping the person they told them, "Look at that lovely cardigan."

Care plans contained information about people's relatives and family background. Staff told us; "Care plans give me the information I need about someone." Another said "I like to find out about people's interests, get to know them, like their taste in music. I do this by reading the care plans and by asking colleagues and relatives. I find out from them about people, third party input is invaluable."

Where people were not able to communicate their preferences, relatives told us they had been consulted. One said "Staff ask me about [person], they understand [person] so well, inside and out." Another said "Staff call me if there are any concerns, occasionally we will have meetings with them but we visit frequently and can talk to them at any time." Relatives we spoke with after our inspection visit informed us they had future appointments to attend the home to discuss their family member's care needs with staff and relevant social workers.

The provider's complaints procedure was not displayed in the home; however, they had not received any complaints since taking over the management. We asked relatives if they knew how to report any concerns and they told us, "Yes". One commented, "I would call the manager and wait for a response, I would also be happy to speak to the provider."

Good

Is the service well-led?

Our findings

The new provider had taken over the management of Brookview on the 1 March 2017. Staff and relatives told us the change of provider had not impacted on the people living at the home and the transition had been smooth and efficient. One relative told us, "We met the provider before they took over and they told us what their long term plans are for the home. I feel they are very responsive and there hasn't been any impact on [person]." Another commented, "The change in provider was very smooth and I was kept informed the whole time."

The provider told us they had met with people and relatives before taking over the running of the home and commented, "The welfare of people is our prime concern, and also the staff."
People and relatives were given a welcome pack which outlined support for people and detailed the provider's values and goals for the future. We saw some of their values stated, "We see the person" and, "[Providers name] exists solely to transform lives for people with physical and learning disabilities and autism".

Relatives we spoke with told us they felt confident to approach any of the provider's management team and they would be listened to. One relative commented how impressed they were that the new provider had developed a close rapport with their family member and they had heard them exchanging friendly banter.

We asked staff how the change of provider had affected them. Comments made were, "The new provider has been fantastic, we went to a 'welcoming' meeting and they were very encouraging of us." And, "The new owners seem really friendly, approachable and down to earth."
The provider told us, "The staff at Brookview have been very open and welcoming of us and the registered manager has been fantastic."

The provider acknowledged the registered manager and staff had experienced a stressful period of time following a serious incident that occurred at the home prior to them taking over. They told us, "We brought some flowers and chocolates for the registered manager and staff they had all been through a lot." This demonstrated the provider was caring and supportive of staff.

The registered manager told us they had received good support from the new provider and said, "The transition was really, really good and they are very supportive and if they are not here, help is only a phone call away. I only have to call for advice."

Everyone we spoke with told us they thought the service was well led. Staff told us the registered manager had shown strong and consistent leadership throughout the difficulties the home had faced prior to the new provider taking over. Comments made were, "[Registered manager] has supported the team, and I feel supported." And, "The registered manager has turned everything around for the better, she is trusted and you can confide in her. They have lots of patience and time for the people living in the home."

We asked the provider about the registered manager and they told us, "The registered manager has been a

rock for the staff at Brookview…[registered managers name] has all their standards and morals in the right place."

We asked relatives if they thought the home was well led. One told us, "The manager is fantastic, lovely, warm and very welcoming. I think [person's name] is the best they have ever had." Another told us, "[Registered manager's] is fantastic, just a great manager and they have a wonderful relationship with the staff. I think they really respect her."

Staff told us they were supported by the management team with regular one to one meetings and this provided the opportunity for them to discuss their performance and any concerns they had.

All the staff and management team we spoke with had a high level of understanding of the needs of people living at Brookview and a desire to provide a good service and quality of life for people in their care. The registered manager told us, "I aim to give 110 percent in whatever I do here, but I am only as good as my team." They went on to tell us, "We promote within people their own abilities to be independent, but we are visitors in their home and must remember that."
When we visited the home, we noted a sign on the front door that reminded visitors, "This is our home."

Staff told us they had a good understanding of their role and responsibilities. We observed staff enjoyed their work and valued the service they provided. They told us they were happy and motivated to provide high quality care. One commented, "I just love working here." Another told us they felt relaxed when they came to work which was positive for the people living at the home.

Meetings with all staff were planned to give staff a formal opportunity for discussion. The registered manager told us these would be held as and when information needed to be shared with staff, one staff member told us, "We have not had a larger staff meeting for a while because of all the change, but I speak with [registered manager] when I need to."

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. The registered manager told us relatives would be asked for their opinions of the service through care plan reviews, meetings and satisfaction surveys. Where possible, people's views would also be sought, however, due to some people's limited verbal communication, staff knowledge of individuals would be used to gather feedback.

Relatives were encouraged to put forward their suggestions and views about the service their family member received and they told us they felt confident in approaching the registered manager and new provider if they had any concerns.

The management team monitored incidents and accidents within the home to identify trends to help reduce the likelihood of them happening again. Where investigations had been required, for example in response to falls, analysis had been carried out to learn from the incident and make improvements.

A range of audits and 'spot checks' were undertaken to assess the quality and safety of service people received. This included checks on the management of medicines, care records, personal care delivery, staff training and the safety and cleanliness of the premises. One staff member told us, "The manager doesn't tell you when they are going to do a 'spot check'. I had one the other day when giving medications." Actions were taken in response to any shortfalls identified to ensure people received a good quality service.

The provider and registered manager understood their responsibilities and the requirements of their

registration. For example, they were knowledgeable about statutory notifications they were required to send to us so that we could monitor the service people receive.