

Bupa Care Homes (ANS) Limited

Brookview Nursing and Residential Centre

Inspection report

Brook Lane
Alderley Edge
Cheshire
SK9 7QG

Date of inspection visit:
25 February 2016

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25 April 2016

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 was unannounced and took place on the 25 February 2016.

The service was previously inspected in January 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Brookview Nursing and Residential Centre provides personal care and accommodation for up to 67 people with nursing, residential and respite needs, and also offers dementia, convalescence and palliative care. Fifty eight people were being accommodated at the time of the inspection.

Brookview Nursing and Residential Centre is a purpose built three-storey building, with a pleasant and spacious interior. The ground floor (Alderley suite) has facilities for residents living with dementia. The first floor (Mottram suite) and second floor (Chelford suite) are for older people who require nursing care. The bedroom accommodation consists of a majority of single bedrooms and some double bedrooms all having en-suite facilities. There are three lounges, three dining areas, laundry and a hairdressing salon. There is a garden at the rear of the building and several smaller sitting out areas around the building. People had access to a secure garden.

At the time of the inspection there was a registered manager at Brookview Nursing and Residential Centre. 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 was present during our inspection and engaged positively in the inspection process. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors. During the inspection we found Brookview Nursing and Residential Centre to have a warm and relaxed atmosphere and overall people living in the home appeared happy and content.

Feedback received from people using the service spoken with was generally complimentary about the standard of care provided. People living at Brookview Nursing and Residential Centre told us the registered manager was approachable and supportive.

Staffing levels were structured to meet the needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs.

Staff recruitment systems were in place and information about staff had been obtained to make sure staff did not pose a risk to people using the service.

Staff were supported through induction, regular on-going training, supervision and appraisal. A training plan was in place to support staff learning. Staff told us they were well supported in their roles and responsibilities.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and relatives told us they would raise any concerns with the manager.

There was a quality monitoring system in place which involved seeking feedback from stakeholders and people who used the service and their relatives about the service provided periodically. This consisted of surveys and a range of audits that were undertaken throughout the year.

The registered provider had policies and systems in place to manage risks and safeguard people from abuse. Staff were aware of the whistle blowing policy and they told us they would use it if required. Staff told us they were able to speak with the manager if they had a concern.

We observed the lunchtime meals and saw staff supported people appropriately and in an unhurried way. Staff were very attentive, friendly and quick to respond whenever a person needed assistance. People had a choice of meals and drinks at lunchtime, breakfast and supper. The chef ensured special dietary needs were met, such as soft and pureed meals for people with swallowing difficulties.

Medicines were ordered, stored, administered and disposed of safely.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

Corporate policies were in place relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). We found staff were aware of the people using the service who were subject to a DoLS.

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.

There were sufficient numbers of suitably trained staff to keep people safe and meet their needs.

People were protected from abuse and avoidable harm.

People received their medicines safely from registered nurses and people were protected from the risk of infection.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained to meet their individual needs. They had access to external healthcare professionals when more specialised advice was needed.

The provider acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People had their nutritional needs assessed and received a diet in line with their individual needs.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect.

People were supported by committed staff who were compassionate and patient.

Staff were polite and friendly in their approach. They had a good understanding of how each person communicated their wishes and emotions.

Is the service responsive?

Good ●

The service was consistently responsive.

People received care and support that met their needs and took account of their wishes and preferences.

People, relatives and staff felt able to express their opinions and management responded positively to any feedback or complaints.

People had access to a range of individual and group activities and received care and support which was responsive to their needs.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager to provide leadership and direction to the staff team.

People were supported by a highly motivated team of staff and managers.

There was a clear staffing structure and a good staff support network.

There were systems in place to monitor the quality of the service and to drive further improvements.

Brookview Nursing and Residential Centre

Detailed findings

Background to this inspection

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

The inspection took place on 25 March 2016 and was unannounced. The inspection team consisted of one adult social care inspection manager, two adult social care inspectors 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 service.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Brookview Nursing and Residential Centre. We took any information they provided into account.

As part of our inspection we spent time talking with people who were living at the home. Twenty nine people were able to share their views with us about the home.

We also spoke with the registered manager. Additionally, we spoke with six other members of staff including one senior nurse, two senior care assistant, and three care assistants.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is

a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including: five care plans; four staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Brookview Nursing and Residential Centre to be safe. People spoken with confirmed they felt safe and secure at the home.

Comments received from people included: "It's a safe building here, key pads on doors so strangers can't walk in" and "I've never seen staff treat anyone badly". One relative said: "I visit the home regularly. I've never seen anything like abuse or neglect". Likewise, another relative reported: "The staff know what they are doing here. They will always inform me if there has been a problem."

A basic emergency plan had been developed to ensure an appropriate response in the event of an emergency. The plan contained contact details for various emergency evacuation places and contact numbers for staff and contractors in the event of a gas, electric, plumbing, nurse call or other emergencies.

Personal emergency evacuation plans (PEEPS) had also been produced for people using the service. PEEPS provide a clear contingency plan to ensure people are kept safe in the event of a fire or other emergency.

We looked at five care files for people who were living at Brookview Nursing and Residential Centre. In each one there was evidence of comprehensive risk assessments, including those relating to: falls; moving and handling; pressure ulcers; and nutrition using the Malnutrition Universal Screening Tool (MUST). People were regularly weighed and we saw evidence of the development of appropriate care plans to mitigate any risks associated with significant and rapid weight gain or loss. There was further evidence of carers responding to risk with referrals to appropriate services noted e.g. Tissue Viability Service, Speech and Language Therapy, Dietician. We saw that care plans were then amended to take into account the advice and recommendations of these specialist services. The risk assessments we looked at were all regularly reviewed and updated to reflect any changes.

Systems were in place to record incidents, accidents and falls and to maintain an overview of incidents. The registered manager explained to the inspection team that she completed an investigation summary / follow up on incidents that have been reported to her. Once the incident has been recorded, the person will have their care plan / falls risk assessment reviewed and updated to minimise risks. In addition the manager also completed a falls analysis sheet that identified any patterns or trends alongside actions to be taken which were then evaluated. This monthly analysis summary provides evidence of lessons learnt and actions taken to minimise the potential for reoccurrence.

At the time of our inspection Brookview Nursing and Residential Centre was providing nursing and dementia care to 58 people with varying needs. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum number of staff on duty.

Staffing levels set by the provider for Brookview Nursing and Residential Centre were based upon the dependency levels on each unit. Sixteen people were living on the Alderley suite (ground floor). This was set at one registered nurse, two senior carer assistants, and one care assistant on duty from 8.00am to 8.00pm.

Twenty two people were living on the Mottram suite (first floor). This was set at one senior registered nurse from 8.00am to 8.00pm, and four care assistants on duty from 8.00am to 2.00pm and three care assistants on duty from 2.00pm to 8.00pm. Twenty people were living on the Chelford suite (second floor). This was set at one registered nurse from 8.00am to 8.00pm and three care assistants on duty from 8.00am to 8.00pm.

During the night it was recorded on the rota that there were six waking night staff including two registered general nurse.

Brookview Nursing and Residential Centre employed a hostess on each unit who worked between the hours of 8.30am to 3.30pm. The hostess provided assistance to the people using the service at key meal times and was observed to discuss meal choices individually for people who were residing at the home.

A senior activity co-ordinator and support co-ordinator were also employed by Brookview Nursing and Residential Centre to coordinate activities for people using the service seven days a week.

The registered manager and deputy manager were supernumerary and worked flexibly subject to the needs of the service.

We noted that a system had been developed by the provider to review the dependency of people using the service and to calculate staffing hours deployed. The registered manager informed the inspection team that they reviewed care need bandings to assess the needs of the people on each unit, and they had the ability to adjust staffing levels to ensure care provision.

The Care Quality Commission (CQC) had received no whistleblowing concerns since the last inspection in January 2014. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. We spoke to staff about the principles of the whistleblowing policy and it was clear they had a good understanding of the policy and who they would notify if they had concerns. Staff also knew to be vigilant about the possibility of poor practice by their colleagues and knew how to use the homes whistleblowing policy. Staff told us they would be confident if they needed to report any concerns about poor practice taking place within the home.

Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations.

We looked at a sample of four staff records for staff recently recruited. In all four files we found that there were application forms; references, medical statements; disclosure and barring service (DBS) checks and proofs of identity including photographs. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

In appropriate instances there was also evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding service users from abuse or harm' and 'Whistleblowing'. A copy of the local authority's adult protection procedure was also available for staff to refer to.

There was a safeguarding procedure in place which was in line with the local authority's 'safeguarding

adults at risk multi agency policy' and staff spoken with knew how to access a copy of the policy which was kept in the office. Staff we spoke to had a good understanding of safeguarding issues, and staff learning and development records showed that staff had received training in this topic. Information we held about the service indicated any safeguarding matters were effectively managed and reported to the appropriate safeguarding agencies. Staff spoken with advised us of the process they would follow when reporting any concerns about people's safety to the home manager. They were clear about how to report safeguarding concerns in a timely way to external authorities such as the local authority and the Care Quality Commission. Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents.

Staff spoken with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We looked at the management of medicines at Brookview Nursing and Residential Centre with a registered nurse on the Mottram suite. We were informed that only the nursing staff were responsible for administering medicines. All staff responsible for the management of medication had completed medication training and undergone an assessment of competency which was reviewed periodically.

A list of staff responsible for administering medicines, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication. We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a suitable policy for staff to reference.

The policy was available in the medication storage room for staff to view. Brookview Nursing and Residential Centre used a blister pack system that was dispensed by a local pharmacist. Medication was stored in a medication trolley that was secured to a wall in a dedicated storage room. Separate storage was also available for homely remedies and for controlled drugs.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant medication administration record. Systems were also in place to record fridge temperature checks; medication returns and any medication errors.

A monthly audit of medication was undertaken as part of the home's quality assurance system.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place.

Is the service effective?

Our findings

We asked people who used the service if they found the service provided at Brookview Nursing and Residential Centre to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people included: "If you need help with anything the staff will assist you. I know I can request a visit from the Doctor on Tuesday's when he visits"; "There's a private lounge I can use when my family visit, which is nice and private"; "I can go the bed at whatever time I like and get up at the time that suits me"; "I like the food and there is plenty to eat and drink" and "The food is very wholesome. I can't fault it."

Likewise, comments received from visitors included: "We have an excellent relationship with the staff and manager here. They always keep me updated on my mother's health at all times"; "We visit once a week and have never had any cause for concern" and "The staff are approachable and very helpful if we require anything".

Brookview Nursing and Residential Centre is a purpose built three-storey building, with a pleasant and spacious interior. All rooms are equipped with en-suite shower and washbasin. There is a passenger lift in place and communal facilities for personal care, relaxing and leisure. The home has lounges and dining rooms on each unit along with a laundry and hairdressing salon facilities.

On the Alderley suite (ground floor) in the dementia unit we noted that small glass cabinets had also been fitted outside people's bedrooms next to the door to help people orientate and locate their rooms. Each cabinet stored photos and personal items for each person.

The environment of Brookview Nursing and Residential Centre had been decorated to a high standard and was well maintained throughout. The home had recently benefited with a new annexe extended to the main building. People's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable. People were also seen to have access to personal aids to help them mobilise independently and to ensure their comfort.

There is a garden at the rear of the building and several smaller sitting out areas around the building with wooded areas and raised flower beds. People living with dementia on the ground floor had access to a secure private garden.

We spoke to six members of staff during the inspection who confirmed they had access to a range of induction, mandatory and other training relevant to their roles and responsibilities.

Examination of training records confirmed that staff had completed key training in subjects such as first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous to health; infection control; dementia; and health and safety. The service also provided training to their staff

in 'Managing Behaviour that Challenges' and 'Person First Dementia Second Essentials'. We noted that many of the staff had not completed this training, however the manager has provided assurances that forthcoming training dates have been established for all staff to complete.

New staff received a comprehensive induction which covered essential training to allow them to support people safely. Following this they would work alongside more experienced staff until they felt confident and were competent to carry out their role independently. In addition to this new staff were expected to complete the care certificate which would provide them with knowledge and experience of the standards in care delivery. The registered manager had systems in place to identify and monitor staff development and training.

Additional training courses such as national vocational qualifications / diploma in health and social care; record keeping; falls and nutrition and dignity training had also been completed by the majority of staff.

We found that training was provided to registered nurses in venepuncture, bladder & bowel management, end of life care, and wound care.

We noted that team meetings had been coordinated for staff to attend throughout the year and that staff had access to annual appraisals and supervisions every two months. Staff practices were observed monthly, for example medication administering and infection control procedures. Staff spoken with confirmed they felt valued and supported in their roles.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager. Discussion with the registered manager showed she had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

We saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the registered manager confirmed that at the time of our visit to Brookview Nursing and Residential Centre there were sixteen people using the service who were subject to a DoLS. Additional applications were also being considered by the local authority for authorisation along with applications in place for DoLS assessments to be undertaken.

The registered manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been obtained.

We found that all of the staff at Brookview Nursing and Residential Centre had completed the Mental Capacity Act 2005 (MCA) and Safeguards (DoLS) training. The staff we spoke to had a good understanding of the MCA 2005 / DoLS and were aware of which people using the service were subject to a DoLS.

A four week rolling menu plan was in operation at Brookview Nursing and Residential Centre which offered people a choice of menu and was reviewed periodically. The daily menu was on display in the reception area.

The most recent local authority food hygiene inspection was in 20 August 2015 and Brookview Nursing and Residential Centre had been awarded a rating of 4 stars.

We observed a meal time and saw that people had different options and a drink of their choice. Additional refreshments and snacks were also seen to be provided throughout the day. Staff were observed to be accessible and responsive to people requiring support at mealtimes. Records were kept of food and fluid intake levels when they were at risk nutritionally and we found that they were completed consistently. People were weighed monthly and appropriate action was taken if people lost weight, for example a referral to the dietician or an appointment with a GP.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; district nurses; opticians and chiropodists subject to individual needs.

Is the service caring?

Our findings

We asked people using the service if they found the service provided at Brookview Nursing and Residential Centre to be caring. People spoken with told us that they were well cared for and treated with respect and dignity by the staff at Brookview Nursing and Residential Centre.

Comments received from people using the service included: "The staff do generally care for you here and will make time for you"; "The care is very good here, there are no set routines"; "I receive very good care. I am very lucky"; "I love it here. Staff put us first and they are genuine." Another person said, "Everything is done for me here. The staff are lovely and are always on hand to assist me."

People's privacy and dignity were respected. We observed that people were clean and were supported to maintain their personal hygiene needs. People were supported to go to the bathroom when they wanted. When asked if staff respected their privacy and dignity and whether they asked permission before doing something, three people responded: "Always. The staff here will not enter my room before knocking on the door"; "They know I like to take my time and never rush me" and "Yes they always respect my privacy. You will not find fault here. We are treated very well."

One staff member said, "I feel we understand the needs of the people very well. We all make an effort to understand the people's needs."

During the inspection we observed staff supporting people at various times and in various places throughout the home. We saw that staff communicated in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled.

Through discussion and observation it was clear that there was effective communication and engagement between the people using the service and staff responsible for the delivery of care.

The registered manager and staff were seen to enjoy friendly banter between each other and the people using the service. The home had a warm atmosphere and people were seen to respond to this interaction positively and appeared happy, content and relaxed.

Staff greeted people with a smile, made eye contact when talking to people and used positive touch to connect with, or reassure people throughout the day. It was obvious from our observations, that staff were familiar with people's needs, preferences and were responsive to how people were feeling as well as their physical care needs, ensuring reassurance was given when needed. This supported people's wellbeing. It was clear from our observations that people trusted the staff and management team.

We observed one person sitting in the dining area who needed help with their personal hygiene. The carers were immediately on hand and supported this person in a dignified manner not causing them any further distress or embarrassment. People were treated with dignity and respect.

During our observation we observed people's choices were respected and staff were attentive and responsive to the needs of people who required support at meal times. We also noted that staff communicated and engaged with people in a caring manner and that the mealtime was unhurried and relaxed. There was a sufficient number of staff on duty at this mealtime. We noted that the hostess was available at all times during lunch time observation. The hostess provided people with drinks and offered alternative food choices if some of them were not enjoying their meal. Prior to the lunch time meal being served the hostess was observed discussing food choices individually with each person. The hostess explained to the inspection team that people will make their choices the day before but we always like to check their choices again the following day, just in case they have changed their minds. The chef ensured special dietary needs were met, such as soft and pureed meals for people with swallowing difficulties.

Residents and their families are encouraged to be involved in every aspect of the service provided. The manager has informed the inspection team she has recently involved the residents in the recruitment process to help identify new staff for Brookview Nursing and Residential Centre. People spoken with confirmed they were satisfied with the activities on offer and records of individual activities were maintained and available for reference.

It was evident from speaking to people using the service that staff applied the principles of treating people with respect, safeguarding people's right to privacy, and promoting independence.

Personal information about people receiving care at Brookview Nursing and Residential Centre was kept securely to ensure confidentiality. Information on the service and of interest to people using the service was displayed on notice boards and in the reception area of the home for people to view.

Is the service responsive?

Our findings

We asked people who used the service and their representatives if they found the service provided at Brookview Nursing and Residential Centre to be responsive to their needs. People spoken with confirmed that the service was responsive to their individual needs.

Comments from people using the service included: "Due to my weight loss the staff here decided to put me on a high fibre diet, my weight has increased and they have met my needs well"; "Staff are excellent at responding to my needs, I have a call bell to alert them when I need assistance" and "Sometimes I can be in a considerable amount of pain and the nurse will come to provide me with pain relief, it's clear to see they listen to my needs".

Likewise, one relative reported: "We feel assured with the care my mother is receiving, I know when I leave her my mother's needs are taken care of."

We looked at five care files for people who were living at Brookview Nursing and Residential Centre. Each person had a comprehensive care and support plan based on their assessed needs. Care plans described people's individual care and support needs, decision making capabilities and things they enjoyed or disliked. People's complex needs were assessed prior to moving to the home to ensure the service could provide the necessary care and support. Care plans were then regularly reviewed and updated to reflect changes in the person's needs or preferences. Each person had a designated key worker and a key working team responsible for ensuring their individual needs and preferences were identified and acted upon. The registered manager / senior nurse audited the care plans to ensure they were appropriate to each individual's current needs and preferences.

Care plans provided clear guidance for staff on how to support people's individual needs. People were supported in line with their care plans by staff that had a good knowledge and understanding of their needs and preferences.

Several people received support with pressure areas and required assistance with repositioning in bed every two hours. We found some of the monitoring records were not updated to reflect the time the person received assistance from staff with repositioning. For example we found one person's record stated they were assisted with repositioning in bed at 4.00am, but at the time we checked their records at 10.10am, the records had not been updated to confirm if this person had been repositioned since 4.00am. We discussed the gaps on the monitoring record with the nurse in charge and they informed us this person has been repositioned and staff had been in to provide them with breakfast earlier. We observed staff were responding to people's needs but forgetting to complete the monitoring charts immediately after they provided the care. The manager informed the inspection team that the staff had a note book of the times they supported people and confirmed they completed the records soon after. We observed staff also responded promptly to call bells or whenever people needed support or displayed any sign of anxiety or distress.

People who live at Brookview Nursing and Residential Centre told us they believed their support needs and

preferences were being met by the staff team.

The registered provider had developed a 'Compliments, comments and concerns policy' to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint. An easy read format was also available.

A complaints policy was available and included timescales for investigation and providing a response. Contact details for the service provider and the Commission were also included within the document.

We reviewed the record of complaints received and the actions taken and saw evidence that issues had been dealt with appropriately, within the timescales of the policy.

Brookview Nursing and Residential Centre employed a senior activity co-ordinator and support co-ordinator that organised activities seven days a week.

A monthly activities planner was available for the people living at Brookview Nursing and Residential Centre. Many of the activities included arts and crafts, pamper days, pet therapy and reminiscence. Visitors also attended the home on a weekly basis to provide entrainment to the residents in the form of an accordion player, fitness co-ordinator, and artist. The local church visited the home once a month and provided a Holy Communion service. The local school visited the home regularly and would put on a music production for the residents. People living at the home were able to make suggestions on the activities at their monthly residents' committee meeting. It was clear that resident involvement played a key part in the service delivered at Brookview Nursing and Residential Centre.

Is the service well-led?

Our findings

We asked people who used the service if they found the service provided at Brookview Nursing and Residential Centre to be well led.

People spoken with confirmed they were happy with the way the service was managed.

Comments from people using the service included: "I lived at a couple of care homes in the past but this place is superb. The manager is lovely and she is always checking in on me"; "The management team are fantastic here. They are approachable and always welcoming"; "I know if I have any problems I can speak to the manager and she will solve my problem. You cannot ask for any better"; "The manager will keep me informed of any changes"; "I have never complained, because this home is faultless" and "The manager is very approachable".

The registered manager was present throughout our inspection. The registered manager was observed to be helpful and responsive to requests for information and support from the inspection team, people using the service, staff and visitors.

During our inspection we observed that people and their visitors felt able to approach the registered manager directly and she communicated with them in a friendly and caring way. People were observed to refer to the registered manager by her first name which reinforced that there was a friendly relationship between them.

The registered provider had developed a policy on 'quality assurance'. We also saw that there was a system of routine checks and audits in place for a range of areas to enable the registered manager to monitor the operation of the service and to identify any issues requiring attention. The provider (Bupa) had established an annual home audit planner for Brookview Nursing and Residential Centre. The provider has also developed an audit for 'resident of the day', this allowed the manager to concentrate on one care record and ensure it was reviewed fully. Other audits undertaken periodically included: infection control; medication; care plans; daily observations; night monitoring visits and health and safety checks / audits. Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East Council's Integrated Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations.

Brookview Nursing and Residential Centre completed an audit entitled 'resident dining room experience', for the Mottram suite on 23 February 2016. The aim of this audit was to capture whether or not the meal time was a pleasurable experience for the people living at the home. The registered manager explained to the inspection team that she planned to complete further 'resident dining room experience' audits for the other dining rooms in the forthcoming months.

The quality assurance process for Brookview Nursing and Residential Centre involved seeking the views of a proportion of the people using the service or their representative throughout the year. We found that the

results had been reviewed and percentage performance scores had been summarised entitled 'The residents report'. Overall the results were positive from each questionnaire type sampled.

Audits viewed covered a range of key operational areas / tasks and included evidence of actions required and completed.

We noted that meetings with staff and people using the service or their representatives had been coordinated periodically to share and receive feedback on the service provided.

We checked a number of test and / or maintenance records relating to: the fire alarm; fire extinguishers; gas installation; electrical wiring; portable appliance tests; water quality checks and hoisting equipment. All records were found to be in a satisfactory order.

The manager is required to notify the CQC of certain significant events that may occur at Brookview Nursing and Residential Centre. We noted that the registered manager had kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the registered manager had taken the appropriate action. This meant that the registered manager was aware of and had complied with the legal obligations attached to her role.

Information on Brookview Nursing and Residential Centre had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service. A copy of this document was provided to people / representatives once their care commenced. Information on the aims and objectives of the service, philosophy and strategic vision had been detailed within the documents.