

Eastern Healthcare Ltd

# Brundall Care Home

## 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 5 July 2016 and was unannounced. It was carried out to establish whether improvements had been made since our last inspection.

Brundall Care Home is currently registered to provide accommodation and support to a maximum of 40 people, including nursing care. However, the provider is currently amending their registration to remove the provision of nursing care and is only providing residential care. At the time of our inspection there were 11 people living in the home, none of whom required nursing care.

There was a registered manager in post. This person had previously held a senior position with the organisation and had become registered with CQC to manage Brundall Care Home in May 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

When we inspected this service on 9 and 13 July 2015, we found that it was not meeting several requirements of the Health and Social 2008 (Regulated Activities) Regulations 2014. As a result of that inspection, the service was rated inadequate and placed in special measures.

We inspected the service again on 5 January 2016 and found that, although some improvements had been made, the provider was still in breach of the regulations for staffing, person-centred care, dignity and respect, the need for consent, safe care and treatment, meeting nutritional and hydration needs and good governance.

As a result of our inspection in January 2016, the service remained in special measures and we took action in line with our enforcement procedures.

The service was kept under review and the provider sent us an action plan in March 2016, which told us what changes and improvements were being made or were planned. The provider also sent us updated action plans and progress reports in April and May 2016.

Our inspection on 5 July 2016 found that significant improvements had been made in all areas and the provider was no longer in breach of the regulations.

Staff could demonstrate their understanding of keeping people safe and had completed effective training in safeguarding. Risks to people were being properly assessed and the actions required to minimise the identified risks helped to protect people and promote their freedom.

There were sufficient numbers of suitably trained and experienced staff on each shift and the use of agency

staff was minimal. All staff demonstrated a good knowledge of, and communicated well with, the people they were supporting.

Staff had completed further training sessions since our previous inspection and the manager had systems in place to test staff's competence and knowledge. This ensured the training had been effective. All staff had received formal supervisions and had their competency tested and observed on a regular basis. Appropriate recruitment procedures were being followed to make sure that new staff were safe to work with people who lived in the home.

Procedures for the safe management and administration of medicines were being followed and no errors or omissions were found in people's medicine administration records.

The environment was clean and hygienic and had improved even further since our last inspection. Servicing and maintenance records were complete and up to date for the premises, as well as for portable and fixed equipment.

The service was ensuring that consent to care and treatment was sought in line with legislation and guidance and it was following the principles of the Mental Capacity Act (MCA) when making decisions on behalf of people lacking capacity.

People received care that was planned for each person as an individual. Where decisions needed to be made for people, these were made with as much input and involvement as possible from the person themselves. Where needed, 'best interests' decisions had been recorded and the processes followed appropriately.

People were consistently supported to eat and drink sufficient amounts and records of people's intake were maintained when necessary. People were able to make choices at mealtimes, with staff support if needed.

Referrals to healthcare professionals were made in a timely way. Input, advice and guidance was also regularly sought from relevant professionals and acted upon appropriately.

People received their care in an unhurried, respectful and dignified manner. Staff respected people's privacy and dignity and procedures were in place to protect people's dignity, where they chose to have their bedroom doors open. People were supported to make choices and these were listened to and acted upon by staff. People were also encouraged to enhance or maintain their independence.

Some structured activities were available for people at various times during the week, although there appeared to be limited interim and informal activities during this inspection. The 'resident of the day' was encouraged to choose a particular event or pastime they would like to undertake.

People were able to voice their concerns or make a complaint if needed. Formal complaints were recorded appropriately, with information to show what action had been taken. People were also encouraged to record informal complaints or concerns.

A number of internal audits had been completed since our last inspection and the director's audits continued to be carried out on a regular basis. These effectively identified any errors or omissions and any action that was required was recorded at the end of each audit.

Communication had improved significantly throughout the service since our last inspection. The registered

manager was 'hands on', approachable and operated an open door policy. Staff and relatives' meetings were held frequently, with an increased attendance level from relatives.

At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that there were enough improvements to take the provider out of special measures.

Following this inspection, the overall rating for this service is 'Good'. However, we will continue to monitor the service, to ensure that the improvements in the quality of the service are maintained.

## 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.

Staff had a good understanding of safeguarding and knew what constituted abuse. Staff knew how to keep people safe and reported any issues of concern appropriately.

Risk assessments were clear and detailed and reviewed regularly. Staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people.

There were sufficient numbers of appropriately trained, experienced and competent staff. Safe recruitment practices were followed.

People received their medicines on time and in the manner the prescriber intended.

The service was clean, hygienic and safe.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to support people effectively. Staff had regular supervisions and completed training that was effective and relevant to their roles.

The service operated in accordance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) procedures. Staff demonstrated a clear understanding of the MCA, DoLS, capacity and consent.

People had sufficient amounts to eat and drink and staff had a good understanding and knowledge of people's dietary needs.

Prompt referrals were made to healthcare professionals as needed and any advice or guidance given was followed appropriately by staff.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect and their privacy was upheld.

People could have visitors at any time and people's friends and family were welcomed into the home.

### Is the service responsive?

Good ●

The service was responsive.

Care records provided clear guidance for staff to understand how to meet each person's specific care and support needs.

Care was centred on each person as an individual and decisions were made with as much input and involvement as possible from the person themselves.

Some structured activities were available for people at various times during the week. The 'resident of the day' was encouraged to choose a particular event or pastime they would like to undertake.

People were able to voice their concerns or make a complaint if needed. Formal complaints were recorded and responded to appropriately, as well as informal complaints, compliments and positive testimonials.

People and their relatives were involved in planning and reviewing their care needs.

### Is the service well-led?

Good ●

The service was well led.

The registered manager was 'hands on', approachable and operated an open door policy.

There were effective systems in place to monitor the quality of the service.

Staff and people living in the home were involved in making decisions on how the home was run.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place.

Communication had improved further since our last inspection.

Staff and relatives' meetings were held frequently, with an increased attendance level from relatives.

The remedial action required, as identified at our previous inspections, had been completed. A number of areas were also benefitting from additional and on-going improvements.

# Brundall Care Home

## Detailed findings

### Background to this inspection

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

This inspection was carried out by two inspectors on 5 July 2016 and was unannounced.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the provider's action plan and progress reports that had been sent to us in March, April and May 2016. Some people's relatives had written testimonials for CQC about the service, which we also read.

Other information we looked at about the service included any statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During this inspection we met with nine of the 11 people living in the home and spoke with one person's relative. Because some people were living with dementia, they were not able to tell us in detail about their care. For this reason we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the two directors of the company, the registered manager, a team leader, three care staff and the head of housekeeping. Other staff we observed during the course of their duties included care staff, domestic staff, the cook and the maintenance person.

We looked in detail at the care records for five people and the daily records and personal profiles for a further two people. We also looked at a selection of medical and health related records.

We looked at the personnel files for three members of staff in respect of recruitment and records that showed staffing levels, training and supervisions. We also looked at a selection of records that related to



health and safety in the premises, as well as the management and day to day running of the service.

# Is the service safe?

## Our findings

Our previous inspection in January 2016 identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation relates to safeguarding people from abuse. We identified concerns that people were not protected against the risks associated with staff lacking an understanding of all types of abuse.

During this inspection on 5 July 2016 we found that improvements had been made and the provider was no longer in breach of this regulation.

People we spoke with told us they felt safe living in Brundall Care Home and people's relatives confirmed the same. Staff had a good understanding of safeguarding now and knew what constituted abuse. Staff knew how to keep people safe and reported any issues of concern appropriately. All the staff we spoke with told us that they had received effective training in respect of safeguarding people, were aware of the whistleblowing procedure and would not hesitate to follow it if necessary.

For example, one member of staff was able to tell us about the different types of abuse and said that if they had any concerns for a person, they would document these and report to a senior or the manager. They told us, "I would go to the safeguarding team; I can get the details on line or on the notice board. I know how to whistle blow and I can raise a concern to CQC. We had training on this, so now it's basic common knowledge."

The Provider Information Return (PIR) also confirmed that staff received safeguarding training, both face to face and e-learning. It also stated that an effective learning tool had been developed to re-evaluate the staff's skills and knowledge regarding the different types of abuse and the actions that should be taken, if anything was witnessed or disclosed.

The service was able to demonstrate that any actions being taken, that may restrict people's freedom of movement, was an appropriate and safe response to the levels of risk identified. For example, where bed rails were in place or people were being closely supervised when mobilising independently, appropriate processes for decision making and care planning had been followed.

Our previous inspection of January 2016 identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation relates to safe care and treatment. We identified concerns that the service was not identifying, assessing and reducing risks to people. We also found concerns in relation to the management of medicines.

During this inspection on 5 July 2016 we found that improvements had been made and the provider was no longer in breach of this regulation.

Everyone's care records that we looked at, contained person specific risk assessments, which had been appropriately completed, were up to date and were being reviewed regularly. We also saw that there was

clear guidance and protocols were in place for staff to know how to identify and minimise the risks. For example, one person was at high risk of malnutrition if not monitored closely. This person was appropriately receiving a fortified diet and was being weighed weekly. We noted that the person's weight had stabilised over the past few months, although staff continued to monitor them and report any concerns. Risks associated with falls, pressure sores and bed rails were also identified for people, with regular checks and appropriate action evident through the records we looked at.

Our observations during this inspection showed that people were supported to mobilise safely by staff who were appropriately trained in moving and handling. We also observed that where staff were supporting people to eat and drink in bed, the person was positioned appropriately to minimise the risk of choking or aspiration.

People's medicines were being safely managed and administered. One person we spoke to told us, "I feel safe living here. My diabetes is managed and I get my tablets on time." We observed a team leader administering people's midday medicines and saw that this was done safely and followed 'good practice' guidelines.

Medicines were also being stored appropriately in either a lockable fridge or the medication trolley, which was also locked between each administration. We saw that items such as thickeners, topical creams and denture tablets were also stored safely.

We saw that there were clear guidelines for crushable and covert medicines, which staff followed correctly. Records of incoming medicines and returns to the pharmacy were being well maintained and the 'returns' book we looked at was well organised and complete. We saw that medicine stocks were counted down after each dose had been administered, which helped ensure medicine audits were effective in identifying if and when any errors had occurred. The medicines administration records we saw were all completed appropriately, with no errors or omissions evident. This assured us that people's medicines were being administered as the prescriber had intended.

Our previous inspection of January 2016 identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation relates to staffing. We identified concerns that people were not protected against the risks associated with the inadequate number of staff available to meet their care needs and to keep them safe.

During this inspection on 5 July 2016 we found that improvements had been made and the provider was no longer in breach of this regulation.

Our observations showed that enough suitably qualified, competent and experienced staff were deployed in the home and we saw that people's physical and emotional needs were being met. The rotas we looked at for the previous six weeks also showed that staffing levels were stable and consistent and the use of agency staff was minimal.

One person's relative stated in a testimonial they had written for CQC that, "The overall atmosphere is calmer, happier and generally more organised, though the number of residents is low and the real test will come when more people arrive. That said; I am hopeful that with the new management team/structure and commitment of the many great staff who have always worked so hard to provide the best care they can, the home will retain its positive momentum..."

The Provider Information Return (PIR) stated that the service planned to increase the staff team in the home

during the next six to 12 months. The PIR further confirmed that, "As we increase occupancy over the next six to 12 months, we will do this in a structured way to ensure that we have the staffing levels to meet the residents' needs and that the dependency level of the home is carefully considered prior to admission."

We saw that appropriate recruitment procedures were followed to make sure that new staff were safe to work with people who lived in the home. All staff were checked for suitability with the Disclosure and Barring Service (DBS) and appropriate references were obtained before they started working in the home.

Where necessary, we noted that appropriate disciplinary procedures were followed, if staff's work practice was in question. This helped ensure people were consistently supported safely by staff who were competent and adhered to the service's code of conduct.

We saw that further improvements to the environment had been made since our last inspection and the service continued to maintain a dedicated housekeeping and domestic team. We noted that an infection prevention and control inspection was carried out by the local authority on 15 June 2016, which confirmed the service to be 100% compliant in all areas. We also noted that the Food Standards Agency (FSA) had recently increased the home's food hygiene rating from three stars to four. This assured us that people were living in a clean and safe environment.

We saw that other aspects of the premises and equipment were also regularly serviced and maintained, in order to ensure people living in the home were kept safe. For example, fire safety equipment, portable hoists and the call bell system. The manager also showed us the procedures that were in place in respect of the safe management of water systems and Legionella at Brundall Care Home.

# Is the service effective?

## Our findings

Our previous inspection of January 2016 identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation relates to staffing. We identified concerns that people were not protected against the risks associated with the inadequate provision of training and supervision for staff members to ensure their health and care needs were properly met.

During this inspection on 5 July 2016 we found that improvements had been made and the provider was no longer in breach of this regulation.

The training matrix showed that staff had completed and were up to date with training that was relevant to their roles. These covered areas such as safeguarding, moving and handling, dementia awareness, mental capacity, safe management of medicines, fire safety and food hygiene. Discussions with staff and observations assured us that the training staff had received was effective. One member of staff told us, "I've had in house and on line medication training. [Team Leader] does competency checks on us for this."

The manager told us that the team leaders had achieved a vocational qualification in health and social care of level three or above. Most other staff had achieved at least a level two and those who had not, had been enrolled and currently working towards their qualification.

The Provider Information Return (PIR) stated that systems were in place to ensure that staff not only attended training sessions but also understood and were able to practice what they had learnt. The recent training program had also included a day for assessing staff's competence.

The provider also informed us that, as staffing levels increased, all new staff would complete their care certificate and be fully trained in working with people with dementia. In addition, they would shadow experienced staff until they were deemed competent. Additional training scheduled within the next 12 months was stated as including end of life care, person centred care and care planning.

Staff we spoke with confirmed that they felt supported well in their roles and received regular supervisions. One member of staff told us, "I have supervision with [Team Leader] every month; we talk about worries, concerns and what's going well and we talk about the residents." Another person said, "I have supervision regularly with [Manager], every two months... I had one recently."

We observed that the whole atmosphere and dynamics were very different from our previous inspection. We saw that the staff team were dedicated and working well together, as well as with the management team. All the staff we spoke with or observed demonstrated that they had a very good knowledge of each person's needs.

Our previous inspection of January 2016 identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation relates to the need for consent to care and treatment. We identified concerns that people were not protected against the risks associated with a lack of

consent, application of the Mental Capacity Act 2005 and associated code of practice.

During this inspection on 5 July 2016 we found that improvements had been made and the provider was no longer in breach of this regulation.

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 the 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 the liberty were being met.

We found that the service was ensuring that consent to care and treatment was sought in line with legislation and guidance and it was following the principles of the MCA when making decisions on behalf of people lacking capacity. One member of staff told us, "Everyone has capacity unless proven otherwise – we've done training in this."

We saw that appropriate DoLS applications had been made, with clear explanations and reasons for why. Mental capacity assessments had also been completed for people, as necessary. Specific areas such as medication and covert medicines administration had reasons, best interests decisions and clear guidance and protocols in place. This assured us that the service understood how to protect the rights of people lacking capacity to make decisions for themselves.

Our previous inspection of January 2016 identified a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation relates to meeting people's nutritional and hydration needs. We identified concerns that people were not protected against the risks associated with inadequate support to prevent malnutrition and dehydration.

During this inspection on 5 July 2016 we found that improvements had been made and the provider was no longer in breach of this regulation.

We saw that food and fluid charts were in place for people where it had been identified as necessary. These were up to date, with clear measures of what people had eaten and drunk. We also noted that some people had been reassessed by the speech and language team and dietician. As a result, a number of people were since able to enjoy normal diets rather than soft. This was particularly relevant for one person who had previously been given a soft diet. This had been without the involvement of appropriate healthcare professionals and they had not been involved in the decision making process.

We saw that there were 'picture menus', with appetising photographs of real meals, on each of the small dining tables. The tables were set nicely for meal times, with napkins, tablecloths and condiments. During the lunch period we observed that people living in the home were offered aprons if they wished and their choices were respected. People were offered a choice as to where they want to sit and did not have to wait long for their meals, once seated. We noted that meals were covered when taken to the tables, with gravy served in a separate gravy boat. All these factors helped provide people with a 'quality dining' experience.

After finishing their meal, one person called out to the cook saying, "That was really lovely thank you."

People living in the home and visitors also had access to the kitchenette in the dining room, where hot and cold drinks as well as cakes and snacks were available throughout the day.

One person's relative stated in a testimonial to CQC, "Excellent provision and selection of menu choice – the standards set by [Cook] are very high." Another person's testimonial stated, "One of my [relative]'s favourite things is food! And the quality of what is being served is excellent. To some that may be a minor point but when your world has shrunk as much as [relative]'s has, then food does matter."

Feedback noted from family surveys carried out in May 2016 also included positive comments such as, "The food choice is very good."

We saw that people continued to have good access to advice or treatment from health care professionals, such as the speech and language team, dietician, district nurse, GP, physiotherapist, chiropodist and optician. A GP's clinic was held in the home during the afternoon of this inspection, which included a review of all the people living in the home. We noted that the team leader was well briefed and able to provide the doctor with all the information they required.

## Is the service caring?

### Our findings

Our previous inspection of January 2016 identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified concerns that people were not protected against the risks associated with a lack of privacy, dignity and respect.

During this inspection on 5 July 2016 we found that improvements had been made and the provider was no longer in breach of this regulation.

People we spoke with told us they felt the service was caring. One person's relative said, "They are really friendly. Staff are very kind and my [relative] is well treated. Now I always feel that my [relative] is special. I am highly delighted."

Another relative stated in a testimonial that, "The consistency of the staff, not just in who they are but in their level of care, has improved greatly and I now feel confident that all my [relative]'s needs are being met because they are now fully understood and [relative] is being treated as an individual, with a lot of care and attention."

Our observations showed staff respecting people's privacy and dignity. Where some people preferred to have their bedroom doors open, we noted that the bedroom furniture had been rearranged, with the person's consent, to ensure their dignity was not compromised when other people passed their rooms. One person did not want their bed to be moved, as they liked to see people passing by. This person had clearly expressed that they understood the implications of having their door open and were quite happy to accept this.

We saw that personal histories and overviews of people's needs were kept in the individual care files that were stored in the office. In addition, we saw that this information had also been copied into people's smaller daily files that stayed with them throughout the day and night. This meant that person specific information was fully accessible for day to day use by care staff when supporting people or interacting with them.

Information noted from relatives' meetings and staff meetings indicated that people and their relatives continued to be actively involved in reviewing and planning their care provision.

The Provider Information Return (PIR) explained how the service had a 'resident of the day' system in place, which was proving effective in ensuring that people's individual needs were consistently being met and any changes required were made promptly. The manager and team leader further explained that each person had a designated day each month when their care plans would be reviewed with them and updated if necessary. The cook would spend time with the person discussing meals and menu choices and the housekeeping staff would deep clean their room. A member of staff also explained this to us adding, "We pamper people, deep clean their room, do something special for them, like flowers or magazines. We do this once a month."



The PIR also told us how the service prided itself on making birthdays as special as possible for people living in the home. It stated that the home bought gifts for the person and the chef cooked a home-made birthday cake for all to enjoy. There was a special afternoon, if the person chose, where they could get together with all their family, friends and staff. At the end of the day the manager would produce a 'birthday book' of photos and literature in a booklet format so that the person had a book of special memories for the future.

Following one person's recent birthday in the home a relative stated in a testimonial, "I was really touched at how we were able, as a family, to plan the celebration in the way we hoped was best for [Relative]." This person added that photographs demonstrated how happy their relative was that day. Another relative commented on how touched they were when a member of staff came in on their day off, to visit their relative for their birthday.

The PIR stated that, "The home does not have visiting hours and we greatly welcome families and friends into the home as often as they can visit. We fully respect the residents' right to family life and encourage as much social activity as possible." It also explained how people were actively encouraged to do as much for themselves as possible. In addition, we were told that the kitchenette had a coffee machine and that there were always home-made cakes available for people living in the home and their families to enjoy when visiting. Our observations and discussions confirmed to us that the information provided in the PIR was accurate. One person's relative told us, "The change in the environment has been dramatic; it's so much better. I look forward to my visit every day. Whatever you ask, they [staff] will do for you."

## Is the service responsive?

### Our findings

Our previous inspection of January 2016 identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation relates to person centred care. We identified concerns that people were not protected against the risks associated with unsafe or inadequate care because of a lack of guidance about meeting people's needs.

During this inspection on 5 July 2016 we found that improvements had been made and the provider was no longer in breach of this regulation.

Feedback noted from family surveys in May 2016 included comments such as, "They support my [relative] very well." And, "Everyone does a brilliant job."

Person centred care was much more evident, with decisions being made for people with their input as much as possible or 'best interests decisions' being recorded and the processes followed appropriately.

Our observations, discussions and the various records we looked at, confirmed that people were being recognised as individuals and that care and support provided was tailored as much as possible to each person. We noted that people were encouraged to be actively involved in their care planning. The 'resident of the day' system also helped ensure that people's individual care needs and risk assessments were reviewed at least once a month.

People's care plans that we looked at were all up to date and were much more accessible with clear guidance for staff to know what support each person required. In addition, the small daily folders that stayed with each person also had a one page profile of the person and an overview of their needs, likes and dislikes. A member of staff told us, "I know how to find information in people's personal records." A person's relative said, "I check [Name]'s file every day so I can see what goes on when I am not here."

We noted that staff had a much better understanding of one particular person's needs and now recognised potential triggers that could result in the person having falls. This person's freedom of movement was being overly restricted during our last inspection but we saw that they were mobilising much more freely during this visit. The manager and staff told us how the person's overall wellbeing had vastly improved over the past few months. The person's relative had also written a very complimentary 'testimonial' to the home regarding the care and the improvements for their family member.

We saw that organised activities and events were somewhat limited for July 2016. However, it had been explained to people living in the home that this was due to come of the outside entertainers being on holiday. A full itinerary was due to recommence in August 2016. We noted that some of the regular activities and events included light exercise, church visits, singers and musical entertainers, reminiscence, yoga and theme days.

One person's relative stated in a testimonial to CQC that, "It is very apparent that all staff work much more

cohesively and present as a happier team. I have spent many, many enjoyable hours with them, experiencing the activities and entertainment that have been instigated and it is lovely to see the benefit this has on the residents."

We saw that the complaints procedure was clearly displayed and accessible for people living in the home and visitors. We also noted that all complaints, including minor concerns, were being recorded appropriately now, with information to show what action had been taken. All the relevant documentation relating to any concerns or complaints was stored securely in the administrator's office. The provider told us that the last formal complaint they had received was in October 2015.

People were also encouraged to record informal complaints or concerns in a 'niggles' book and these comments were responded to appropriately. Compliments and written testimonials were also recorded.

# Is the service well-led?

## Our findings

Our previous inspection of January 2016 identified a breach of Regulation 8 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). This was because the provider had failed to "... meet every regulation for each regulated activity they provide..." In addition, the provider had consistently failed to sustain improvements where non-compliance and breaches of regulations had been identified during our previous inspections in March and July 2015.

During this inspection on 5 July 2016 we found that sufficient improvements had been made in all aspects of the service and the provider was no longer in breach of this, or any other regulation.

Our previous inspection of January 2016 identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation relates to good governance. We identified concerns that people were not protected against the risks associated with unsafe and inadequate monitoring and assessment of the quality of the service provided.

During this inspection on 5 July 2016 we found that improvements had been made and the provider was no longer in breach of this regulation.

The audits we looked at were up to date and matched things we found. For example, we saw that errors or omissions were being identified more effectively. On completion of each audit, we saw that relevant action plans had been compiled, which could be cross referenced to the next audit. This meant we could see what action had been taken and what improvements had been made, as well as what areas remained 'work-in-progress'.

The PIR and a discussion with the manager explained how the managers of the provider's different services carried out certain audits on each other's homes. In addition, the directors also completed audits of the service as a whole on a regular basis. We noted that these included speaking with people living in the home, visitors and staff, in order to check the quality and effectiveness of the service.

Regular meetings were being held with people living in the home and their relatives and feedback surveys were also being carried out on a quarterly basis. We saw evidence that action was being taken where needed. For example, the manager told us that, 'residents and relatives' meetings had usually been held on a weekday evening. However, following a suggestion during one meeting, the next one was held on a Saturday morning. This meeting was very well attended and the manager confirmed that they would hold future meetings at varying times, in order to accommodate as many people as possible.

Staff meetings were held regularly, with a good attendance noted from the minutes we looked at. Seniors' meetings were also held, in addition to management meetings, which included the directors and managers from the provider's other homes.

All these meetings were documented well and showed how everyone was striving to make and sustain

improvements to the quality of the service. The feedback we saw from residents' and relatives' meetings, as well as that we received from staff, was all very positive regarding the improvements in the home. Everybody spoke very highly of the registered manager and acknowledged the enormous amount of work he had put in over the last six months.

One person's relative told us, "[Name] gets good support and we don't have any problems with staffing. The staff are really good - much improved recently. Since [Manager] came in, things have improved. Staff didn't adhere to how things should be done before, but they do now. Senior staff are approachable and I have no problems with them - it's not a 'them and us' between families and senior staff." Another relative stated that they thought the manager was leading by example and was a great credit to the home.

A member of staff said, "[Name] is a good manager, he has a good team and that's what has made the difference; the senior staff are very hands on. You always get a good turnout for family meetings and families are well informed." Another staff member told us, "I really like working here, [Manager] is really approachable; so is [Team Leader]. [Team Leader] is doing a great job. [Manager] is making sure things are up to scratch. Things are definitely on the up."

We noted that the service had good links with the local community and were also members of a dementia care group, for which two members of staff held a lead role for the home. This helped ensure the service kept up to date with 'best practice' in dementia care.

Communication was noted to be effective, both within the home and with external agencies such as the GP, local authority and other care providers. Detailed handovers were held between staff at the end of each shift and staff were designated to complete various areas of responsibility, such as medication and the 'resident of the day'. The manager maintained a visible 'whereabouts' calendar for staff and visitors, for times they were away from the home. Staff also had access to an on-call list, so they would know who to call should they need to.

At the time of this inspection, Brundall Care Home was registered to provide accommodation and support to a maximum of 40 people, including nursing care. However, the provider was in the process of amending their registration to remove the provision of nursing care and was only providing residential care for the people who were currently living in the home.

We saw that part of the home had been refurbished to a good standard, with the involvement of the people who remained living in the home and their relatives. Further refurbishment was in progress for the remaining part of the home. The provider told us that their aim was to gradually increase admissions over the next six months to approximately 20 residents, whilst the remaining building work was carried out. They said that it would probably be a further six months before the home was in a position to be fully occupied again.

The provider assured us that they would continue to expand the staff team, to ensure the levels remained sufficient. This would also include appointing a deputy manager, to work closely with the manager and ensure the service continued to run safely and effectively. The provider also confirmed that they would keep in close contact with CQC and keep us updated of all progress and ongoing changes.

Some people's relatives had written testimonials for CQC regarding the service provision and improvements in the home. One person told us, "As a relative of a resident at Brundall Care Home, I would like to express my views regarding the management of the home since the announcement of the change in registration at the beginning of this year. It is very heartening to hear about the plans for the future of the home and to witness the improvements already underway. These are long overdue and had been promised for the last

two years of my involvement with the home."

They also said, "[Manager] and the owners now appear to be focussed on moving forward in a very positive way, with the best interests of the residents first and foremost, but also to create a much more welcoming and relaxed atmosphere for both residents and family and friends. They are very approachable and transparent in their plans and always willing to listen to views and suggestions. It is still a work in progress but I will continue to support them and look forward to seeing the realisation of future plans."

Another relative wrote, "It has been a very difficult period for Brundall nursing home but in the past few months there has been a positive and tangible change taking place. This is not just reflected in the general look of the home – which has improved significantly, with the emphasis on it being 'home' so the look and feel is one of cared for, looked after and relaxed and with much more to come based on plans shared by [Manager and Owner] – but in the staff and the residents, one of whom is my [relative]."

Overall, this inspection concluded that the service was being well run, with significant improvements evident. However, we will continue to monitor the service, to ensure that the improvements in the quality of the service are maintained.