

Mr & Mrs H Rajabali

Brooklands Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Brooklands Nursing Home on the 11 and 12 May 2016 where we rated the service as requires improvement. To follow up on whether required actions had been taken we completed this inspection on 6 and 8 June 2017. Although we found some improvements we also found new areas which required improvement and breached regulation.

Brooklands Nursing Home is located close to the village of Forest Row and backs on to the Ashdown Forest. The service provides nursing care and support for up to 29 people. At the time of our inspection there were 28 people living at the home, most of whom have limited mobility, are physically frail with health problems such as heart disease, diabetes and stroke. There were people at the service living with dementia and some people were receiving palliative care.

Accommodation is provided from the original building and a purpose built extension connected to this. The two floors were accessible via a lift between the ground floor and upper level.

A registered manager was in post. 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 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager.

We found a number of areas that required improvement, despite positive comments from people, relatives and health care professionals regarding the good quality of care provided.

The provider had failed to take timely action to address identified shortfalls in regard to the environment, risk and forward planning. For example, both a fire risk assessment and an electrical wiring report had actions and recommendations which had not been fully addressed. This lack of cohesive business and continuity planning meant that the provider was not proactively planning but reactively managing the service.

We found areas of the home which required attention to ensure they did not present a health and safety or infection control risk. The registered manager took steps during and immediately following our inspection to resolve these shortfalls.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure medicines had been stored, administered, audited and reviewed appropriately. People received their correct medicine in a timely manner.

Staff received training and had an understanding of the MCA and were seen to act in accordance with its principles. Staff were heard to ask people for consent and senior staff had taken action to ensure decisions made on people's behalf was done within the legal framework.

There were sufficient number of staff working at Brooklands Nursing Home with the appropriate skills and experience. Robust recruitment checks had taken place prior to staff working at the home.

People's needs had been assessed and personalised care plans developed. Care plans contained risk assessments for a wide range of daily living needs. For example, nutrition, falls, and skin pressure areas. People received the care they required, and staff members were clear on people's individual needs.

Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and wellbeing was continually monitored and the provider regularly liaised appropriately with healthcare professionals for advice and guidance.

Staff had spent time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of food and drink which met their identified needs.

There were two breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People told us they felt safe living at Brooklands Nursing Home. However, we found identified risks related to the environment had not been managed to ensure people's safety.

Staff were able to identify the correct procedures for raising safeguarding concerns.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Is the service effective?

Good 

The service was effective.

Mental capacity assessments were undertaken for people if required and their freedom was not unlawfully restricted.

Staff underwent regular supervision to ensure they were effective within their role.

Staff had undertaken essential training as well as additional training specific to the needs of people and had regular supervisions with senior staff.

Staff carefully monitored people's health and supported with access to health and social care professionals when appropriate.

People's nutritional needs were met and people spoke positively about the choice of food they were offered.

Is the service caring?

Good 

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

Staff knew the care and support needs of people and took an interest in people and their families to provide individual personalised care.

Care records were maintained safely and people's information kept confidentially.

Is the service responsive?

Good ●

The service was responsive.

Detailed personalised care plans had been designed to ensure staff had sufficient information to support people in line with their wishes and choices.

People were provided with opportunities for social engagement and interaction from staff and volunteers who knew them well.

People and their relatives were asked for their views about the service through questionnaires and surveys.

There were systems in place to respond to comments and complaints.

Is the service well-led?

Requires Improvement ●

Improvements were required to make sure the service was well led.

The provider had not assured they had clear oversight of all aspects of the service. The planning for larger repairs and continuity had not been completed in a timely manner.

Most quality assurance systems were effective at identifying shortfalls within the service.

Staff felt supported by management, said they were listened to, and understood what was expected of them.

There was an open and positive culture which focussed on providing person-centred care for people.

Brooklands Nursing 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.

We inspected the service on the 6 and 8 June 2017. This was an unannounced inspection by two inspectors.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included five staff files which contained information on recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at six care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with nine people and six relatives and friends of people to seek their views and experiences of the services provided at the home. We also spoke with the registered manager, the deputy manager, one nurse, five care staff, the cook and kitchen assistant.

We observed the care which was delivered in communal areas and spent time sitting and observing people

in areas throughout the home and were able to see the interaction between people and staff. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning in the communal lounge. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At the last inspection in May 2016, we found Brooklands Nursing Home was not always safe. We identified areas which required improvement in regard to safe food hygiene principles in the home's kitchen and a specialist air flow mattress not working correctly. At this inspection we found improvements had been made in both these areas. However, despite these improvements, we found some new areas related to people's safety required improvement.

People told us they felt safe living at Brooklands Nursing Home. A person said, "I am very comfortable and feel safe and well looked after." Despite positive comments we found areas requiring improvement in regard to the management of environmental risks.

The provider used the services of external consultants to complete assessments, checks and routine servicing of areas such as fire safety, electrics and the call bell system. The most recent fire risk assessment was undertaken in May 2016. The external consultant had completed a report which identified the areas which they deemed required attention. They had compiled their feedback in an action plan. Some actions were minor recommendations and the registered manager had completed and signed these off. However, several actions had the potential to require significant works. For example, replacing an entire partition around a 'day room' and replacing or adapting multiple doors to make them compliant with fire safety regulations. The time frame set by the assessor to complete these larger recommendations had been three months; however no action had been taken 12 months later. This meant the provider could not be assured all parts of the service were safe from a fire safety perspective. The registered manager told us the provider had received a copy of the assessment and the associated recommendations. Elements of the assessment used technical fire safety terminology which the registered manager was not able to fully interpret. Following discussion with an inspector the registered manager was seen to liaise with the external fire consultant to book a date for them to revisit the service to clearly explain each recommendation in language their understood.

We also found a similar issue with an electrical wiring survey which had been completed by an external electrician in January 2017. The survey identified eight recommendations which they had rated as 'requires improvement'. The provider had not liaised with the electrician to establish which of the eight was the most important or seek clarification as to the timescales they had to complete these improvement works. The registered manager evidenced they had emailed a copy of the survey assessment report in March 2017 to an electrician, who the provider had previously used to complete remedial works, however no further actions had been completed. This meant the provider could not be assured of the integrity of all aspects of the home's electrical wiring.

Following a discussion regarding these concerns the registered manager was proactive in following up with appropriate trades persons and the provider. However the lack of previous timely attention to these identified environmental risks are a breach in Regulation 12 HSCA (RA) Regulations 2014.

The registered manager acknowledged there were a number of other environmental areas requiring

attention and provided the operational reasoning for delays to these improvements. For example, following a routine inspection of the home's kitchen by environmental health in April 2017 a recommendation had been made to fit a filter to the oven hood extraction system. This had not been completed. We found the flooring in a small bathroom was worn and lifting and did not provide a non-porous seal, although this bathroom was not being used by people it was used to store soiled laundry before being washed. Flooring which does not provide a non-porous seal increases the infection control risk. This is an area that requires improvement.

However, we found risk associated with supporting people with their care needs was managed well. People's care plans contained detailed risk assessments for a wide range of daily living needs such as falls, nutrition, skin pressure areas. Risk assessments included clear measures to protect people, such as identifying the number of staff required to support people to move safely around the service. Staff demonstrated they were clear on the level of support people required for specific tasks. One staff member told us, "We know people's capabilities and adapt tasks so they are safe but can be as involved as much as they choose to be." Information had been reviewed and updated to reflect people's changing needs. A nurse told us, "We currently have residents whose needs are changing very regularly and we always stay on top of these to keep them safe."

At our last inspection we found the provider had established and operated safe systems to ensure people received their medicines. At this inspection all aspects of medicine management continued to be managed safely and in line with Regulation. Medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. MAR included people's photographs, and any allergies they had. The MAR charts were up to date, completed fully and signed by staff. We observed staff when they gave out medicines. We saw medicines were given to people individually, the trolley was closed and locked each time medicines were removed, and staff signed the MAR only when people had taken the medicine. Staff followed the home's medicine policy with regard to medicines given 'as required' (PRN), such as paracetamol. Where people were prescribed topical medicines such as creams, records were completed and demonstrated people's skin conditions were treated as prescribed.

Staff were able to describe different types of abuse and the action they would take if they suspected abuse had taken place. Records confirmed all staff had received safeguarding training. We saw that safeguarding referrals were made appropriately and external agencies notified in a timely fashion. One staff member told us, "We know our number one priority is to keep residents protected and safe." Another member of staff said, "I would speak to the manager straight away if I was not happy about something."

There were enough skilled and experienced staff working to ensure the safety of people who lived at the home. People told us there was always sufficient staff on duty to meet their needs. One person's relative said, "Staff numbers drop in the afternoon but this is fine as residents tend to want to rest and relax." A person said, "I press my buzzer and hey presto, they are here nice and quickly." Staff gave people the time they needed throughout the day, for example when supporting people to alternate their position in bed, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We saw staff checking people who were in their rooms regularly throughout the day. Call bells were seen to be responded to promptly. A senior staff member said, "We are at full capacity at the moment so we have an extra carer on in the mornings which is what we needed." The registered manager told us that people's dependency levels were reviewed as part of their care plan and adjustments in staffing levels would reflect these changes. Staff spoken with said that they felt there were sufficient numbers of staff working on all shifts.

Records demonstrated staff were recruited in line with safe practice. Employment histories had been

checked, previous employment references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff described the recruitment process they had gone through when they joined. One said, "It was clear from the start what was required and the importance of being open and honest."

Is the service effective?

Our findings

At the last inspection in May 2016, we found care was not always effective because the provider had not consistently followed the principles of the Mental Capacity Act (MCA) 2005. At this inspection we found improvements had been made in the areas where we previously identified shortfalls.

People and their relatives spoke positively about the care that was provided at Brooklands Nursing Home. A person said, "I honestly can't fault it here, they are very hot at picking up on things and look after me very well." A visiting relative said, "The care and the staff are very good, no issues."

The CQC is required by law to monitor how providers operate in accordance with the Mental Capacity Act (MCA). At our last inspection the provider was unable to clearly evidence how they had reached best interest decisions and who they had involved. At this inspection we found the details now included in capacity assessments had significantly improved. The deputy manager had oversight of completing assessments and demonstrated a good understanding of this area of legislation. They said, "I have attended additional training and spent time researching and speaking to health care professionals when they visit the home." Where decisions related to care were being made for people in their best interests senior staff were able to evidence who they had spoken to and who was involved to reach these. Other staff had received training and understood the principles of the Mental Capacity Act (MCA) and provided examples of how they follow these in people's daily care routines. During the inspection we overheard staff ask people for their consent and agreement to care. For example, we heard staff asking people for their consent in regard to personal care and medicines. A staff member said, "Each day is different, some days a resident might be able to engage better than others but I will always check."

Staff were able to explain the implications of Deprivation of Liberty Safeguards (DoLS) for people they were supporting. DoLS forms part of the MCA. The purpose of DoLS is to ensure that someone, in this case living in a residential home, is only deprived of their liberty in a safe and appropriate way. We saw the registered manager had made applications to the authorising body. Where an authorisation had been granted the conditions were adhered to by staff.

People received effective care from appropriately trained staff. Training covered areas such as dementia, moving and handling, infection control and food hygiene. We observed occasions where staff applied their training whilst providing care and support to people. For example, when using mechanical lifting equipment. One staff member told us, "I can see the relevance of our training which makes it more interesting." The training provided to staff was a mixture of face to face and e-learning. The registered manager said, "It can be helpful to have the e-learning as if we have a new staff member who is awaiting booked face to face training it can provide a good base level knowledge." In addition to mandatory training other courses were available and a staff member spoke about their learning from anaphylaxis (allergic reaction) training they had completed.

Staff told us they felt well supported in their roles. A planned schedule of rolling supervision dates was on display in the registered manager's office. Staff told us they had a mixture of group supervision and one to

one meetings with senior staff. Supervision minutes identified staff were given the opportunity to discuss their progress and review and set objectives. One staff member said, "I remember we always discuss training and what is coming up for refreshing."

All staff spoke positively regarding communication with the home. The nurse working the day shift completed an early handover with their night time counterpart nurse. When carers came on shift they had a 30 minute window of time where they spent time orientating themselves with people and their needs prior to the main handover. Staff told us this time was helpful so as they could assess people's moods and behaviours and refer to the previous days care notes. We observed the main morning handover which was led by the registered manager. The registered manager used this meeting to question staff on people and challenged staff when seeking clarification. A staff member said, "The manager knows exactly what is going on with each resident." Staff contributed to the handover meeting and clear lines of work responsibility were allocated. A staff member said, "Our handovers are really detailed and helpful."

People were positive about the food at Brooklands Nursing Home. One person told us, "The food choices are very good, it's all been very nice." Another person said, "I enjoy all my meals here, very appetising." A relative said, "The food is always hot and the right sort of portion sizes." People chose to either eat in their room, lounge or dining area. People who were being cared for in bed were seen to receive appropriate support from staff to eat and drink if required. Staff were well organised at meal times and although they told us it could be a busy period of the day they worked in calm professional manner to support people with their meals. People were seen using specialist dining equipment to enable them to remain independent whilst eating. Drinks were provided during meals together with choices of refreshments at other times of the day. Staff checked and recorded people's food and fluid intake and looked for indicators of weight loss. Records of people refusing to eat or only eating small amounts were recorded in daily notes and formed a basis for GP or dietician referrals. The kitchen catered for a range of diets such as diabetic, fortified and pureed. The cook told us senior care staff were efficient at providing information and updates on people's changing health if this impact on their diets. Care records evidenced there had been involvement from healthcare professionals, such as speech and language therapists (SALT) where there had been concerns with a person's eating or drinking.

Through speaking to people, their relatives and health care professionals it was evident the registered manager attached significant importance to ensuring people had effective and timely health care interventions. A visiting health care professional said, "The care with the residents is quite exceptional." A social care professional who commissioned care from the service added, "People we place here all settle very quickly due to the homely atmosphere and the excellent nursing care." We overheard senior staff discussing several issues they wished to raise with the GP on their routine weekly visit to the service. People commented they regularly saw their GP and other health care professionals such as chiropodist and optician. All relatives we spoke to told us the home were good at contacting them if there was an update or change in a person's health.

Is the service caring?

Our findings

People were treated with kindness and consideration in their day-to-day care. People and their relatives told us they were satisfied with the care and support they received. One person said, "The care and staff here really are lovely, they make the home, always been kind and caring to me."

We saw many positive, caring and kind interactions between staff and people. A staff member was seen sitting with a person who was being cared for in their bed, gently stroking their hand whilst speaking with them, it was clear the person was enjoying the interaction. The registered manager, when allocating duties in the staff handover, identified a person who was having an 'off day' and chose the member of staff they responded to best to support them that day. Staff were able to share people's personalities with us during the inspection and spoke about people with respect and affection. Staff when supporting people worked at the person's own pace and did not rush them. Ancillary staff were seen freely chatting with people as they undertook their routine tasks. One person said, "They don't have an easy job but they are always happy and they do their very best for me."

People told us they liked their rooms and also spending time in communal areas. One person said, "I do enjoy spending time in my room, I can see the birds feeding on the table, lovely views." People had personalised items in their rooms such as photographs and cards. One relative said, "We have done our best to make it as homely as possible which the staff were happy with." People were seen spending time in their rooms and communal areas. Three people sat together in the lounge on the second day of our inspection and they were joined by a relative. They were relaxed and chatting and enjoying each other company. Carers had an abridged version of people's care plans in their room and people told us care staff would sit with them as they wrote in them. One person said, "I enjoy as much company as I can get so it's nice to chat as they are doing their writing."

People were supported to maintain their personal and physical appearance in accordance with their wishes. A relative told us, "Mum has always taken pride in their appearance so she enjoys the staff helping her to keep this going." People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, relatives and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded; we get to know residents as staff spend time with them." People and or their relatives confirmed that they had been involved and consulted with developing person centred care plans. Person centred care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs.

Staff told us they encouraged people to receive visitors. We saw visitors were welcomed during both days of our inspection. Relatives spoke of the caring nature of staff and that they enjoyed visiting the service. Several relatives visited people on a very regular basis and we saw they were offered refreshments and meals to eat with people.

Both paper based and electronic care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's privacy. Staff understood the importance of protecting people's confidentiality.

Is the service responsive?

Our findings

People told us the care they received was based on what they needed help with and how they wanted this help provided. People felt supported to remain independent with as many aspects of their day to day living as possible and Brooklands Nursing Home was homely and they enjoyed living there.

Since our last inspection it was evident significant improvements had been made with care planning. The deputy manager told us, "This has been a real focus for us to bring them to the standard we wanted." There were clear systems in place to assess, document and review people's care and support needs. Care files included care planning and risk assessments. People's care plans were written based on people's needs as identified during the pre-assessment or when changes to people's health and care needs occurred. Care documentation included information related to people's health; such as breathing, sleeping patterns and pain management. A person who was staying at the service for a period of respite told us that they had been involved in all aspects of decisions made regarding their care and the way this was provided. They felt that staff involved them when they were providing support and enabled them to do the things they felt able to, whilst giving them time and space to do this.

Care plans had been written for people's identified health needs. These included the identified need, objectives and intervention required. Care documentation supported staff to provide appropriate care and support. For example, a person had been provided with specific guidance from a health care professional in regard to supporting their limbs, senior staff had pictorial guidance available within their room to ensure staff had a clear visual guide to refer to when supporting the person to wear this equipment. A staff member said, "The care plans and information available is to a good standard and the nurses update it regularly." Daily care records provided clear descriptors of people's moods and behaviours and staff told us they were provided with sufficient time to complete these and understood the importance of tracking changes and communicating these with senior staff.

The provider had established systems to ensure people's views and opinions were sought. These included surveys and meetings. People confirmed they felt listened to and the service responded to their concerns and needs. People's relatives and friends spoke positively about their interactions with staff. During our inspection we saw people's relatives freely calling in to the registered manager's office to discuss a range of issues. One person's relative said, "The manager or nurses are very helpful if I need an update, always have information to hand."

The provider had a complaints policy and procedure in place; this was displayed in a communal area. The complaints policy identified how and when issues would be resolved. It also contained the contact details of relevant external agencies if people wished to escalate their concerns or complaint. People told us they would feel confident in raising concerns or making a complaint. One person's relative told us, "I am clear on how to raise concerns and complain if I needed to."

The provider employed an activities co-ordinator. As a large proportion of people were cared for in their beds we saw they spent their time moving around rooms sitting and chatting with people. For those people

who were able and wished to spend time in communal areas activities were available. When the activities person was not working care staff took the lead in ensuring people's social needs were met. One person told us, "I like my door open so I can see staff buzzing about, I'm quite happy; there is always someone for me to chat to if I want to." People told us they were happy with how they spent their time and the interaction they had. During our inspection the home had a visit from a multifaith chaplain. They visited the service three to four times a month and spent time with people in their rooms. Staff spoke very positively regarding their approach and empathy. One staff member said, "They (the person) have a real connection with the Chaplin, their eyes light up when they come in." The registered manager said the Chaplin would come in at short notice if someone's health deteriorated and they would spend additional time with them.

Is the service well-led?

Our findings

At the last inspection in May 2016, we found Brooklands Nursing Home was not always well led as quality assurance systems had not always been effective and provided clear oversight of the service. At this inspection we found the specific areas we had previously identified as requiring improvement had been addressed such as auditing all parts of people's care documentation. However, despite these improvements we found other areas relating to leadership which required improvement.

The provider had failed to take action in a timely manner to address environmental improvements to the service. During our inspection we found multiple instances where an issue had been identified as requiring attention yet there was limited evidence to indicate how the provider intended to address the shortfalls. Various external reports had been completed, these identified actions which required attention and had the possibility to impact on people's safety. For example, the fire risk assessment highlighted risks related to fire safety which required attention, the provider had no action plan to address these despite the assessment having been completed over 12 months before our inspection. The electrical wiring report's action plan had also not been progressed since January 2017. At our last inspection in May 2016 we reviewed the comments completed by a boiler engineer regarding one of the home's boilers. It stated that due to its age it would be difficult to source replacement parts. At this inspection the registered manager told us following our inspection they had raised this with the provider however 12 months later no plan was evident for its replacement. It was not clear how the provider intended to address the above areas as they did not have a business plan which identified which tasks they intended to prioritise. The registered manager told us the provider had been made aware of the above areas.

The provider visited the service once a week to meet with the registered manager. There were no minutes of these discussions although the registered manager told us a range of operational matters were discussed and they were helpful. The registered manager stated the provider did not routinely undertake a 'walk around' of the service. A recent 'Quality Assurance' visit by the local authority had made this a recommendation for the provider. However, at the time of our inspection this had not begun.

An additional recommendation following the local authority's quality assurance visit was the completion of a business continuity plan. This was to enable the provider to have clear plans to manage any unforeseen events such as power outages or flooding. The registered manager was working on the completion of this document at the time of our inspection and informed us they had requested a time extension from the local authority so the deadline was not missed.

The failure of the provider to effectively establish robust plans as to how they would address shortfalls in the quality of the service are a breach in Regulation 17 HSCA (RA) Regulations 2014.

Although all staff we spoke to said they enjoyed working at the service most acknowledged the extended use of high numbers of agency staff impacted on staff morale. The provider was currently required to use between 200-300 hours of agency staff a week. One staff member said, "The agency staff are generally very good and we get same faces coming back but it would be nice to have our own permanent staff." We spoke

to the registered manager regarding this issue and they acknowledged the home's location had historically made it more difficult to recruit and retain permanent staff.

Throughout our inspection the registered manager was cooperative and transparent with the shortfalls we identified. They were proactive in addressing the issues they could whilst the inspection was underway and sent through numerous action plans to provide updates on the progress they had made following the inspection.

At our last inspection we identified improvements were required with the recording and auditing of accident and incidents. We found there had been improvements in the recording so the registered manager had better oversight. However, these improvements were as yet not fully embedded in practice and we found some minor anomalies. The registered manager acknowledged how they would address these discrepancies.

Other quality assurance systems used to assess the quality of the service had been effective in identifying areas which required improvement and attention. Care plan and MAR audits had ensured robust checks were being completed and that any errors and/or omissions were identified and corrected in a timely manner.

Staff spoke positively about the service and the provider's senior staff. People, their relatives and staff all felt there was a good presence from senior staff. People and their relatives felt the registered manager was an effective leader who had the respect of the staff team and listened to any concerns. Staff referred to the service as 'homely' and felt valued. Staff demonstrated a clear understanding of their roles and lines of accountability. The registered manager took an active role in the day to day running of the home and had good knowledge of the staff and people who lived at Brooklands Nursing Home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider had not ensured people's safety and welfare had been protected by adequately mitigating the risk.
Treatment of disease, disorder or injury	Regulation 12(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered provider did not have effective system to regularly assess, monitor mitigate risk or improve the service.
Treatment of disease, disorder or injury	Regulation 17(2)(a)(b)