Methodist Homes

Brockworth House Care Centre

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Brockworth House Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Brockworth House Care Centre accommodates up to 55 people in one building. At the time of our inspection there were 47 people living at the care home.

At our previous inspection in October 2015 the service was rated "Good". At this inspection we found the service remained "Good".

Brockworth House Care Centre had a registered manager 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 2008 and associated regulations about how the service is run.

Following our previous inspection recruitment practices had been improved and records showed the required pre-employment checks had been completed. Improvements had also been made to ensure people's medicines would be available when needed and people continued to receive their medicines as prescribed.

We heard positive comments from people using the service at Brockworth House Care Centre such as, "I would recommend Brockworth House to people and have done" and "The home nowadays has a good reputation amongst the local population and clinicians are happy to go there."

The personalised care people received were exceptional and the service was outstandingly responsive to the changing needs of people living with dementia. Digital systems were used creatively to enable people to access material that they enjoyed and held meaning for them. Activities available to people were highly personalised and staff went out of their way to ensure people had a stimulating and enjoyable day.

People were protected from harm and abuse through the knowledge of staff and management. Risks in respect of people's daily lives or their specific health needs were assessed and appropriately managed with plans in place to reduce or eliminate those risks. Sufficient staff were deployed. The care home was clean and had been well maintained.

Staff were supported to maintain their skills and knowledge to support people. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were consulted about meal preferences and enjoyed a varied diet. People's health care needs were met through on-going guidance and liaison with healthcare professionals.

People received support from caring staff who respected their privacy, dignity and the importance of their independence. People were supported to maintain contact with those important to them.

People and their representatives could be assured that complaints would be thoroughly investigated. Care was provided for people at the end of their life.

Effective quality monitoring systems were in operation. The registered manager was approachable to people using the service, their representatives and staff.

Further information is in the detailed findings below.

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 safety of the service had improved and the service was safe.

We found improvements to staff recruitment procedures and to systems for ordering people's medicines.

People were safeguarded from the risk of abuse and from risks in the care home environment.

Sufficient staff were deployed to meet people's needs.

The care home environment was clean and measures were in place to protect people against the risks from infection.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding

The service was outstandingly responsive.

The service was outstandingly responsive to the needs of people living with dementia. Digital systems were used to enable people to interact in a personalised and meaningful way both independently and with staff and relatives.

Activities available to people were highly personalised and staff went out of their way to ensure people had a stimulating and enjoyable day.

People and their representatives could be confident that complaints would be thoroughly investigated, lessons learned and improvements made where necessary.

People and their relatives were supported when care was provided at the end of their life.

Is the service well-led?

Good

The service remains Good.

Brockworth House Care 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 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 took place on 21,22 and 26 June 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

We spoke with five people using the service and seven relatives. We also spoke with the registered manager, the deputy manager, the area support manager, the quality business partner, a registered nurse, the activities coordinator, the hospitality manager, the chaplain, three members of care staff and a music therapist.

We reviewed records for four people using the service and looked over the premises of the care home. We examined records relating to staff recruitment and the management of the service. We used the Short Observational Framework for Inspection (SOFI) for people living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the 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 information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

At this inspection we found improvements had been made with staff recruitment procedures. We looked at five staff recruitment files. Full employment histories were being obtained and records showed any gaps in employment had been explored. Information had been sought about conduct in previous employment to determine whether staff were of good character. Improvements were put in place to ensure checks would be made in relation to previous relevant staff employment where applicants had previously worked providing care to adults and children. The provider's staff recruitment procedure had been updated to ensure the recruiting manager would always know what pre-employment checks were required.

Other checks in place on the suitability of applicants included identity and health checks and a Disclosure and Barring service (DBS) check. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Appropriate checks were made on the registration of nurses employed by the service. The registered manager monitored staff during a six-monthly probationary period to further determine their suitability to work with people in the home.

At our previous inspection although we found medicines were stored and managed safely the care home had struggled at times to ensure people's medicines were available when needed. At this inspection we found the supply of people's medicines had improved. The registered manager told us there had been a meeting with the supplying pharmacy and this had led to improved practices with how people's prescriptions were managed and their medicines supplied.

We found accurate records had been kept of the administration of people's medicines. Handwritten directions for giving people their medicines had been checked for accuracy and signed by a second member of staff. Detailed individual protocols were in place to guide staff when giving medicines prescribed to be given 'as required'; such as medicines for pain relief or to relieve people's distress. Checks were in place to ensure staff were aware of the expiry dates of people's medicines once they were opened. There were records of medicines received and of medicines disposed of. Domestic medicines known as homely remedies were approved by people's GPs. Medicines were being stored securely at the correct temperature and storage temperatures were being monitored. Regular audits were completed on the management of people's medicines to ensure safe medicine systems remained effective. A system was in place to respond to any errors with supporting people to take their medicines.

Nursing staff were responsible for managing people's medicines and care staff had received training to apply topical creams and ointments when required. A health care professional commented. "I now find that the nursing staff are pro-active when it comes to management of medication. On the whole the nursing staff are excellent at following direction and instruction, and documentation of medication and clinical decisions is well done. Record keeping also is good. The nursing staff play an active role in medication rationalisation and will often advocate for a patient for whom they feel a medication is not working or needs to be altered in some way".

People were protected from the risk of abuse because staff had the knowledge and understanding to

safeguard people. Staff could describe the arrangements for reporting any allegations of abuse relating to people using the service and had received relevant training. People's relatives told us they felt Brockworth House was a safe place. We heard comments such as, "100 percent safe, never been challenged by the thought that it is not. Never sensed any danger to (the person)", "Absolutely safe and that matters. Seen that it is absolutely fine because there is always somebody there (staff). No day is different, always staff about".

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Risks to people were identified and managed. People had individual risk management plans in place. For example, for pressure areas, falls and moving and handling. These included measures to keep people safe for example the use of pressure relieving aids or floor sensors in people's rooms. People were supported by staff to mitigate their risks because staff had received training such as moving and handling, preventing pressure ulcers and managing the risk of falls. People were protected from risks associated with the environment of the care home such as legionella, fire and electrical equipment through checks and the management of identified risks.

People were supported by sufficient staffing levels. The registered manager explained how the staffing levels were organised throughout the care home in response to people's needs. During our inspection we found staff responded promptly to people's requests for assistance. This was evident when a person had a minor fall. Care staff were quick to respond, offering reassurance, followed by a nurse who carried out a thorough injury assessment. We saw that staff were regularly visiting people who chose to stay in their room or who were unable to leave, providing support or just chatting. We saw no examples of people being socially isolated. Each of the three units of the home had a registered nurse on duty for the day shift with two registered nurses covering the care home at night.

People were protected by the prevention and control of infection. The care home had a nominated infection control lead and regular audits resulted in an annual infection control report. Staff received training in infection control, and practical hand washing. We found the environment of the care home was clean and people told us it was kept clean. We heard comments such as, "Cleanliness good, nice and clean" and 'Very clean everywhere". The latest inspection of food hygiene by the local authority for the care home May 2018 had resulted in the highest score possible. Staff had received training in food safety.

Accidents and incidents were analysed for any lessons that may be learnt in terms of any trends such as time of day or location within the care home. As a result of the analysis of some incidents, people had been moved to a different floor of the care home which the registered manager reported had been successful in terms of supporting them to manage their anxiety. Commenting on these changes a health care professional said, "This has worked well for all, and provides an example of good care for patients and responsive management of staff".

Good

Is the service effective?

Our findings

People's needs were assessed to ensure they could be met before they moved into Brockworth House Care Centre. The Provider information return (PIR) stated, "A pre-admission assessment is carried out which takes into account individual care needs, abilities, interests, health and spirituality. The assessment is undertaken by a trained nurse prior to admission. It is important to gain relevant information prior to admission and we strive to involve the service user in this process". We saw an example of an assessment of a person's needs who had recently moved in to the service. On-going assessments were in operation, using recognised assessment tools relating to areas such as nutrition and pressure sore prevention. A person's relative told us "They came to her home and went through everything, spent two hours going through things. Gave her all the information".

The registered manager described plans for development of dementia care pathways, further dementia training and the appointment of a staff member to act as a dementia link worker. The care home currently received support from the provider's dementia lead to develop staff's understanding when supporting people who live with dementia.

People using the service were supported by staff who had received training for their role. Staff received a range of training including equality and diversity, health and safety, fire safety and understanding and managing behaviours that challenge. Staff had also achieved nationally recognised vocational qualifications in social care. Staff new to the role of caring for people had completed the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. One member of care staff told us the training was "Really good". Both nursing and care staff told us they felt well supported to carry out their respective roles. Registered nurses were supported to develop their professional practice and knowledge. The registered manager described plans to further train staff in specific dementia care provision. Staff had regular individual meetings called supervision sessions with senior staff to identify any development needs and support they might require. Annual performance appraisals were completed.

People were supported to eat and drink enough and enjoyed a varied diet. People said that they liked the food. They told us that they had a good choice and that it was the kind of food that they enjoyed eating and that it was cooked well. People told us that alternatives were available if they wanted something different. Snacks were available at all times. We heard comments such as, "Good food, get a selection, unbelievable choices" and "Food very good, get a choice, always something special". The hospitality manager explained how information about people's preferences and dietary needs was used to plan meals. Where people required a pureed diet, we saw how this was attractively presented. Menus changed seasonally three times a year. Staff had received training in nutrition and hydration.

People's healthcare needs were met through regular healthcare visits and appointments. A GP was holding a surgery in the care home during the first day of our inspection visit. People were able to access other healthcare services such as chiropodists, opticians and dentists. One person told us "Someone came in to do my feet and nails, I've been seen about my eyes". The registered manager explained the system for

regularly monitoring people's weights. This enabled any weight loss to be identified and any appropriate action taken.

People had access to communal areas along with smaller quieter areas to spend time together sitting, taking part in activities or watching television. There was also a garden which people could access in fine weather and we saw people freely accessing this area during our visit. One person told us, "Nice garden, see the birds and trees, beautiful". There were a number of dementia friendly features, such as well labelled doors with residents' names and photos, depicting a personal interest. Bathrooms and toilets have good pictorial and written signage. Pictures and objects help people, living with dementia to orientate themselves. Small wall mounted boxes containing familiar objects provided some personalisation outside people's rooms and helped people to identify their individual rooms and provided a talking point for staff interaction. People told us, "I Think my room is very nice. Plenty of space for me" and "Very comfortable room. Brought some of my own things with me."

The 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. Care plans reflected people's ability to consent to receiving personal care and support. Assessments had been made of people's capacity to consent to more complex decisions about aspects of their care and support such as the use of covert medicines and the use of room sensors to help prevent falls. Decisions taken in people's best interests were clearly documented. Where decisions had been made about resuscitation these were prominently displayed in people's care plan folders.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for authorisation to deprive thirty people of their liberty had been made. Fourteen applications had been approved, two of these had conditions, we checked the conditions with these approvals and they were being met.

Good

Is the service caring?

Our findings

People had developed positive relationships with the staff that cared for them. Information available in people's care plan folders about their preferences and personal histories enabled staff to know and respect the people they were caring for. People told us, "Oh yes, good at looking after me" and "Treated with care and compassion, can't believe how good they are. Carers very friendly and caring. A sense of humour so important". People's relatives told us, "Care incredibly good. Consistent level of care, proactive care" and "Very attentive, empathetic, pick up on little wobbles during the day. Care wonderful". Health care professionals commented, "The standard of care is excellent and the residents are very well looked after" and "The residents are I truly believe, well cared for and respected and many staff often display acts of real kindness, which gives the home a sense of warmth".

During our observations we saw staff checking on people's well-being and responding appropriately to requests for help. Staff were observant to people's needs and treated people with kindness and compassion whilst interacting with them. When one person became upset, staff did not hesitate to hug them. One person's relative told us "(staff member) knows everybody's likes and dislikes" and another relative told us ''They were so caring and understanding. I truly believe that the staff get to know all the residents on an individual basis and truly care and want the best for all of them''.

People and their representatives were involved in decisions about their care. The Provider information return (PIR) stated, "All service users have individual care plans and where possible we ensure each person is fully involved in the care planning process. Where this is not possible we seek the views and opinions of family members or representative in order to gain as much history as possible about the individual". People's relatives told us they were involved with their relatives' care planning. People said that they had been to care plan review meetings. Both people and relatives said that their views were listened to and acted on. People's relatives told us, "Aware of the care plan, read it and signed it" and "We know about the care plan and get involved with everything".

Information about advocacy services was available and on display at the service. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs). At the time of our inspection visit one person was using the services of a statutory advocate and another person was being considered for referral.

People's privacy and dignity was respected. We saw that people asked to go to their rooms or sat in quiet areas. We observed staff knocking on doors and waiting for a reply. A relative told us, 'Never witnessed anything other than respect, they show respect to everyone". We observed people were well dressed, looked smart, had their hair done and attention had been paid to oral hygiene.

People were supported to maintain their independence. People with reduced mobility were supported safely by staff, in a way that encouraged independence and respected peoples' wishes. We saw that a person, with impaired balance, was helped downstairs by a member of staff who offered an arm for balance. The person was escorted in to the lift, accompanied by the staff member to an activity in the downstairs

lounge. Throughout, the staff member offered encouragement and kind words. Some people were enabled to help with tasks in the care home and garden. One person liked to rinse the cups while another enjoyed gardening and helped with the watering.

Outstanding ☆

Is the service responsive?

Our findings

The service was outstandingly responsive to the needs of people living with dementia. Digital systems were used creatively to enable people to access material that they enjoyed and held meaning for them. Activities available to people were highly personalised and staff went out of their way to ensure people had a stimulating and enjoyable day.

A recent project called 'Interactive Me' (IM) had been introduced. This was a technology based life story on a digital device. People had their own profile detailing important information about their life history including photographs and favourite television programmes from relevant decades. We saw people using this on their own and when interacting with a member of staff. One person had been found to remain calm during meal times while watching orchestral music on their device which benefitted the mealtime experience for them and other people. Feedback from people's relatives about IM included, "My Dad has been dancing around the room listening to some songs he hasn't heard for ages, it has made him so happy" and "This is a great resource for all staff to use, especially new staff who can learn about Mum really quickly". Staff commented; "It's great, it reduces anxiety especially around meal times for this gentleman. It frees up staff and keeps the residents calm who might become restless", "I saw a resident and his wife using IM, they were both singing along with songs from the 1950's. They were having a great time" and "I used IM and I found out this particular resident likes to have his hand held when we sit with him, I will do this in future".

A full programme of activities was organised and overseen by two coordinators supported by a music therapist, volunteers and visiting entertainers. Activities included, music therapy, exercise classes, manicure and pampering. Walks out, trips in the minibus, games, books and puzzles, along with one to ones, arts and crafts knit and natter and many more events. We saw staff, supported by volunteers and members of the chaplaincy, involving people in a range of activities, People were being taken for walks in the garden, staff were dancing around with residents and a piano playing resident arrived and played for everyone. In response one person improvised a dance routine. Coffee, tea, and snacks were being handed out. Some staff were sitting with residents holding their hands.
People commented, "There are things to join in with. If they have things organised I like to join in" and "Love the music, like the dancing". People's relatives told us, "Loved the recent drumming, likes to people watch and loves the music. Watches sport. Most watched the football, had a non-alcoholic beer and had a lovely time" and "(The person) has an interest in music, there's a fantastic music therapist here".

We evidenced that activities have impacted on the quality of peoples' lives and wellbeing. A person was sat in a chair and was unresponsive. Staff had found out that the person loved Elvis so played Elvis's songs to her on a digital device. Their demeanour changed and became more responsive, enjoying the music. Some people living with dementia received comfort from dolls which they held; this was a recognised practice known as 'doll therapy'. One person used to be a window cleaner and was enabled to clean some of the outside windows of the care home, another resident helped out with some tasks in the office. This gave people a sense of self-worth and purpose.

Personalised outings were being planned for people based on their hobbies and interests, these were called

'Seize the day'. For example, some people were enabled to go outside in the garden during the snowfall. For others who were unable to go out, snow was brought inside in buckets for them to feel and touch. Another person had a soft toy companion, staff acknowledged the importance of the soft toy to the person and it was taken with the person to a local garden centre to choose plants. The person and the soft toy were then involved in planting these in the garden at the care home with other people and photographs taken of the day. There also were plans for one person to visit a fishing competition which they used to attend after consultation with their relative about their interests.

There were arrangements to meet people's spiritual needs. A Chaplain and a volunteer chaplain organised regular acts of worship. People had the opportunity to join in with group worship, or have one to one sessions.
A relative who lived abroad told us how the care home had arranged for them to speak with the person over the internet. They told us, "They go out of their way to set it up so I can chat with him. That in itself is amazing". The registered manager described the approach to supporting two people using the service who had developed a close bond, this was handled sensitively through consultation with representatives and staff.

We discussed with the registered manager how the service may meet the needs of diverse groups in society. Although there were no people using the service currently identified as having such needs the registered manager had carried out work to look at how the needs of Lesbian, Gay Bisexual and Transgender (LGBT) people could be met. The Provider Information Return (PIR) described this. "We have become increasingly aware of the challenges that people with LGBT could potentially face moving into a care environment. Information produced from the Alzheimer's society is available for anyone on LGBT. Manager has built links with local LGBT group, Crossroad Bristol and receives information and updates on challenges that may be faced. There are also invites to attend social gatherings if anyone wishes to attend and training opportunities".

We saw staff were particularly skilled at interpreting peoples' non-verbal communication. Staff had received training in understanding and managing people's anxieties. They were aware of when someone was happy and responded accordingly. They were also aware of changes in a peoples' demeanour and moved quickly to reassure or distract them in order to reduce the risk of possible confrontation or an escalation of behaviour that could be interpreted as challenging. For example, we saw that one person was becoming very unsettled and there was a risk that another person was becoming irritated by the behaviour, staff moved in quickly and involved the person in conversation about their relative, this resulted in the person becoming focussed on the conversation and more settled.

People received care and support which was personalised and responsive to their needs. People's care plans described important information and the actions staff should take to meet people's individual care needs. The registered manager described how there was a move to writing people's care plans in a more personalised way and we saw examples of these. Staff had received training in person centred care and support. One staff member told us personalised care was, "Centred on the resident, their likes and dislikes and choices". Compliments received by a person's relative included, "They clearly made the effort to get to know her well and provided individual care tailored to her needs". One person had been prescribed medicine where they had not previously taken any. They were refusing to take this, so this was raised with the GP and it was agreed to approach the person's relative to visit and administer the medicine daily. This was successful resulting in the person overcoming their reluctance to take the medicine from staff which was important for their physical health.

People and their representatives could be confident that complaints would be thoroughly investigated,

lessons learned and improvements made where necessary. The complaints procedure was clearly displayed in the building and outlined how to make formal complaints and if necessary how to escalate them to the provider and beyond. Records showed, complaints were recorded, investigated, meetings held with complainants and responses provided. Where appropriate staff completed reflective diaries to ensure lessons were learned and improvements made. There had been seven complaints recorded in the twelve months prior to our inspection. Appropriate action had been taken and a response provided to the complainants. For example, changes had been made to staff break times and the shift handover following one complaint investigation. People's relatives were aware of how to make a complaint. A relative told us, "I'm aware of the written complaints procedure, suppose I would use it if needed". People's relatives spoke about an open service where small things were addressed and being kept informed as to the outcome.

People's decisions relating to the end of their life were recorded. Positive comments had been received from a family of a person who had received care at the end of their life. The care home's Chaplains supported people and their relatives at the approach of end of life. One of the Chaplains described their role with end of life care. This involved building up relationships with people and their relatives to understand their wishes and plans for end of life care. The chaplain had contacts with local representatives of a number of religions should people need their services in their final days. We saw that peoples' wishes for their end of life had been discussed with them and their relatives and recorded. A person's relative told us, "We've written an end of life plan. The chaplain mentioned it to me". Staff had received training in end of life care.

Good

Is the service well-led?

Our findings

Brockworth House Care Centre had a manager in post who had been registered since February 2017. A registered manager is a person who has registered with 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 and associated regulations about how the service is run. The manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The rating from our previous inspection was displayed at the care home and on the provider's website.

We heard positive comments about the current manager and the way the care home was being managed. People's relatives told us, "Managed very well indeed. I visit regularly so got to know and chat to the management" and "Leadership good, manager on the ball, so is the chief nurse".
A health care professional told us, "The home is well run by the manager and the deputy manager, and this I believe has made the difference in the care provision now, compared to a few years ago. The management lead by example and spend a significant amount of time on the floor. They are quick to point out changes that need to be made on the floor, and as they are a constant presence the nursing staff and carers clearly find them approachable and effective". Staff told us the registered manager was approachable. We observed the registered manager was visible and accessible to people using the service, staff and visitors and could be aware of events at the care home. People and staff felt free to approach the manager in the office. Leadership was provided to staff on a shift by registered nurses.

Daily morning meetings were held by the registered manager with heads of departments within the care home in order to ensure the effective operation of the service on a daily basis. Other regular staff meetings ensured staff were aware of planned developments within the service and the expectations of the management and provider.

The values of the service included, "We respect every person as a unique individual". and "We treat others especially the most frail and vulnerable with the dignity we wish for ourselves". The values of the service were reinforced through their use as the basis for staff supervision meetings and included in staff training. Throughout our inspection we found examples of staff supporting people in accordance with the provider's values and objectives. Current challenges were described by the registered manager as understanding the needs of people moving in to the care home. They described the importance of this because the vast majority were coming from failed placements in other care homes and support from outside agencies was not always forthcoming when needed.

Planned developments included further work to look at improving the environment both in terms of this being more dementia friendly in parts and some refurbishment. The registered manager kept up to date with current practice in the field of dementia care. For example, through training and meetings with other managers in the provider's organisation. The care home had links with a local dementia forum to improve care for people living with dementia.

People benefitted from links with the local community. The care home had established links with a local church. The church raised funds for the friends of Brockworth House home and the volunteer coordinator had visited the church to talk about the care home. A secure social media group had been established for relatives of people using the service. This was found to be particularly useful in sharing information about a temporary closure to the home (and its reopening) during an outbreak of infection.

People benefitted from quality assurance checks which ensured a consistent service was being provided. A reporting system was in place monitoring all aspects of managing the care home. Information was monitored about people using the service, staff and information from audits. For example, falls or people's weight loss and staff training and supervision. A monthly report detailing any risks or areas for improvement was produced and submitted to the provider. Reports were checked by the care home's quality team to ensure actions were being completed.

Audits included observations of staff practice which checked areas such as communication skills, moving and handling and equality and dignity with feedback provided to staff.

The views of people using the service, their representatives, staff and stakeholders had been sought through surveys with the results recorded and any areas for action identified. The most recent survey of the views of people using the service had been conducted through an independent organisation with the results analysed. These were positive and above the national average for care homes.