

GHS Care Limited

Brookdale Care Home

Inspection report

5 St Pauls Court
Chesham Crescent
Bury
Lancashire
BL9 6BX

Tel: 01617977160

Date of inspection visit:
30 November 2015

Date of publication:
27 January 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was an unannounced comprehensive inspection that took place of 26 and 30 November 2015. Our last inspection was carried out in September 2014 when we found that the service was meeting all the regulations we reviewed.

Brookdale Care Home provides care and personal support to up to 58 mainly older people, many of whom live with dementia. The service comprised of the main house and a specialist dementia unit. At the time of our inspection visit, 54 people were using the service.

The service had a registered manager in place. 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.

People we spoke with told us that they felt safe at the service. They said, "The fact is I'm some distance from the front door, and nobody can get in without being official," and "The windows are secure at night."

Staff had completed training in safeguarding adults. All the staff we spoke with told us of the correct action to take should they witness or suspect abuse, including the poor practice of colleagues. We saw a robust system of recruitment was in place in the service. This helped to protect people from the risk of unsuitable staff.

Procedures and training were in place for staff in relation to the safe administration of medicines as well as the prevention and control of the spread of infection.

People who used the service that we spoke with said they thought the home was clean and equipment well maintained. One person said, "I can't fault it." Relatives said they thought the home was clean and well maintained. We saw that the service was clean, bright and welcoming. The decor was neutral, the bedrooms in the dementia unit were painted pastel colours, and this helped to create a calm atmosphere.

We saw tasteful Christmas decorations had started to be put up throughout the home. The grounds were seen to be well-maintained and plans were in place to add a second conservatory area to the front of the home in keeping with the main house.

We saw that staff received the induction, training and supervision necessary to enable them to do their jobs effectively and care for people safely.

Steps to ensure that any restrictions in place for people who used the service were legally authorised under the Deprivation of Liberty Safeguards (DoLS) had been taken.

Systems were in place to help ensure people's health and nutritional needs were met.

The care records we saw contained good information about how people needed to be cared for and supported safely by staff.

A programme of activities was in place to help improve the well-being of people who used the service. There was also effective use of new technology such as iPad, 'smart' televisions, a sound system and a Twitter account to keep relatives and friends in touch with what was happening at the home.

Systems were in place to investigate and respond to any complaints people might make.

All the people who we spoke with told us that the registered manager was approachable and they could talk to them. One person said, "I'm sure I could but I've no reason to, I'm quite settled here." Another said, "Yes, she's alright, but really busy." Relatives said they could talk to the manager. One relative said, "Yes, she's lovely." Another relative said, "The management team are good and responsive."

Quality assurance and health and safety systems were in place that mirrored the CQC outcome areas safe, effective, caring, responsive and well led. Members of the staff team were asked to give their views and opinions about how the service was run.

The home was part of the Bury Dementia Action Alliance (BDAA), which aims to make Bury a more dementia friendly place to live.

Brookdale Care Home had won the regional award for the 'Care Team of the Year 2015' and were through to the national finals to be held in the near future.

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 completed training in safeguarding adults. All the staff we spoke with told us of the correct action to take should they witness or suspect abuse.

A safe system of recruitment was in place to help protect people from the risk of unsuitable staff.

Procedures and training were in place for staff in relation to the safe administration of medicines as well as the prevention and control of the spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, training and supervision they needed to be able to provide safe and effective care.

Steps to ensure that any restrictions in place for people who used the service were legally authorised under the Deprivation of Liberty Safeguards (DoLS) had been taken.

Systems were in place to help ensure people's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring

People who used the service told us staff were kind and caring in their approach. This was confirmed by our observations during the inspection.

Staff showed they had a good understanding of the needs, interests and preferences of people who used the service.

The majority of the staff team at the home were members of the 'Dementia Friends' scheme. Staff had recently been involved in fund raising events to raise money for the 'Memory Walk' for the

Alzheimer's Society.

The service had a 'staff awards' system in place. This was a system by which, members of the staff team could nominate a colleague to receive an award in recognition of the work they undertook.

Is the service responsive?

Good ●

The service was responsive

Care records contained good information about how people needed to be supported safely by staff and took people's wishes and preferences into account.

A programme of activities was in place to help improve the well-being of people who used the service. There was also effective use of new technology, which was to be developed further to support people with sensory impairments and communication difficulties.

Systems were in place to investigate and respond to any complaints people might make.

Is the service well-led?

Good ●

The service was well led

The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. People who used the service told us they felt able to approach managers and staff with any concerns.

Quality assurance and health and safety systems were in place that mirrored the CQC outcome areas. Staff were asked to give their views and opinions on how the service was run.

The home was part of the Bury Dementia Action Alliance (BDAA), which aims to make Bury a more dementia friendly place to live. An example given was encouraging shops and cafes to become more dementia aware and provide facilities for the person and their carer to use.

Brookdale Care Home staff team had won the regional award for the 'Care Team of the Year 2015' and were through to the national finals, which were to be held in the near future.

Brookdale 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 took place on 26 and 30 November 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of residential care services for older people.

Before our inspection visit, we reviewed the information we held about the service including notifications the provider had made to us. We contacted the local authority safeguarding and commissioning teams to obtain their views about the service. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The provider had submitted the PIR prior to our inspection and we used the information to help plan this inspection.

We spoke with six people who used the service and six relatives. We also spoke with the provider, the registered manager, the deputy manager, two senior care staff, two night staff, two day staff, the activities coordinator, the maintenance person, the chef, the laundry assistant and a domestic. During the inspection, we carried out observations in all public areas of the home and observed the lunchtime experience in both dining rooms. We looked at the care records for five people who used the service and looked at three staff personnel files. We reviewed a range of records relating to how the service was managed. These records included staff training records, quality assurance systems and some policies and procedures.

Is the service safe?

Our findings

People who used the service that we spoke with told us they felt safe. One person said, "I've never heard of anything happening." Another said, "The fact is I'm some distance from the front door, and nobody can get in without being official," and "The windows are secure at night." Relatives told us, "Somebody comes to see her every day and she tells us if there are any problems," "I go home with a good feeling," and "The building and because there are staff make it safe, however I do worry about other residents going into her room."

We saw from training records that staff had completed training in safeguarding adults. All the staff we spoke with told us what action they would take should they witness or suspect abuse. Staff members we spoke with said, "I would not have a problem [reporting concerns] and I am sure the manager and deputy would do something about it" and "I would do it in a heartbeat." We found where concerns had been raised the correct action had been taken by the service to report to the appropriate outside agencies, which included an independent mental capacity advocate (IMCA).

People told us that if they had any worries or concerns they could speak to, "The head" or "I'd talk to the manager or deputy." Other people told us they could talk with the care staff.

Staff we spoke with told us that the service had undertaken recruitment checks before they came to work at the home. We checked three files of staff who had been recently recruited. We found that a criminal record check and references had been undertaken to help ensure that staff were suitable to work with vulnerable adults. We saw that staff had signed to confirm they understood the importance of confidentiality and anti-bullying.

We asked people if they had to wait long for any help. One person said, "I wouldn't have to wait long." Another said, "Not very long, sometimes yes if they are busy with someone else, it varies." Most people we spoke with told us they thought there were enough staff on duty although one person commented, "No, I feel sometimes the girls are pushed, they haven't time to chit chat."

We saw there were enough staff on duty to meet people's needs and this was confirmed on the rotas we saw. During our inspection visit, we did not hear any call bells ring for a long time or see people become distressed as they waited for attention. Staff attended to all the requests for help we saw in a timely manner. The registered manager told us that the home had vacancies for a member of the night staff team, a domestic, a laundry assistant and an activity co-ordinator. When outside agency staff were used by the home regular staff members were used to work alongside existing staff to help promote continuity for people who used the service.

We saw on the five people's records that we looked at that there were individual risk assessments in place for the overall care a person received. For example, nutritional risk and pressure area care. The computer system monitors the information inputted by staff to link events and help determine the level of risk to each individual person. We saw footplates on wheelchairs being used all the time except for one occasion and this was addressed quickly.

People who used the service that we spoke with said they thought the home was clean and equipment well maintained. One person said, "I can't fault it." Relatives said they thought the home was clean and well maintained. One relative said, "A few times I've had to draw attention to things on the corridor that needed cleaning." However, the relative said staff members attended to these issues straight away. We detected no malodours during our visit.

We talked with the maintenance person for the home. They told us about the health and safety checks they carried out around the home, for example, water temperatures and fire safety. The findings were recorded onto the homes computer system to help flag up any risks and send reminders of when the checks were required.

The maintenance person had the skills, knowledge and experience to carry out their role, and had a good working knowledge of the home. The maintenance person told us they had high expectations of contractors coming into the home and would challenge them if they did not consider that the work was to a safe and acceptable standard. We saw a copy of the dates that the service maintenance and equipment checks had been carried out, for example, gas safety, the passenger lift, hoists and slings. We saw the home had a business continuity plan to deal with any emergencies that happened.

We saw that the registered manager held a staff meeting for cooks and kitchen staff on 17 September 2015 at which a range of areas were discussed which included cleaning schedules, rotas, menus and choice. It was clear from the minutes that the registered manager put people's choice ahead of food wastage in relation to the meals provided. The home held the highest rating given by the food hygiene section of the environmental health team.

We saw that staff had access to disposable gloves and aprons and wore white for personal care and these were changed to blue when serving meals. We saw that red bags were used for the safe transfer of soiled items to the laundry. Once in the laundry the bags were put into a commercial washing machine that had an in built sluice facility to help prevent and control the spread of infections.

We saw that staff who were responsible for giving people their medicines wore a red 'do not disturb' tabard. We checked the medicines on the dementia side of the home. We saw that medication was stored in a treatment room that was kept locked when not in use. There was only one key to access the medication and this was passed to the staff member responsible for medicines at each shift change. Only managers and senior staff members were trained and authorised to administer medication.

We saw that one person was receiving their medicines covertly and records showed that this had been authorised by their doctor. We checked a sample of controlled drugs administered by staff at the home against the controlled drugs register and found them to be correct. The home also held in a separate cupboard anticipatory end of life controlled drugs, which were administered by district nurses.

We looked at the medicines administration record (MAR) sheets. We saw that the MAR sheet had a picture of the person so that the staff member administering the medicines could easily identify them. Handwritten transcribes on the MAR sheets were seen to be counter signed by a second staff member to ensure that they had been correctly written.

We saw that temperatures of the room and fridge were recorded to ensure that medicines were stored correctly. We saw that where medicines were not given there was an explanation why not.

We saw that were 'when required' medication in relation to behaviours that may challenge for one person. A

consultant psychiatrist to ensure that the lowest dose possible of medicines was achieved so as not to subdue them was monitoring this situation.

Is the service effective?

Our findings

The registered manager told us that two staff members from the management and senior care staff team carried out pre-admission assessments. The assessments took place either at the person's home or in hospital. Members of the team had recently travelled to Birmingham to undertake an assessment. During the assessment staff talked with the person, as appropriate, and their relatives to gather information about the person's needs to ensure that if they agreed to a placement those needs could be met safely and effectively.

The service also requested information about the person's needs from their social worker in the form of a community care assessment and from their doctor.

Staff discussed people's needs at each staff shift change. We sat in and listened to a staff handover from night to day staff on the dementia unit. Staff at the meeting discussed every person's changing care and support needs. Staff we spoke with said that, "It's a great staff team we all get on really well together" and "everyone knows what they are doing."

We asked people if they thought staff knew what they were doing in relation to their care and support needs. One person said, "I would hope so." Other people confirmed that this was the case. Relatives told us that they thought staff had the appropriate skills. One relative said, "Yes, they're lovely." Another relative said "Yes, but some more than others."

We saw that new care staff members were using the Skills for Care 'Care Certificate Workbook' throughout their induction. The workbook covered areas such as understanding the role, personal development, equality and diversity, person centred values, communication, privacy and dignity, fluids and nutrition, dementia, safeguarding, basic life support, handling information, health and safety and infection prevention and control.

We saw that there was ongoing training available to staff in infection control, moving and handling, first aid, fire awareness, food hygiene, dignity and respect and dementia awareness. A night staff member confirmed that they had received training in what it was like to experience dementia. They said, "It really makes you think."

We saw that the home had a staff supervision annual tracker which showed when staff had received a supervision session, had their annual appraisal or a training feedback session where their supervisor checked if they had understood the training they had received to help ensure competence.

All the people who used the service that we spoke with said that staff obtained permission prior to carrying out care and support tasks. People told us they had an opportunity to discuss with staff how they were to be cared for. One person said, "I could talk to them," and another said, "I think so."

We asked people if they could make everyday choices. One person said, "Yes, occasionally I go into the

lounge and I go out. The activity coordinator takes me out into Bury." Another said, "The staff decide for me." We asked people if the staff respected their choices. One person told us, "I think there's a middle ground," but everyone else said, "Yes."

Where people lived with dementia and were no longer able to express their views and opinions the staff used a computerised mood tracker, which monitored people's emotional state against events and tasks. This system helped staff to look at alternative ways to offer care and support if a person displayed that they were unhappy with a task.

We asked the managers and staff to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves.

What we were told demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment. We also noted staff had undertaken training in the MCA and that care staff had assessed the mental capacity of people who used the service and their findings were documented in their care records.

DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally authorised. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. Records we looked at provided evidence that the registered manager had followed the correct procedure to ensure any restrictions to which a person was unable to consent were legally authorised under the DoLS. Two senior staff took responsibility for ensuring that the procedures were followed and had a system in place to help ensure that the DoLS did not lapse.

We saw that two outreach consultants visited the home on a regular basis and discussed best interest and advanced care planning with people who used the service, relatives and staff. For example the appropriateness of do not attempt resuscitation agreements (DNAR CPR) and to check that there was minimal use of medicines.

We saw on people's records that district nurses came in to deal with nursing tasks and these visits were documented.

All the people we spoke with said the staff would contact the doctor if necessary. We asked relatives if they were informed when referrals were made to health care professionals. One relative said, "They always ring me." And another relative said, "They referred [relative] to the chiropodist." We also asked the relatives if they were informed of any change of needs. One relative said, "I'm the first port of call."

We saw that people's weight was checked regularly and that the variation in weight was clearly identifiable on a graph format, which helped staff recognise changes and patterns. The food and fluid intake was recorded into the homes records after each meal.

We asked people what they thought the meals were like. One person said, "I enjoy them, very nice. Another person said, "Yesterday at teatime it was something I didn't like, so they did crumpets instead." Another person said the meals were "Alright."

We saw that aids were used to assist people to eat and drink, for example, plate guards and cups. Mealtimes were 'protected time' when visitors were asked not to visit so that people who used the service could concentrate on eating their meals.

We saw that there was a mixed response to the food offered on the first day of our inspection visit with one choice of main meal being left and the other choice of meal being eaten. However, we did see that people were offered regular drinks and healthy snacks throughout the day.

Is the service caring?

Our findings

People who used the service who we spoke with said that they thought staff were kind to them and treated them with respect. One person said, "Oh yes, very nice." Another said "Yes, they will offer to get things for me, occasionally instead of tea we will have fish and chips, somebody will go for them." Another person said, "Yes they are, I'm spoilt here." Relatives thought the staff were kind and caring. One relative said, "I think they're brilliant, they're really lovely."

We asked people if the staff listened to them. They said, "Yes they do on the whole." And "Yes, I think they do, I think the staff are quite good." Relatives told us that staff listened to them. One relative said, "Yes, all the time, if I've any problems I go and see them." Another relative said, "Some more than others, they're all approachable."

We asked people how the staff preserved their privacy and dignity. People told us that doors were closed during personal care and that staff knocked before they entered bedrooms. One person said, "When I'm on the commode, they put a blanket over me, go out of the room and leave me with my buzzer."

When we arrived on the dementia side of the home at 7am we saw a person wearing protective headgear being supported by staff to walk up and down the corridor. Night staff told us that the person usually got up at around 4am and liked to walk until about 10am. One visitor told us about their experience of their friends rapid decline from the onset of dementia. They said, "I have had more help to understand what is happening from here than anywhere else. I rely on them heavily." "There is a happy atmosphere here and the staff are kind and caring from the top down." "I trust them."

We asked staff if they were under pressure to get people up before they were ready. The night staff told us that the registered manager said that if people were "safe, warm and dry" they should be able to stop in bed for as long as they wanted. A staff member said, "There is less of a routine here we are person centred rather than task orientated. We also saw that where a person who lived with dementia wanted to walk during mealtimes that they were supported to eat their meal whilst walking."

We saw examples of how well the staff knew the people who used the service. During the morning coffee round a member of staff gave a person a bowl of bananas and cream because they said they knew how much the person liked it. Even though the staff knew people's preferences for drinks, they still checked before they served them.

The majority of the staff team at the home were members of the 'Dementia Friends' scheme. Staff had recently been involved in fund raising events to raise money for the 'Memory Walk' for the Alzheimer's Society. Further events were being planned which included a walk up to the summit of Mount Snowden in Wales.

The service had a 'staff awards' system in place. This was a system by which, members of the staff team could nominate a colleague to receive an award in recognition of the work they undertook.

Brookdale Care Home is an active and accredited member of the Six Steps to the end of life home. We saw on people's care records that their last wishes were recorded and advanced decisions were in place as appropriate for example a DNAR. Staff at the home were active members of the forum meetings held at the local hospice. No one was receiving end of life care during our inspection visit.

Is the service responsive?

Our findings

We looked at the care records of five people who used the service who had a diverse range of individual needs. People's care plans were held on a computerised system so this meant the most up to date version could be printed off for us to read. Only one person we spoke with thought they may have seen their care plan.

We saw that the records included a photograph of the person, personal information including emergency contacts, an assessment overview of needs and risk, and a care plan of needs, which included resident's rights, consent, and power of attorney details. Daily notes were maintained that included night checks, positional changes, food, and nutrition. Care plan reviews and the next date for reviews were recorded.

We were impressed by the various activities offered to the people who used the service. We saw people who used the service were colouring Christmas cards in the lounge and making decorations for the Christmas tree, depending on their level of ability. There was age appropriate music playing and some people who were not colouring were singing and dancing.

We asked people how they spent their time. One person told us they loved reading and word games, but didn't like joining in and the staff respected that. Another person said that they "Did colouring, played cards, dominoes and chess." They told us that they were trying to teach the activities coordinator to play chess and another person was teaching her to knit. We heard the activities co-ordinator plan a shopping trip with a person for the following day. We also talked to one person who liked to go shopping with support to a local supermarket. They told us they had not wanted a walking frame that made them look like an "old person". The home had helped them source a new style of walking frame that they said they were very pleased with.

We saw photographs of events the home had organised. Staff were involved with large charity event days. We were told that there was an entertainer every month, a choir, church service, trips to shops and cafes, parties, dancing, films, exercises and Morris dancers.

We asked what activities were specifically for men and were told that, "When there's a football match in the evening, we put it on the television and serve then shandies." One person told us about how they enjoyed going to watch local home football matches and they were going to a committee meeting to talk about ways the club could improve their facilities for older people and those with disabilities.

The home had embraced technology and used it to benefit of people who used the service. There was a sound system along the corridor on the dementia side of the home. This system played sounds from nature such as birdsong and different types of music including classical. The home also had a 'Twitter' account so that relatives could keep up to date with the activities that were happening at the home. The home were in the process of looking to recruit a second activities co-ordinator. The registered manager said it was important to get the right person to fill this role.

We were told that people could have visitors at any time apart from mealtimes. One person said, "I'm visited

by my friends." There were links with the local community and outside organisations came into the home on a regular basis. A small group of people had been on holiday to Blackpool. Plans were in place to hold a family Christmas meal with people who use the service. Twenty six relatives and friends were said to be attending.

All the people we spoke to told us they were encouraged to be as independent as possible. We asked people how staff encouraged them to be independent. One person told us, "I get washed myself, and I can move about and open drawers." Other residents we spoke with told us they were self-caring. Relatives said, "She does most things herself." And another said "She's been better since her medicines have been sorted." We also saw people being encouraged to do as much as they could for themselves, for example, when eating their meals.

None of the people we spoke with said they attended residents meetings or had completed questionnaires. However a relative said "We usually get a questionnaire every six months." Another relative said they had not been to meetings but they had been asked for their opinion." We saw that the home had carried out a 'service user satisfaction survey' in February 2015 that covered 46 areas of service. The feedback from the surveys showed that in most areas the home had maintained or improved on the previous year's results.

We asked people if they knew how to make a complaint and if they had raised any concerns. One person said, "Yes I did and it was sorted out properly." None of the other people we spoke with had made a complaint. We asked relatives if they had raised any concerns. One relative said they were concerned about clothes going missing even though they were named. The registered manager was aware about this concern and a second laundry assistant was in the process of being recruited.

We saw on the home's records that relatives had made two complaints and these had been dealt with appropriately by the home.

Is the service well-led?

Our findings

All the people who we spoke with told us that the registered manager was approachable and they could talk to them. One person said, "I'm sure I could but I've no reason to, I'm quite settled here." Another said, "Yes, she's alright, but really busy." Relatives said they could talk to the manager. One relative said, "Yes, she's lovely." Another relative said, "The management team are good and responsive."

A deputy manager and senior care staff team supported the registered manager. The managers said that they thought that their recognition of the fact they could not run the home themselves had led them to delegate more tasks and this had helped increase the skills of the staff team. We saw that two senior care staff had taken on responsibility for dealing with complex cases on the dementia side of the home, which included, DoLS, mental health support and end of life care. Two other senior care staff over saw medication, new admissions and end of life care on the residential side of the home. Administrators, the maintenance man, activity staff, cooks and domestic staff also supported the senior management team.

We saw that the registered manager and the deputy manager had in November 2015, undertaken updated personal development and management training supported by a business consultant. From this training, a plan been devised to help further develop leadership practices within the service. Plans were in place for the deputy manager to undertake a Level 5 leadership and management qualification and two senior care staff were to undertake Level 3 dementia training with Bradford University in 2016.

We saw that the service carried out a safe, caring, effective, responsive, and well-led quality audits for the home. The operations manager verified that the audits carried out by the registered manager were completed approximately every six months. The audits included, checking a random sample of care plans, medication errors, falls and accidents, unplanned hospital admissions, pressure area care, bedrail risk assessments, fire safety records and staff training.

We saw that the homes computerised system could generate reports that identified risk areas such as weight, pressure area care and falls, bedrails, people receiving dietary supplements, DNAR forms in place, levels of mobility and levels of cooperation if people needed to be evacuated from the home. The homes computerised system supported all staff in the day-to-day management and running of the home.

We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We saw that the service intended to extend the small lounge area and install visual technology to assist people with sensory impairment and support people who live with dementia's communication needs.

We spoke briefly with the provider who told us they were very pleased with the ongoing improvements that had been made at the home. The registered manager and deputy manager said that they felt well supported by the provider and the operations manager and that they worked well as a team.

We saw that the service conducted a digital staff satisfaction survey in September 2015. The survey covered the areas of the key lines of enquiry safe, caring, effective, responsive and well led. General employee satisfaction scored 92%, staff access to training scored 97%, staff motivation by management scored 99%. Staff also gave feedback as to what they thought could be done to improve the service further in each outcome area, which was shared with us.

We saw that at the last staff meeting minutes held on 28 September 2015 that communicating with people who used the service who lived with dementia, relatives and friends could sometimes be difficult. It was agreed at the staff meeting that relatives and friends would be invited to become involved in dementia awareness training to help them understand why the physical and mental health of their loved ones deteriorated.

We saw that two families had recently nominated the Brookdale Care Home anonymously, for an award through the Great North West Care Awards. Following a number of stages, which included an interview with a panel, Brookdale won the regional award for the 'Care Team of the Year 2015' and were now through to the national finals. The care awards panel said that, "The Brookdale team demonstrated, unrivalled enthusiasm and passion for everything they do in their daily roles. Innovative, creative and hugely dedicated to the residents they support. They richly deserve this award." A staff member we spoke with said, "This tells you we are doing something right!"

The home was part of the Bury Dementia Action Alliance (BDAA), which aims to make Bury a more dementia friendly place to live. An example given was encouraging shops and cafes to become more dementia aware and provide facilities for the person and their carer to use. The last BDAA meeting was held at the home and a range of people attended the event. These included representative from the local council, as well as charities and business throughout the area. Greater Manchester Police and Fire Services are also part of the scheme. The registered manager had become the dementia champion for this organisation, which is registered with the Alzheimer's Society.

Brookdale has recently started a fund raising committee, run by a visitor, to look at ways to raise money for the home and local dementia charities, raise awareness and finds ways to help people's relatives and friends to become more involved in the running of the home.

The registered manager told us, that the staff team had worked with a local charitable organisation to set up a dementia café, which people from the service now went out to use. Any profits raised through the café were given to a local homeless charity for their use.

During our inspection visit, we asked people about what they liked best about the home. One person said, "It's a nice place to live, it's quiet," "It's clean, I came in because my friend knew someone that had been here," "They're all happy," "The food's good, and within reason you can do things." Relatives said, "I just like the care, I know she's safe and they look after her," and "I just want my mum to be happy. The fact they do things and it's always warm and cosy."