Brun Lea Care Ltd

Brun Lea Care

Inspection report

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Tel: 01775680576

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Brun Lea Care is registered to provide accommodation for up to 20 older people requiring nursing or personal care, including people living with dementia.

We inspected the home on 19 July 2016. The inspection was unannounced. There were 16 people living in the home on the day of our inspection.

The home had a registered manager (the 'manager') in post. A manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted DoLS applications for nine people living in the home and was waiting for these to be assessed by the local authority.

We found some areas in which improvement was needed to ensure people were provided with safe, effective care that met their expressed needs and wishes.

The activities programme was poorly organised and did not provide people with sufficient stimulation or occupation. The provider's use of best interests decision making processes was inconsistent which meant some people may have been deprived of their legal rights under the MCA. The provider's approach to risk management and review was also inconsistent, presenting an increased risk to people's safety. Audits and other systems used to monitor the quality of service provision were not always effective.

In other areas, the provider was meeting people's needs effectively.

There was a homely, peaceful atmosphere and staff provided kind, person-centred care. Staff knew people as individuals and reflected this knowledge in the care and support they provided.

People were provided with food and drink of good quality.

Staff worked closely with local healthcare services to ensure people had access to specialist support whenever this was required. People's medicines were well-managed.

The manager demonstrated an open and responsive management style and provided strong, passionate leadership to the staff team. The owners of the service maintained a regular presence in the home and were

seen as friendly and supportive by staff at all levels.

There were sufficient staff to meet people's care needs and staff worked together in a friendly and supportive way. The provider supported staff to undertake their core training requirements and encouraged them to study for advanced qualifications. Staff knew how to recognise signs of potential abuse and how to report any concerns.

People had confidence in the manager to resolve any concerns and any formal complaints were well-managed.

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 consistently safe.

The provider's risk assessment procedures were not consistently effective and presented an increased risk to people's safety.

There were sufficient staff to meet people's care and support needs.

The provider had safe systems for the recruitment of new staff.

Medicines were managed safely in line with good practice and national guidance.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider's use of best interests decision making processes was inconsistent which meant some people may have been deprived of their legal rights.

The provider maintained a detailed record of staff training requirements and encouraged staff to study for advanced qualifications.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink of good quality.

Is the service caring?

Good

The service was caring.

Staff provided person-centred care in a warm and friendly way.

People were encouraged to retain choice and control.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The activities programme was poorly organised and did not provide people with sufficient stimulation or occupation.

Staff knew people as individuals and reflected this knowledge in the care and support they provided.

People had confidence in the manager to resolve any concerns and any formal complaints were well-managed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Audit and quality monitoring systems were not consistently effective.

The manager demonstrated an open and responsive management style and provided strong, passionate leadership to the staff team.

Staff worked together in a friendly and supportive way.

The owners of the service maintained a regular presence in the home and were seen as friendly and supportive by staff at all levels.

Brun Lea Care

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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Brun Lea Care on 19 July 2016. The inspection team consisted of one 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 inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority.

During our inspection visit we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with six people who lived in the home, three visiting family members, the manager, the head of care, two members of the care staff team, the chef and the administrator. We also spoke with three local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including three people's care records and staff training and supervision records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living at Brun Lea and that staff treated them well. One person told us, "There's nothing that worries me." Another person said, "It's absolutely peaceful. I feel safe." One person's relative said, "She's definitely safe."

Staff were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff said that, if required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary.

We looked at people's care records and saw that a range of possible risks to each person's safety and wellbeing had been considered and assessed, for example risks relating to skin care and nutrition. However, the provider's risk assessment procedures were not consistently effective and presented an increased risk to people's safety. For example, one person's care plan stated, "Admitted due to risk of hurting [themselves] when falling at home. Family very concerned and feel better with [them] having 24 hour care." Despite the risk of falling having been identified at the time of admission, there was no evidence that the provider had completed any further assessment of this person's risk of falling at that time and only very limited evidence that any preventive measures had been put in place for staff to follow. In the period 7 May – 10 June 2016 staff had recorded this person as having fallen seven times, sustaining injuries on two occasions and being admitted to hospital once. In this period, staff had conducted a monthly review of the person's care plan but, despite the pattern of regular falls and injuries, there was no evidence that they had considered any additional or alternative preventive measures to try to keep the person safe. On 12 June 2016, following the person's return from hospital, we saw that the person's keyworker had made a referral to the local falls prevention team to make sure their walking frame remained fit for purpose. However, despite this action being taken, in the period 14 June – 15 July 2016, the person fell a further four times and clearly remained at ongoing risk of harm.

We raised our concern for this individual with the manager who acknowledged that improvements were needed in the provider's approach to individual risk assessment and review. She told us that she would arrange an early review by the person's GP and contacted us shortly after our visit to confirm that this had been done.

Other risks to people's welfare were managed more effectively. For example, we saw that some people who were being cared for in bed had been assessed as being at risk of developing skin damage. To address this risk, senior staff had determined that each person needed to be repositioned at regular intervals and we saw that this requirement was understood and followed by staff. The provider had also assessed the risks to each person if there was a fire or if the building needed to be evacuated quickly. Colour coded dots had been placed on bedroom doors to make it easier for staff to ascertain what level of support each person would need in an emergency situation.

During our inspection visit we saw the provider employed sufficient staff to meet people's care and support needs. One person told us, "I think there's enough [staff]. All willing to do things." Another person said, "They check me two hourly at night." The manager told us she kept staffing levels under regular review and made alterations as necessary, in response to changes in people's needs. For example, an extra member of staff had been introduced at tea-time to provide additional support at that time of day. The manager also said that she had recently needed to increase staffing on a temporary basis to provide additional support to a person who had lived in the home for a short period of time but who had now moved to another service.

The provider had safe recruitment processes in place. We reviewed two staff personnel files and saw that references had been obtained. Security checks had also been carried out to ensure that the service had employed people who were suitable to work with the people living in the home.

We reviewed the arrangements for the storage, administration and disposal of medicines and found that these were in line with good practice and national guidance. We noted that the sheets used to record the administration of people's medicines were particularly well-designed and were colour coded to make them easier and safer for staff to use. A senior member of staff told us that they had been developed in consultation with the local pharmacy. We observed a member of staff administering people's medicines and saw that they did it patiently and attentively in a way that took account of each person's individual needs. We also saw that people who had been prescribed medicine on an 'as and when required' basis were given a choice as to when they took it. For example, one person told us, "I can ask for paracetamol [when] I get pains." Regular audits of medicines management were conducted by both the provider and the local pharmacy and we saw that issues identified in these audits had been followed up by staff and changes made as a result. For example, following a recent audit, action had been taken to improve the storage of some people's medicines.

Requires Improvement

Is the service effective?

Our findings

People told us that staff had the knowledge and skills to meet their needs effectively. One person told us, "They are all good, very good." Another person's relative said, "They seem very good to me."

Care staff had received training on the provisions of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing people with care and support. 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. Staff demonstrated they understood the importance of obtaining consent before providing care or support. One staff member told us, "Each individual has the right to [determine] their own care and make life choices for themselves. They choose what to eat and what to wear." Confirming the approach of staff in this area, one person said, "They're always asking my permission."

The manager and other senior staff were aware of the need to use best interest processes to assist in the support of people who lacked capacity to make some significant decisions for themselves. However, we found inconsistencies in the use of this approach within the home which meant some people may have been deprived of their legal rights under the MCA. For example, one person had been identified as lacking the capacity to consent to taking their prescribed medication. A senior member of staff had written on the person's medicine record sheet, "My [name of medicine] can be given covertly when required." Reflecting this instruction, staff were administering the medicine to the person without their knowledge. However, there was no evidence of the process followed by the provider in considering this important issue and it was unclear who had made the decision that it was indeed in the person's best interests for them to receive medicine in this way. Another person living in the home also received medicine covertly, without their knowledge. In this case there was a record of the manager herself having taken this decision four years earlier, as being in the person's best interests at that time. However, there was no evidence that the manager had consulted with the person's GP, pharmacist or relatives or sought any second opinion prior to making her decision. When we discussed this issue with the manager she readily acknowledged our concerns and told us she would take prompt action to address the shortfalls in the use of best interests decision-making processes we had identified. Shortly after our inspection visit, the manager contacted us to confirm that this had been done.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, the provider had sought a DoLS authorisation for nine people living in the home, to enable them to receive the care and support they needed whilst ensuring that their legal rights were protected.

People said they enjoyed the food provided in the home. One person said, "[The food] is beautiful. The sausages today come from my favourite butcher in the village." The chef told us people could have whatever

they wanted for breakfast and that, for example, two people enjoyed a full cooked breakfast every day. People were also offered a wide range of hot and cold choices at teatime, including homemade cakes. The chef said, "We've always got a homemade cake at teatime. There's never any left!" For lunch, people usually had a choice of two main course options although the chef told us that kitchen staff were always happy to make an alternative if requested. For example, the chef said, "One lady asked me the other day if we always have soup, which we do. She said, now she knew this she might ask for it if she didn't fancy what was on the menu." This flexible approach towards the provision of food and drink was clearly appreciated by some of the people we spoke with. For example, one person said, "You can ask for a snack if you want one." Another person said, "We just ask if we want fruit or a snack." However, reflecting feedback from others, we asked the manager to give further thought to the position of people who lacked the ability or confidence to ask directly for a snack themselves. The manager thanked us for this feedback and, again, told us she would look into the issue as a matter of priority.

Kitchen staff had a good knowledge of people's individual preferences and used this to guide them in their menu planning and meal preparation. For example, the chef told us, "We change the menu every six months and go round talk to people about what they like and don't like. On the current menu we've got salad at least once a week because people said they wanted it." Staff also had a good understanding of people's nutritional requirements, for example people who had allergies or who followed a reduced sugar or vegetarian diet. Staff were also aware of which people's food needed to be pureed to prevent the risk of choking and a range of drinks was available throughout the day to help prevent dehydration. One person told us, "I have to drink a lot of water and have a jug in my room. I can also get coffee at any time. Even 5am if I ask."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. One recently recruited member of staff told us, "I found my induction really helpful. [Colleagues] explained what they did with each person and it helped a lot. I wasn't just thrown in at the deep end." The provider had embraced the new national Care Certificate which sets out common induction standards for social care staff. Both the manager and the head of care had recently qualified as assessors which enabled them to oversee personally the delivery of the certificate within the home.

The provider maintained a detailed record of staff training requirements and arranged a variety of internal and external training courses including pressure care, safeguarding and dementia awareness. One member of staff told us, "We have a lot of training. [External trainers] come in quite regularly for things like fire safety and dementia. And [the manager and head of care] train us in infection control." Reflecting on their recent 'person centred approach' training, another staff member said, "It's really important to treat people as individuals. By listening and trying to understand their needs." The provider also encouraged staff to study for nationally recognised qualifications and some of the certificates they had obtained were on display in the home.

Staff received regular one-to-one supervision from the manager and other senior staff. Staff told us that they found the supervision process helpful to them in their work. One member of staff said, "I like that I can go in and have a chat about how things are going. [It makes me feel] appreciated. In my last supervision [the manager] told me a few people had said I was doing well." The manager told us, "I tend to block out a week and swoop in and do them. It's an opportunity to give and get feedback. I don't like [staff] to be upset and it's a good chance for them to sound off if necessary."

The provider ensured people had the support of local healthcare services whenever this was needed. From talking to people and looking at their care plans, we could see that their healthcare needs were monitored

and supported through the involvement of a range of professionals including GPs, district nurses, social workers and a variety of therapists. For example, care staff had identified one person as being at risk of malnutrition. Specialist advice had been obtained and a range of measures implemented to address the issue of concern. Care staff told us that they were encouraged to be vigilant and flag up any concerns about people's health. One staff member said, "We are always told, even if it seems like nothing it might be something." One person told us, "They were quick to get the doctor in when I had a bad chest." Describing their relationship with the care staff team, one local healthcare professional told us, "They do what we ask them to do and are almost too proactive in getting in touch with us! But we would much rather have it that way round."

Good

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring. One person said, "They're very kind, very attentive, very dedicated." Another person told us, "They are caring people."

Throughout our inspection visit we saw that staff supported people in a kind and friendly way. For example, just before lunch we watched as a member of staff helped someone make their way into the lounge. The staff member supported the person to settle in a chair of their choice and then asked them if they would like a cup of coffee whilst they waited for lunch to be served. On another occasion, we saw a member of staff assisting an elderly person to make their way slowly back to their room. The staff member was patient and attentive, offering words of encouragement throughout. The manager told us that, earlier in the year, one person had been upset that their family hadn't taken them out to celebrate Mothers' Day. Responding to their disappointment, the manager had arranged for two members of staff to come in on their day off and take the person out to a local café instead. One person told us that on their birthday, "I got a lovely birthday cake from the home."

Describing the provider's commitment to person-centred care and to helping people retain as much choice and control over their lives as possible, the manager told us, "We aim to offer people the best possible care. My priority is their happiness. I always say to staff that they must treat people as they would want their parents or grandparents to be treated." This philosophy was clearly understood by staff and reflected in the way they supported people. For example one staff member told us that they had recently started encouraging someone to feed themselves at mealtimes again, whenever they were well enough to do so. Reflecting on the difference this had made to the person the member of staff said, "I could tell she was happy she could feed herself. She told me it was nice to be able to eat at her own pace. Little things make a difference." Commenting on the person-centred approach of staff, one person told us, "I decide on my bedtimes." Another person said, "They encourage me to use my legs to keep me walking and not become dependent on being taken everywhere."

The staff team also supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. Commenting on their approach to assisting people with their personal care, one staff member said, "I always tell people what I am going to do before I do it. Explaining what and why." Confirming their appreciation of the way staff cared for them, one person told us, "They treat us with great respect. They still knock on the door, even when it's open." Another person said, "They close my curtains when they need to."

People's personal care records were stored securely. However, during our inspection visit we observed that the daily care monitoring logs and handover sheets used by the care staff team were kept in a cupboard in one of the communal areas of the home and were not stored securely. This meant that people's personal confidential information could have been accessed by other people living in the home or their visitors. We raised this concern with the manager who told us she would take immediate steps to address the issue and ensure all personal information was stored securely. Shortly after our visit the manager contacted us to

confirm that a lock had now been fitted to the cupboard.

The manager was aware of local advocacy services and told us that she would not hesitate to make contact with them, should anyone living in the home need this type of support in the future. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. During the course of our inspection the manager updated the information booklet that was given to people when they first moved into the service, to include information on the advocacy services available locally.

Requires Improvement

Is the service responsive?

Our findings

When someone first moved into Brun Lea, staff helped them complete a 'My Memories' profile. This provided a potentially rich source of information on the person's life history, important relationships, likes and dislikes and hobbies and interests. However, although these profiles had been completed thoroughly and were updated on an ongoing basis, most of the people we spoke with told us that the communal activities provided in the home did not reflect their expressed preferences or provide them with sufficient stimulation. For example one person told us, "They don't seem to do many activities. The only thing I've seen is bingo and two men who come into sing. They never ask me what I'd like to do. I do get bored." Another person said, "I get bored. It would help a lot if there was more on." Another person's relative told us, "There's not been much when I've been here. The odd sing song maybe. [My relative]'s resigned to it, sitting all day." Reflecting these comments, during our inspection visit we saw several people sitting in the communal lounge for extended periods of time with little or nothing to do.

The provider employed a part-time activities coordinator who split their time between Brun Lea and another of the provider's homes. The activities coordinator worked approximately 12.5 hours each week at Brun Lea. Although the coordinator had prepared a schedule of activities and events, the delivery of this programme appeared haphazard and disorganised. For example, the monthly schedule of activities displayed in the main lounge was for June 2016 and staff were unable to confirm whether the July programme had been sent out to people or not. The activities coordinator was on leave at the time of our inspection and it was unclear who had responsibility for the delivery of the activities programme in their absence. The only activity scheduled for the day of our inspection visit was bingo. When asked by our inspector if this would be taking place as planned, one member of staff told us, "It could happen." However, in the end there was no game of bingo although we did observe the manager trying to interest some people in a different board game, with little success. It was a very hot day which may have left some people feeling more lethargic than usual but the provider's failure to ensure a structured approach to the provision of communal activities clearly contributed to the feelings of boredom and under-stimulation that people shared with us.

People we spoke with had mixed views about the support they received to maintain personal hobbies and interests and to remain active in their local community. One person said, "I'm satisfied sitting and don't get bored. The entertainer was good the other day [and] I've been up to the village with someone." Staff told us of another person who still attended services at their church. However, other people were less satisfied. One person said, "There's no chance for exercise. I was told when I came in I was to have a walk every day but [it doesn't happen]. I am bored all the time. I'd like a little walk." Another person said, "I'd love to be out more. I used to love reading and gardening." A visiting relative said, "I'd prefer to see more happening. [My relative] just watches TV in her room or sits in the lounge alone. She's had no outings either." Reflecting some of these comments, we noted that none of activities or events for July 2016 was scheduled to take place outside of the home.

When we shared our concerns with the manager she told us she was aware of the current shortfalls in the provision of activities and other forms of stimulation and occupation for people living in the home. She said that the current shared activities coordinator role was not working effectively and that she had taken steps

to recruit a new coordinator. This person was due to start in August 2016 and would only work at Brun Lea. Looking forward to this appointment the manager said, "I know it's not great at the moment but once I've got [the new activities coordinator] in place they will have a lot more time."

Prior to someone moving into Brun Lea, the manager or another senior member of staff normally visited them to carry out a pre-admission assessment. People were also offered an opportunity to visit the home to help them decide if it was right for them. The manager said, "We invite the person to choose their own room, if we have more than one available. And to join us for lunch." Once it was agreed that someone would move in, staff prepared an initial care plan in discussion with the person and their family. Over time, this was developed into a full care plan detailing the person's personal preferences and care requirements.

We reviewed people's care plans and saw that they addressed a wide range of needs including personal care, medicines and nutrition. Plans were written in the first person and captured each person's requirements to a high level of detail. For example we saw that one person's care plan stated, "I like to get up between 7am and 8am. I like to have a weekly bath and to have my hair done regularly." Commenting on their use of people's care plans, one staff member told us, "I found them particularly useful when I first started. Everything you need to know you will find in there. And they are updated regularly by district nurses and GPs." Another member of staff said, "I always check them when I have been off. It's easy to make mistakes." Staff reviewed and updated people's care plans on a regular basis, involving people and their relatives in the process.

Reflecting their understanding of people's care and support needs, staff clearly knew and respected people as individuals. For example, describing their interaction with one person they supported, one member of staff told us, "Although they are normally very quiet they can become quite agitated. It's important to have a really gentle approach and not talk too loud. [Everyone] varies in themselves." Commenting on the responsive approach of staff, one person told us, "When I came in they gave me an airbed as that's what the hospital made me use, even though it's useless. I said I wanted a solid mattress instead. So they changed it and now I can turn myself and do my exercises." Another person said, "They know my quirks. They listen and act on it if I ask."

The manager told us that there was a rolling programme in place to redecorate each bedroom when it became vacant and that people were encouraged to bring favourite items of furniture, family photos and other souvenirs when they moved into the home. We also that staff had worked with each person to create a 'memory box' which was placed on the wall outside each person's bedroom. This was intended to help some people living with dementia find their way back to their room more easily and also created a prompt for conversation for staff and visitors. The content of each memory box was personal to each person, reflecting their life history and personal interests before they moved into the home.

Information on how to raise a concern or complaint was provided in the information pack people received when they first moved into the home. The manager told us that formal complaints were rare as she encouraged staff to alert her to any concerns. Describing her approach in this area she said, "The last formal complaint was years ago. The staff summon me if they get any grumbles [and I am] straight on to it." Confirming this approach, one person said, "I haven't had to complain. If I did, I'd talk to the manager." Another person told us, "The manager will listen and do what she can." The provider kept a record of any formal complaints that had been received and we could see that these had been handled effectively.

Requires Improvement

Is the service well-led?

Our findings

There was a homely, tranquil atmosphere in Brun Lea and everyone we spoke with told us they were happy with the service provided. One person told us, "It's a happy place. There's an air of peace here." Another person's relative said, "It's much better than the last place she was in." A local healthcare professional who had regular contact with the home told us, "They are better than most. It's one of the ones I would consider if I had a relative who needed to move into a care home."

The provider had a number of audits in place to monitor the quality of the care provided to people. However, these were not consistently effective. For example, although there were regular reviews of people's care plans, these had not picked up the issues relating to falls management we identified during our inspection. Similarly, the provider's regular medicines audits had not identified the inconsistencies we found in best interest decision-making processes relating to covert medicines. Other audits were more effective. For example, a new bed had been ordered following a recent health and safety audit of the equipment in people's bedrooms.
In recent months the manager told us she had been dividing her time between Brun Lea and another home that had been acquired by the provider. Although she said this arrangement had been "hard" at times, she told us the situation was now improving and she did not believe her reduced presence had been to the detriment of Brun Lea. Describing her approach, the manager said, "I like to try to go round and chat to [people]. I like to be out and about. No one can pull the wool over my eyes!" Throughout our inspection visit, we saw the manager did indeed spend a lot of her time out of her office, engaging with people and providing support to staff. However, perhaps reflecting her recent combined role, people and their relatives gave us mixed feedback on her presence and availability. One person's relative said, "I have met her twice and think I could talk to her alright." However another relative told us, "I don't see her much as she's not often here." One person told us, "I don't see her a lot."

Throughout our visit, the manager demonstrated an open and responsive leadership style. She was also quick to acknowledge the shortfalls we identified in areas including activities provision, best interests decision-making and risk assessment. The manager provided strong, passionate leadership and had clearly won the loyalty and respect of her staff team. One member of staff told us, "[The manager] is brilliant. Easy to go and talk to if I need to." Another staff member said, "I love it here. I go to [the manager] with anything and everything. It's nice to have the support." The provider operated an Employee of the Month award scheme which was valued and appreciated by staff. Talking about the award one member of staff said, "They get flowers. It's the little touches that make it all worthwhile. I haven't won it yet. Let's hope!"

We saw that staff worked together in a friendly and supportive way. One member of staff told us, "There's a nice relaxed atmosphere. Even if we have had a stressy shift. We all help each other." Another staff member said, "It's small, friendly and cosy. Not your average care home. In the larger ones you are more of a number. It's a bit more personal here." There were regular team meetings and daily logs and shift handover meetings were also used by the provider to ensure effective communication between staff. Talking about the provider's handover arrangements, one member of staff told us, "If there are any changes [in the way we support people] these are mentioned in handover for a few days, not just once. So all staff become aware of

it."

Staff told us that the owners of the home visited regularly and spent time talking to people and staff. Speaking of a recent visit one staff member said, "They are very friendly and brought some cream cakes for all of us." The manager told us that she also found the owners very supportive and they were always available by telephone and email if she needed any advice.

The provider maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies. Shortly before our inspection visit the provider had notified us about issues relating to a person who had lived in the home for a short period of time. We saw that the manager had reflected carefully on what had happened and on the need for any changes to be made to the provider's assessment and admissions procedures for the future.

The provider undertook annual surveys of people, their relatives and professional visitors to the home to measure satisfaction with the service provided. We reviewed the results of the 2015 survey and saw that satisfaction levels were high and that any issues raised had been reviewed and followed up by the manager. For example, one relative had expressed disappointment at the absence of complimentary tea and coffee for visitors on a Sunday and this had been rectified. People's satisfaction with the service provided at Brun Lea was also reflected in the many thank you cards on display in home. Following the recent death of their loved one, one relative had written to say, "I appreciate so very much how you cared for our mum. She loved every one of the carers and was very happy there with you all."