

Brooklands Care Limited

# Brooklands Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Brooklands Care Limited is a residential care home which is registered to provide care and support for five people with a learning disability some of whom also have complex health needs. On the day of our visit there were five people living at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe with the home's staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm. Risks to people's safety had been assessed and care records contained risk assessments to manage identified risks.

People were supported to take their medicines as directed by their GP. Records showed that there were appropriate arrangements for obtaining, storing and disposing of medicines.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. Relatives and staff told us there were enough staff on duty and observations also confirmed this.

Food at the home was good. There was a rolling menu and people had regular meetings where they had an opportunity to discuss and plan menus. Staff provided support to people to help ensure meals were balanced and encouraged healthy choices

Staff were aware of people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handover meetings at the beginning of each shift. The home was well supported by a range of health professionals.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. The provider had suitable arrangements in place to establish, and act in accordance with the Mental Capacity Act 2005 (MCA). Staff had an understanding of the Mental Capacity Act (MCA) 2005

Each person had a care plan which informed staff of the support people needed. Staff received training to help them meet people's needs. Staff received an induction and there was regular supervision including monitoring of staff performance. Staff were supported to develop their skills by means of additional training such as the National Vocational Qualification (NVQ) or health and social care diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates

must prove that they have the ability to carry out their job to the required standard. All staff completed an induction before working unsupervised. People said they were well supported and relatives said staff were knowledgeable about their family member's care needs.

People's privacy and dignity was respected. Staff had a caring attitude towards people. We observed staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed the management team were open and approachable.

There was a clear complaints policy and people knew how to make a complaint if necessary. The provider had a policy and procedure for quality assurance. The registered manager and her deputy worked alongside staff and this enabled them to monitor staff performance.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular staff meetings and feedback was sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

## 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.

Potential risks to people were identified and managed safely. Staff were aware of the procedures to follow regarding safeguarding adults.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were managed safely and staff had received appropriate training in the administration of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff knew how people wanted to be supported. People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively. The registered manager and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink.

### Is the service caring?

Good ●

The service was caring.

People were treated well by staff. Relatives confirmed staff were caring and respectful in how they treated people.

People were supported by care staff to ensure their privacy and dignity was respected. People and staff got on well together.

People were supported by staff who were kind, caring and were

quick to help and support them.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans provided staff with information regarding people's support needs. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

People were supported to participate in activities of their choice.

Complaints were responded to appropriately and in line with the provider's policy.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

People and relatives were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

The provider and registered manager carried out a range of audits to ensure the smooth running of the service.

# Brooklands Care Limited

## 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 checked 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 13 September 2016 and was unannounced. One inspector carried out the inspection.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that people at the home were living with a learning disability people were unable to fully share their experiences of life at Brooklands Care Limited with us. We did however talk with people and obtain their views as much as possible. We also spoke with relatives of people who lived at the home and they were able to give us their views on the service provided to people.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at care plans, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as complaints, quality audits and policies and procedures.

We spoke with three people and two relatives to ask them their views of the service provided. We also spoke to the registered manager and two members of staff. Following the inspection, we contacted a social services care manager. They consented to share their views in this report

The last inspection was carried out in October 2013 and the home was found to be compliant in all outcomes inspected.

# Is the service safe?

## Our findings

People felt safe at the home. Observations showed there were enough staff to provide support to people. Relatives said they were happy with the care and support provided. One relative said "I am very happy with the way my relative is looked after I know they are safe and secure".

The registered manager had an up to date copy of the local authority safeguarding procedures to help keep people safe and understood her responsibilities in this area. There were notices and contact details regarding safeguarding on the notice board in the office. Staff were aware and understood the different types of abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people.

There was a fire risk assessment for the building. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood. The registered manager told us that regular maintenance checks of the building were carried out and if staff identified any defects they were recorded in a maintenance log. This was then prioritised by the provider who then arranged for any defect to be repaired. The registered manager told us that the Nominated Individual, who was also one of the owners, carried out routine maintenance. Any defects that required specialist input would be carried out by relevant professionals.

In order to help keep people safe there were risk assessments in people's care plans. These identified any risks and also provided staff with information on how the risk could be minimised. For example the risk assessment for one person explained how their behaviour could possibly be misinterpreted by members of the public as the person liked to shake hands with people they met in the street. There was clear information provided for staff on how they should support this person and how to mitigate the risk. This helped to ensure risks were appropriately managed.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with a newly appointed member of staff who told us their recruitment had been thorough.

The registered manager told us there were a minimum of two care staff on duty between 7am and 10pm each day. Between 10pm and 7am there was one member of staff on duty who was awake throughout the night. They were supported by a member of the management team who was on call in case of emergency. The provider employed a registered manager, two deputy managers, and 10 care staff to provide support for people. Care staff also carried out domestic duties and involved people with these tasks as much as their ability would allow. The registered manager told us that she and the two deputy managers worked alongside staff but also had dedicated management time so they could carry out their management duties. Staff told us this system worked well and the staffing rota for the previous two weeks confirmed these



staffing levels were maintained. There was flexibility in the staff numbers to respond to changes in people's needs and to support people who had additional staff funded for certain periods. Staff told us and observations showed there were enough staff on duty. Relatives also said whenever they visited the home there were always enough staff on duty.

Staff supported people to take their medicines. Storage arrangements for medicines were secure and in accordance with appropriate guidelines. Medication Administration Records (MAR) were kept for each individual with their medicines and were signed off by staff when medicines had been given. Staff who were authorised to administer medicines had completed training in the safe administration of medicines and had completed an assessment, staff confirmed this. People were prescribed when required (PRN) medicines and there were clear protocols for their use. The provider had a policy and procedure for the receipt, storage and administration of medicines and this helped to ensure that people received their medicines safely and as prescribed.

## Is the service effective?

### Our findings

People got on well with staff and the care they received met their individual needs. People were well cared for and they could see a GP whenever they needed to. Relatives said people were supported by staff who knew what they were doing. One relative told us, "My relative has been at Brooklands for over four years and the staff know them well and provide the care and support they need". Another said, "I cannot fault the staff, they are all very good, I have no concerns about the care and support provided". People told us the food was good and there was always enough to eat.

The registered manager told us about the training provided for staff. Training was via E learning on line and also face to face training. Once training had been completed the registered manager received a certificate for the staff member concerned. Training records were kept and these detailed when refresher training was required. We saw that training was updated regularly. We spoke to the registered manager about training and she confirmed that training was made available on a rolling basis. Records showed that training undertaken by staff included; Health and safety, infection control, epilepsy awareness, managing challenging behaviour, first aid, food hygiene, person centred care learning disability awareness and good recording practice. This helped staff to obtain the skills and knowledge required to support the people who lived at the home. Staff said the training provided was good and they confirmed they received the training they needed to carry out their work effectively. The registered manager told us she and her two deputy's worked alongside staff to enable them to observe staff practice and to ensure staff knew how people liked to be supported and were aware of people's care needs. The registered manager told us that additional training would be provided if necessary to meet the needs of the people that they were caring for.

The registered manager said that all new staff members completed an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. Induction training included completing the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 10 care staff. All had completed additional qualifications up to a minimum of National Vocational Qualifications (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The registered manager understood her responsibilities in this area and staff understood the requirements of the legislation. The registered manager told us that although people at Brooklands Care Limited were living with different levels of learning disability people had the ability to

make day to day choices for themselves. The registered manager understood that if a person needed to make specific decisions their capacity to make decisions would need to be assessed. It was also understood by the registered manager and staff that if the person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest.

Following a capacity assessment the registered manager had made applications for all of the people living at Brooklands Care Limited under Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Records showed that DoLS applications had been authorised by the local authority, for four people and one was being dealt with on a priority basis. The authorisations already approved were due to expire in October 2016 and the registered manager was in the process of applying for these to be renewed.

Staff attended regular supervision meetings with their line managers. They were able to discuss issues relating to their role, training requirements and the people they supported. Staff told us they were able to discuss issues openly and said they could put their views forward on ways to improve the service.

Meals were provided for people by care staff and they took it in turns to cook the main meal of the day. People were involved as much as possible in preparing and planning meals. There was a rolling menu and people were consulted about choice at regular meetings. For breakfast people made an individual choice, normally cereals and toast and meals times were flexible. At lunch time meals were normally a snack type meal such as egg on toast, fish fingers or sandwiches. People who were out at lunch time at college or day services had a packed lunch. The evening meal was the main meal of the day and staff supported people to sit down together for the evening meal. If the choice of the main meal on offer was not to an individual's liking an alternative meal would be made. People also went out for meals in the local area and enjoyed take away meals at home. A record was kept of each person's nutritional intake. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People's healthcare needs were met. Each person had a medical file entitled 'My Health Plan'. This included sections named 'The people who support me', - 'What you need to know about me', and 'What I need to keep me healthy'. These provided staff with details about people's medicines, diagnosis, contact details of family and of their GP, there was also guidance about how the person managed pain. There was information about what the person could do for themselves and areas where they needed support. We also saw people had a 'Hospital Passport' which contained important information should a person need to go to hospital. We noticed that although there was good information for hospital staff there was no information regarding the person's capacity to make decisions or who hospital staff should consult when making best interest decisions. The registered manager told us that if a person needed to go to hospital they would be accompanied by a member of staff so they were supported by someone they knew. This would help to ensure people received consistent, effective support.

Each person was registered with a local GP surgery and staff contacted the surgery if anyone had any health problems. Records showed that regular health checks were carried out. Appointments with other health care professionals were arranged through referrals from their GP. The registered manager told us staff accompanied people to any healthcare appointments. Staff completed a record after each appointment to show the outcome of the visit together with any treatment or medicines prescribed. This meant people's health needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

## Is the service caring?

### Our findings

People were happy with the care and support they received. People were observed to be well looked after and staff were kind and caring when providing support. Relatives said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member. One relative said "I cannot praise the staff highly enough.

Staff took time to explain to people what they were doing and communicated with them in a way that people could understand. Staff used people's preferred form of address, showing them kindness, patience and respect. Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always engage with them and check if they needed any support. One member of staff told us, "I have worked in a number of different homes but this is the best. I really enjoy working with everyone, it's really rewarding work".

We observed staff chatting and engaging with people and taking the time to listen to them. For example when staff took a break they would sit down with people and have a cup of team with them. Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed positive interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately. People were confident and comfortable with the staff who supported them.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and staff communication book which were confidential documents and staff could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered. Records of these meetings were placed in daily care notes.

People's individual needs were met by the adaptation, design and decoration of the service. Bathrooms had been adapted to meet people's individual needs. People's rooms were decorated in their favourite colours and were personalised, with photos and posters on display. There were also photographs around the home of holidays, social gatherings and outings people had enjoyed.

## Is the service responsive?

### Our findings

People were well looked after. People told us they liked living at Brooklands Care Limited. Relatives said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. One relative said "The staff are very good, they always let me know how they are". Relatives were aware of the homes complaints procedure and said if they were confident that any complaints would be dealt with speedily by the registered manager.

People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file. The registered manager told us that people kept up to date with relatives via regular weekly visits or phone calls.

Before anyone moved into the home people's care needs were assessed. Each person's care plan contained an assessment of their needs and detailed how the person wanted to be supported. Staff were given appropriate information about the support and care needs of people. Care plans contained a 'Pen Picture' of the person and this contained information about the person before they moved into the home.

Care plans were personalised and were person centred, meaning the needs and preferences of people were central to their care and support plans. This enabled staff to deliver care they way people wanted and care was not task led. Care plans had information such as: 'Things that are important to me', 'What people who know me, say about me', 'Things I like and dislike' and 'How best to support me when I need help'. These plans went on to give staff the information they needed to provide support to people. For example each care plan stated 'To support me you need to know this about me', 'Why I need Support, 'This is what I can do for myself' and 'This is how I want you to help me'. The plan provided information for staff so they knew what the person wanted help with and how they wanted this help to be provided. For example one care plan explained that the person would run their own bath each morning and staff were to ensure the water temperature was suitable. The person would then get in the bath and wash themselves with staff offering encouragement and to assist with washing their hair and back, explaining to the person what they were doing at each stage. This meant care plans enabled people to receive the support they needed but also enabled them to do as much as possible for themselves.

Each person had a one to one meeting with their key worker each month. A key worker is a person who has responsibility for working with individuals so they could build up a relationship with them. This helped to support them in their day to day lives and give reassurance to feel safe and cared for. This meeting enabled staff to review care plans and to find out if people's needs were being met. However there was no evaluation of how the care plan was working for the individual so it was not clear if any changes were required. The registered manager told us changes to care plans were being made and that future reviews would give clearer information on any changes that may be required.

Staff recorded what support people had received each day. Each member of staff had a hand held device where they recorded what support had been given to people as soon as it was provided. This meant that

records were always up to date and staff could look back at anyone's care records and see what support they had been given and at what time. Staff told us the system was particularly useful because some people had set routines and certain things needed to take place at the same time each day. The recording system meant that staff could see if people were appropriately supported and things did not get missed. The registered manager said it was a great tool for her and the deputy managers as they could see what support people had received throughout the day and when this was given. Records showed how the person had been during the day and night and included information about any additional care people had been given or was needed. These reports provided evidence of care delivery and how people had been supported.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated on any information they needed to be aware of and information was also recorded on people's care notes. This ensured staff provided care that reflected people's current needs.

Due to the nature of people's learning disability staff communicated and responded to people in different ways. We observed that the way staff interacted with different people was in line with their care plan. This meant that staff provided consistent support to people and this helped to avoid any confusion and enabled people and staff to understand each other. Staff said that people could express their wishes and preferences and these would always be respected. One staff member said "We all work together and know what support people need. We always talk with people and explain as much as possible what we are doing and why". Staff said if a person refused support at a particular time they would respect their decision and go back later and offer the support again. They said although some people did not use verbal communication all the staff knew people well and were able to understand people's body language. This enabled staff to recognise signs if people were becoming frustrated. If necessary staff could then intervene and use distraction techniques to help keep people calm and relaxed.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs. A social services care manager told us. 'The person I represent is encouraged to be more independent and their skills have improved over the time they have been living at the service.

Activities were organised for everyone, according to their preferences and there were a range of activities provided for people. Each person had a weekly schedule in their care plans and this ensured that people kept to a regular routine which was important for people. On the day of our visit one person was at a local day service and another was attending college. Due to the pleasant weather staff asked people what they wanted to do and the three people who were at the home decided they would like to go out to a local country park for a picnic. Staff supported them to do this. The routine for a typical day allowed time for each person to participate in activities of their own choice. Activities included: Swimming, bowling, shopping, arts and crafts, trips to the pub, visiting the local area, walks, trips to the theatre, TV, DVD's and trips to the cinema. People went on holiday each year and staff provided support. Last year one person went to Spain with their parents and a staff member went along as well to provide additional support. In recent years people have been on holiday to New York, Spain, Butlins and Devon. . A record of activities that people took part in were recorded in people's daily record, this helped staff to monitor the activities that people enjoyed.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or with the registered manager.

Any issues could then be dealt with promptly and appropriately in line with the provider's complaints policy. The registered manager said that normal day to day issues were dealt with straight away. The registered manager had a complaints file and we saw that there had been no complaints received since the last inspection of the service. Staff told us they would support anyone to make a complaint if they so wished. Relatives were aware of how to make a complaint.

## Is the service well-led?

### Our findings

Relatives confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said "The manager is easy to talk to and always keeps me up to date with any issues regarding my relative and I can speak to them on the phone or meet with them whenever I want". Another relative said "I have a good relationship with the manager she always keeps me informed with any updates".

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The registered manager said she would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager and deputy managers were approachable and had good communication skills and that they worked well with them. A social services care manager told us 'My client has a good relationship with the manager and anything I have asked of the manager she has done'.

The registered manager was able to demonstrate good management and leadership. She said that she and her deputy managers regularly worked alongside staff to observe them carrying out their roles. It enabled them to identify good practice or areas that may need to be improved.

All new staff were given a staff handbook, this gave them details about the provider's policies and procedure and gave staff information about their role. This meant that staff knew what was expected of them.

The registered manager showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date. She said she attended all the training undertaken by staff. She regularly monitored professional websites to keep herself up to date with best practice. If appropriate she would pass on information to staff so that they, in turn, increased their knowledge.

Staff told us they attended staff meetings three or four times a year and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that although these meetings enabled them to express their views and to share any concerns or ideas about improving the service they did not have to wait for a staff meeting. Staff said they regularly worked with the registered manager and deputy managers and they could discuss issues at any time.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that



took place included; food hygiene, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints. The provider was a regular visitor to the home regularly met with the registered manager to discuss and issues. The registered manager said the provider was very approachable and supported her to carry out her role. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

Quality assurance surveys were sent to people, relatives, outside professionals and staff annually. We saw completed surveys that were sent out last year. These were all positive and did not identify areas for improvement. Comments were received from relatives of all the people living at Brooklands Care Limited who were happy with the service provided. Comments included "This is an excellent home; my son is very happy living at Brooklands Care Limited". And "We are very pleased with the support provided by Brooklands Care Limited.

Records were kept securely. All care records for people were held in individual files which were stored in the homes office. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.