Tamaris (Ram) Limited

Bracknell Care Home

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

This inspection took place on 20, 21 and 22 June 2016 and was unannounced. We last inspected the service in September 2014. At that inspection we found the service was compliant with the essential standards we inspected.

Bracknell Care Home is a care home with nursing that provides a service to up to 30 older people, some of whom may be living with dementia. The accommodation is arranged over two floors, with all rooms having ensuite toilet facilities and some also having an ensuite shower or bathroom. At the time of our inspection there were 26 people living at the service.

The service had a registered manager as required. A registered manager is a person who has registered with the 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 2008 and associated regulations about how the service is run. The registered manager was present and assisted us during this inspection.

For the past year the registered manager and staff had focussed on improving individual people's wellbeing. This had involved working with the person and those important to them to improve all aspects of their life as far as possible. The methods the registered manager and staff had used were frequently innovative and imaginative. The project had led to people engaging in work and activities important to them that utilised their skills and enhanced their life experiences. This had produced very positive results and led to a significant reduction in social isolation and people feeling valued and useful.

Staff were extremely skilled in supporting people to maintain relationships with their family and friends. In some cases the staff had been able to reunite people with family members they had lost touch with. In others, people had been helped to repair a damaged relationship with a family member.

End of life care was exceptional. Staff were skilled, caring and compassionate, delivering care that was extremely personalised and built on people's known wishes. People and their relatives were given strong support when discussing and making decisions about their preferences for their end of life care. Records showed staff went out of their way to ensure those wishes and preferences were respected and fulfilled.

People felt safe living at the service and were protected from abuse and risks relating to their care and welfare.

People were protected by robust recruitment processes and staff were well trained and supervised. Staff had the tools they needed to do their work and provide high quality care. Staff knew how to recognise the signs of abuse and were aware of actions to take if they felt people were at risk. People's medicines were stored and administered safely.

People received effective care and support from staff who knew them well and were well supervised. Staff training was up to date and staff felt they received the training they needed to carry out their work safely and effectively. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans formally reviewed six monthly or as changes occurred.

People received effective health care and support. They saw their GP and other health professionals when needed. Medicines were stored and handled correctly and safely. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Meals were nutritious and varied. People told us they enjoyed the meals at the home and confirmed they were given choices.

People were treated with care and kindness. During our inspection the atmosphere at the service was calm and happy and people were chatting and laughing with each other and the care staff. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity.

People had access to a busy activity schedule and planned trips 3-4 times a year. Outings also took place with some people going to the local pub and amenities when staff were available.

People and their relatives were aware of how to make a complaint and told us they would speak to the registered manager or one of the staff. They told us they could approach management and staff with any concerns and felt the management would listen and take action. They benefitted from living at a service that had an open and friendly culture and from a staff team that were happy in their work.

The registered manager had worked with the provider in improving the environment for those living at the home with dementia. Changes had been made to make the premises more dementia friendly, helping to encourage and promote people's independence and sense of wellbeing. People were mostly protected against environmental risks to their safety. Premises risk assessments and health and safety audits were carried out and issues identified usually dealt with quickly. However, we identified some issues relating to valves on hot water taps that were designed to prevent scalding. When pointed out by us, the registered manager took prompt action and within five days of our inspection the work on the valves had been completed, with them all in good working order. Furniture and fixtures were of good quality and well maintained.

People, visitors and health and social care professionals felt the home was managed well and provided a comfortable, calm and homely atmosphere. Staff told us the management was open with them and communicated what was happening at the service and with the people living there.

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 a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Robust recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications when applicable.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met. The premises were bright and homely. Improvements had been made to the environment so that it was more dementia friendly and enabled people to find their way around the building more easily.

Is the service caring?

Good

The service was caring. People benefitted from a staff team that was caring and respectful.

End of life care was exceptional with all staff and external

professionals working closely together to ensure a person's last days were pain free, comfortable and dignified. People received individualised care from staff who were caring, compassionate and understanding of their stated wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to live as full a life as possible, maintaining their independence where they could.

Is the service responsive?

Good

The service was responsive. People received care and support that was personalised to meet their individual needs. The service provided was continually reviewed and improved in response to people's changing needs.

The registered manager and staff had used innovative and imaginative ways to enhance and improve people's wellbeing. They helped people maintain relationships with those important to them and went out of their way to help people repair and develop positive relationships with family members.

People were able to enjoy a number of activities, based on their known likes and preferences. People knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Good

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff were happy working at the service and we saw there was a good team spirit. They felt supported by the management and felt the training and support they received helped them to do their job well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Bracknell 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.

The inspection took place on 20, 21 and 22 June 2016 and was unannounced. The inspector was assisted by a specialist advisor, with a nursing background in working with people with dementia and those receiving end of life care, 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports, the provider's statement of purpose for the service, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 16 people who use the service, five of them in private, and three relatives. We spoke with the registered manager, two registered nurses and six care workers. We also spoke with the chef, a kitchen assistant, the administrator and the maintenance person. We observed interactions between people who use the service and staff during the three days of our inspection. We spent time observing activities and lunch in the dining room. As part of the inspection we requested feedback from 12 healthcare professionals and seven social care professionals. We received feedback from three healthcare professionals and one social care professional.

We looked at four people's care plans, monitoring records and medication sheets, four staff recruitment files, staff training records and the staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, the electrical equipment safety check log, the legionella risk assessment, the fire risk assessment,

pressure mattress checks and the complaints and incidents records.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse. They knew what actions to take if they felt people were at risk and were aware of the local safeguarding procedure. Staff told us they would report to their manager, in line with the provider's policy, and were confident safeguarding concerns would be taken seriously by the management. One social care professional told us, "The residents are protected from abuse and harm and the home has raised safeguarding [alerts] accordingly to look into any incidents of alleged abuse or abuse."

Staff were aware of the provider's whistle blowing procedure and who to talk with if they had concerns. All said they would be comfortable to report concerns and felt they would be supported by the management if they did so. People felt safe living at the service. One person told us, "I was at risk at home. I came here and feel very safe now." Another person told us they felt very safe and added, "They are very kind. I have nothing to be afraid of. This is the next best thing to home."

People were protected from risks relating to their care and welfare. Care plans included in-depth risk assessments related to all areas of their care and support. Guidance to staff on risk areas within the care plans was good. Where indicated, the risk reduction measures incorporated guidance from health care professionals. For example, GPs, consultants, community nurses, tissue viability nurses, specialist nurses and the end of life care team. Health and social care professionals felt the service, and risks to individuals, were managed so that people were protected. One social care professional told us, "The home is proactive in forming working practises that are preventative. They also work well with social services to resolve any issues."

People were protected against environmental risks to their safety and welfare. Staff monitored general environmental risks, such as hot water temperatures, fire exits and slip and trip hazards as they went about their work. Appropriate measures were in place regarding infection control. The provider monitored other risks and we saw an up to date portable electrical equipment safety test log, fire risk assessment and legionella risk assessment review. The valves on the hot water system, designed to protect people from the risk of scalding, had been checked in December 2015 to make sure they were functioning properly. However, the audit sheet showed a number of issues. For example, some valves were not accessible for testing, others were recorded as not working or needing replacement. Although the identified issues had been recorded, no action had been taken by the maintenance staff and the registered manager was unaware there were concerns. This was discussed with the manager. Five days after the inspection we were notified by the registered manager that all remedial work had been completed and all valves were accessible, had been tested and were working properly. Any valves not functioning correctly had been repaired or replaced. Other household equipment and furniture was seen to be in good condition and well maintained. Emergency plans were in place, for example, evacuation plans in case of emergencies.

There were sufficient numbers of staff deployed to ensure people's needs were met. The care staff team included the registered manager, the deputy manager, five registered nurses and 15 care workers. Additional staff included one administrator, one activity coordinator, one housekeeper, one maintenance

person, one laundry assistant and three domestic staff. Catering staff included three chefs and catering assistants. Care staffing levels at the time of our inspection were one registered nurse and five care staff during the 8am to 2pm shift and one registered nurse and four care staff from 2pm to 8pm. The manager explained that additional staff would be rostered depending on activities that were happening on any specific day. Overnight there was one registered nurse and two care staff on duty, with a member of the management team on call if needed. Staff we spoke with said there were usually enough staff for them to do their job safely and efficiently.

During our observations in the dining room at lunchtime there were ample staff available to assist people eating their meal, where needed. There were also sufficient staff available at other times. Care staff were cheerful and supportive and demonstrated good caring attitudes as they went about their work. Call bells were answered quickly and staff had time to sit and chat with people as well as providing their care. People and their relatives confirmed staff were available when they needed them. One person said, "I have a call bell in my room, which they are quick to answer."

Accidents and incidents were reported to and investigated by the registered manager. Records were clear and included actions taken to reduce the risk of recurrence.

People were protected by robust recruitment processes. Staff files included all recruitment information required in the regulations. For example, full employment histories, proof of identity, criminal record checks, and evidence of their conduct in previous employments. This ensured, as far as possible, that people were protected from staff, who were not suitable, being employed.

People's medicines were stored and administered safely. Only registered nurses administered medicines and they had their competence checked at least annually by the registered manager. Care staff sometimes applied prescribed creams and lotions, after training, under the supervision of the registered nurses. We accompanied the registered nurse on the lunch time medicine round. Medication administration record sheets were properly completed and up to date. The medicines room and medicines fridge temperatures were correct and properly recorded. Medicines storage facilities were good and the controlled medicine was stored and managed correctly. All polices were up to date. The week before our inspection the provider had carried out a medicines audit. This had included checks of procedures, practices, storage, ordering, receiving and disposal of medicines. Medicines related paperwork was checked as well as care plans to make sure there were plans in place for the use of specific medicines. The registered manager was working on an action plan based on the results, with the majority of the remedial work already completed. One of the actions required was that staff should record when they offered pain medication, even if it was refused. We saw in the records that staff had been doing that, giving a better overall picture of pain management for individual people.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff knew what they were doing when they provided support. One person said they thought the staff knew what they were doing and added, "I feel confident with them." Relatives felt the staff had the training and skills they needed when looking after their family members. One relative told us, "We had a couple of episodes where the staff had to make a judgement call and they were correct, so yes [the staff have the skills and training they need]." Social care professionals felt the service provided effective care and supported people to maintain good health. One professional told us, "The size of home and consistency of staffing promotes a friendly atmosphere and individualised care and outcomes."

New staff were provided with induction training which followed the Skills for Care common induction standards. The provider had recently developed new induction based on the Skills for Care new care certificate, which came into effect in April 2015. The provider planned to have all staff, both new and established staff, work through the care certificate so that all staff were up to date with best practice in care delivery. With this aim in mind training courses had been developed for senior staff so they were suitably skilled in assessing and overseeing staff as they worked towards their care certificate.

Ongoing staff training was overseen by the registered manager, regional and head office staff. The provider had a number of mandatory training topics that staff had to have updated on a regular basis. For example, training in fire safety, moving and handling, first aid, food hygiene and safeguarding adults training. Other mandatory training included the Mental Capacity act 2005, infection control and equality and diversity. Additional training was provided relating to the specific needs of the people living at the service. For example, training in dementia care and pressure ulcer prevention. Training records showed staff were up to date with their training and refresher training was flagged to the manager on the computer system when updates were due. Practical competencies were assessed for topics such as administering medicines and moving and handling before staff were judged to be competent and allowed to carry out those tasks unsupervised. The registered manager had also introduced "Back to Basics" training with staff. This was where a small number of staff worked together in a group to refresh their understanding of the way basic care should be delivered. The training included practical sessions where staff may, for example, feed each other so they could understand what it was like to need and receive that level of care. Staff we spoke with felt they had the training they needed to deliver quality care and support to the people living at the service.

Aside from the registered nurses, some care staff had National Vocational Qualifications (NVQ) in care. Of the 15 care assistants, one held an NVQ level 2 and three held an NVQ level 3. A further two care assistants were enrolled on NVQ or equivalent courses in care.

People benefitted from staff who were well supervised. Staff told us regular one to one meetings (supervision) took place six times a year with their line manager. Each month the service had a "Theme of the month" for inclusion in supervision discussions. The themes included, dignity and privacy, promoting safety, the risk of choking, mental capacity and deprivation of liberty. Staff also confirmed they had yearly performance appraisals of their work carried out with the registered manager.

People told us staff always asked their consent to the care and treatment they received. One person told us, "They do explain themselves and ask for permission." Another person said, "They explain every step of the way and make sure that I am ok with it."

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA).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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the staff were working within the MCA and the requirements of the DoLS were being met. The registered manager had made appropriate DoLS applications to people's funding authorities (the supervisory body) as and when necessary to ensure people were not being deprived of their liberty unlawfully.

Since our last inspection the registered manager had worked with the provider in improving the environment for those living at the home with dementia. Changes had been made to make the premises more dementia friendly, helping to encourage and promote people's independence and sense of wellbeing. For example, contrasting colours had been introduced in hallways between handrails and the walls behind. This made it easier for people to see and use the handrail when walking down the hall, potentially reducing falls. Dementia signage was more visible around the home so people could identify and find different areas, such as the lounge, bathrooms and toilets.

People were able to choose their meals, which they planned with staff support. Every six months the service held a review of the menus, with people living at the home, and made changes to meal provision accordingly. We saw sometimes people made suggestions outside of the six monthly meetings and that those suggestions were taken into account and included in the menus where possible. There were always alternatives available on the day if people did not want what had been planned.

People were weighed monthly. Staff made referrals to the GP where there was a concern that someone was losing weight, or were putting on too much weight. Where nutrition was a concern, food and fluid intake was recorded and the care plans showed staff were working with dietitians and speech and language therapists where indicated. People told us they enjoyed the food at the service and we saw there were enough staff available to help them with meals where needed. One person told us, "The food is alright. Occasionally it's good, sometimes boring but Sundays are usually quite good. I understand you get a choice but I have never needed to change my meal once I have it." Another said, "The food is very good and I get a choice of two meals every day." During our inspection we spoke with eight people in the lounge, all told us they were enjoying their lunch and that the food was, "nice", "great", lovely" and "always good."

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. The service also worked closely with the local community mental health team. Health and social care professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One professional told us, "They involved the district nurses readily in assisting with one

patient's care. I witnessed good communication skills in this area."

Good

Is the service caring?

Our findings

People were treated with care and kindness. People confirmed staff were caring, knew how they liked things done and did them that way. Comments made by people when asked if staff were caring included, "They're very kind and caring. They're brilliant. They know how I like things done and they observe that.", "They do their job ok.", "They're very loving, very good indeed." and "They're brilliant! I'm very fond of them." One relative told us, "I think the staff here are very caring, very good. The sisters in charge are excellent. The staff do know how [Name] prefers things done and they do it that way." One health professional told us, "The staff involve each individual in care decisions, treating them with the utmost respect and in a caring compassionate manner." And another left feedback the week of the inspection saying they had experienced, "A very happy team, a lot of laughter when I was there."

End of life care was exceptionally person centred, with a strong focus on people's wishes and preferences in how they wanted their care and treatment provided at that time of their life. Each person had preliminary wishes for their end of life care recorded in their care plans and those wishes were built into a full care plan when the time came.

At the time of our inspection, no people were receiving end of life care. We looked at the care plan for someone who had recently died at the home. The end of life plan was detailed and well written. The care plan had been updated on a daily basis, visits from health and social care professionals involved in the care were well documented. Recommendations and changes to treatment had been incorporated into the care plan promptly so staff were able to keep up to date with the person's changing needs and care. Pain relief was managed well and frequent monitoring of pain and comfort levels were apparent in the records we saw, showing the person had remained as comfortable and pain free as possible. The staff had made sure referrals to the local end of life care team were made promptly with input and instructions from visits clearly recorded and followed. Guidance from a tissue viability nurse and pain management advice were clearly recorded and followed. Daily notes showed the treatment and care was successful in managing the person's pain and preventing any distress. One health professional told us, "I feel the staff provide excellent care for their residents, I have been impressed with the level of care given to the patient I have been involved with [the person receiving end of life care], the staff are quick to discuss concerns they may have and accept support that is given. My patient's dignity and privacy appeared to always be respected whilst I was present The staff involve each individual in care decisions, treating them with the utmost respect and in a caring compassionate manner."

For the past year the registered manager had focussed on improving people's wellbeing. Staff had been imaginative in working with people to improve and enhance their lives and wellbeing. Part of this ongoing process had been finding out any special things people wanted to do. For example, one person had expressed a wish to see the house and area where they had spent their early life but had never seen since. This had been arranged, and a trip to the house and area took place in December 2015. As well as seeing the house and area the person had been able to re-visit pastimes he had enjoyed as a child, such as feeding the ducks on the river. In their newsletter at the time it was reported that the person's memories came flooding back. He spoke about the things that had changed and things that were still the same as they travelled into

the town. He was overwhelmed by the experience – he was so thankful to be able to visit the place he was born on his birthday. Another person had a particular interest in birds of prey. The activity coordinator had arranged for an organisation to visit the home, in August 2015, with a selection of birds of prey and the person had been able to get close to, and stroke, an owl during the visit. Staff told us the person had been overwhelmed and so happy to finally meet an owl. The staff had worked hard and had been able to support and enable both these people to fulfil their long-standing wishes prior to them passing away. Photographs had been taken so that family and friends could have mementos of the occasions.

During our inspection the atmosphere at the service was calm and happy and the care staff were chatting and laughing with people. We saw at one point staff were carefully helping people to chairs in the lounge. There was one person being moved in their wheelchair in the lounge who had problems with their legs. The staff moved the person with the utmost care so that the person was not harmed or distressed in any way. We also saw staff were skilled in communicating with people, always using the person's known preferred way of communicating. We saw one member of staff lower themselves so they were on the same level as the person. They made sure they made eye contact with the person before engaging in conversation with them. The person was animated and engaged in conversation with the staff. Health and social care professionals told us they felt staff were successful in developing caring relationships with people living at the service. One professional commented, "The residents, from what I have seen, have developed positive and rewarding relationships with both the manager and the staff."

People were involved in the day to day life of the service and information was available so people knew what was happening. The notice board contained information for the day. For example, the day of the week and date and whether anyone had a birthday. People were also supported with their spiritual needs. Where they wished to, people were able to attend the church of their choice. Each week two people from the local church group attended the home and read bible stories to those interested. People could also attend a church service sometimes held at the home.

Staff knew the people well and care plans contained details about people's histories and personal preferences. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Staff were also quick to react if anyone was confused or anxious, by reassuring them and explaining what was happening or helping them do what they were trying to do. Staff were aware of people's abilities and their care plans highlighted what people were able to do for themselves. This ensured staff had the information they needed to encourage and support people's independence. People told us staff helped them to maintain their independence. One person commented, "They encourage me to do as much as I can for myself." And another said, "I wash my face and they do the rest as I can't get to it. I'm very happy with that."

People's wellbeing was protected and interactions observed between staff and people living at the service were respectful and friendly. When asked if the staff treated them with respect and preserved their dignity people confirmed they did. One person added, "Oh yes, they do, they really do." And another said, "Yes, they do treat me with respect." A relative commented, "They respect him and go out of their way to preserve his dignity." Health and social care professionals felt the service promoted and respected people's privacy and dignity. One professional added, "Yes. All residents are treated as individuals and have their rights protected."

People's right to confidentiality was protected. All personal records were kept securely. Visits from health and social care professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors. Staff never entered a room without asking permission from the room

owner.

Good

Is the service responsive?

Our findings

The focus of the registered manager and staff team on people's welfare and wellbeing had led to a significant increase in people's quality of life over the past year. This had involved working with the person and those important to them to improve all aspects of their life as far as possible. It had also involved supporting people to maintain, and in some cases repair, relationships with their family and friends. The methods the registered manager and staff had used were frequently innovative and imaginative.

For example, one person was a retired school teacher. The person was not able to mobilise independently and spent the majority of their time in their room. Although one to one time was provided, the person was not always able to engage in activities that were meaningful to them. As part of the wellbeing work a number of different activities were suggested and tried with limited success. Exploring all possibilities, and trying to utilise the person's skill's and long teaching experience, a project was developed where the person began working with overseas staff who are studying English, helping them develop their language skills. Talks were underway to further involve volunteers from local schools who may be able to help the person with this work. This ongoing project had reduced the person's isolation and helped them to maintain and use their teaching skills, while being instrumental in the growth and development of staff at the home. This had led to an improved feeling of self-worth and restored their feelings of being useful.

Another person, recently admitted to the home, had a history of social isolation and weight loss. The staff team encouraged and supported the person to join others in the lounge, introducing them to small groups and offering reassurance at the start. The person had responded to the excellent input from the skilled staff and within a few days of admission the person was spending their day in the lounge with other people, doing activities and joining others for lunch in the dining area. The person had been placed on a fortified diet and was feeding themselves and enjoying their meals. The person's relative reported to the registered manager that her family member had, "changed so much in the last few days" she was surprised to see her looking so well and engaging [with others]. The registered manager reported to us that the person had said to her relative that she, "likes it here, please do not move me."

In May 2015 another person had been admitted from another care home. They had a history of weight loss and were underweight. They also had a deep pressure sore on their heel and were confined to being nursed in bed, which had led to social isolation. Following advice and input from various external health professionals the wound had healed within three months and the person had put on weight, being within normal limits for their height at the time of our inspection. This had led to a vastly improved lifestyle and sense of wellbeing. The person was no longer in pain and they were able to get out of bed each day and started to join in activities. As part of the wellbeing project the staff worked on a way the person could spend more quality time with one of their children. It was established that they both enjoyed cooking and a cooking club was re-arranged to a day where both were able to attend. The club was a success with mother and daughter cooking together once a week and people at the home enjoying their produce. The person told us they were happy at the home and said, "I am enjoying my time here. I came here because I wanted to. It is much better than my previous experience. I take part in the activities as far as I am able. They take me to the lounge so I can have a chin wag with the others."

One person had become estranged from their parent and had lost touch a number of years previously. The home found that the person's parent was living at a care home in another area of Berkshire and they were able to reunite. Monthly meetings were arranged and were taking place with support and assistance from staff at both homes. The person had a number of photographs we saw that showed them smiling and happy together at their reunion and we were told they continue to enjoy the monthly visits.

One person told the registered manager they were bored and did not like joining in the activities. They asked if they could be involved in the running of the home and help with the home's administration. At the time of our inspection the person had become involved in office work related to the running the home. This involved different tasks including: labelling envelopes, menus and the weekly activity planner; working with the chef reviewing the menus and quality tasting meals before they were served, feeding back to the chef as required. The person had work to do every day and, in December 2015, started to join staff meetings as part of the team. The registered manager told us the person's relative had thanked them for valuing their mother and keeping them busy with work. The person felt valued and useful and no longer bored.

The relative of a person living with dementia at the home was having some difficulty coming to terms with the changes in their relative and did not have much knowledge about dementia. The registered manager had managed to arrange for the relative to attend a local certificated training course on dementia with a member of staff, even though the course was only available to staff. The person enjoyed the course and their relationship with their spouse has improved, with the couple much more relaxed and comfortable together.

Other examples of the great success of the wellbeing project included a relative attending the home weekly, singing karaoke. On the day of our inspection we saw the relative and their family member singing together to entertain others at the home. It was obvious this activity was helping cement and maintain their relationship. Another person had previously sung in public and had been supported to join and perform with a local band. All staff became involved in the wellbeing project, including the maintenance person and catering staff. One person enjoyed regular snooker games with two members of the staff. Another enjoyed going to the local pub regularly with a member of staff for company. One person told us, "We do have regular activities and are encouraged to take part. We do things that we are able to if we want. When we are together we have a good old chat." During the inspection we saw that people were involved and positively engaged with each other and staff. It was obvious they were enjoying their lifestyle at the home and were engaged in activities that were meaningful to them.

People received support that was individualised to their personal preferences and needs. Care was planned and delivered in an extremely person-centred way. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Each care plan was based on a full assessment of needs and people told us they were involved in developing their care plans. There was clear evidence in the care plans of pre-admission assessments, carried out by senior staff, to ensure the home could meet the person's needs. The care plans showed that people, their relatives and health and social care professionals had been involved in the process prior to a person moving to the home.

The care plans showed people were fully involved and consulted in their ongoing care and treatment and the monthly and other reviews that took place. Reviews and assessment updates were accurately recorded. External health care professionals were involved as needed and their involvement fully documented. People's needs, wants and wishes were recorded and appropriate activities were in place, including cultural, religious and spiritual support as required. Equipment was in place, serviced and well maintained to meet specialist needs. During our discussion with the nurse in charge on one day it was clear the people and their relatives were at the centre of decision making. The daily reporting information from all staff was up to date and fully reflected the care given. A health care professional told us, "I was impressed with the standard of

care given to my patient and noted it was tailored to meet her individual needs. I witnessed her [the registered manager] supporting a member of staff whilst we were addressing symptom control issues, working collaboratively enabled them to provide care of a high quality. My patient was always treated as an individual with unique needs."

Other people kept busy with pre-arranged activities and decided what they wanted to do, either inside the home or outside in the community. They were also able to try out new activities when identified. People were involved in the local community and visited local pubs and other venues. Trips were organised and we saw photographs of people out on trips and enjoying what they were doing. The service had access to a vehicle when needed.

To increase local community involvement, the home had started working with the local Age Concern. In 2015, five older people living in the local community had spent Christmas at the home joining the people living there for the festivities for the day. The home was expecting the same five people to join them for their summer barbeque later this year. This gave people new visitors to talk with and share experiences with, as well as benefitting the visitors and increasing the involvement of the service and people living there with the local community.

People knew what to do and who they would talk to if they had any concerns. Relatives we spoke with knew what to do if they had concerns and were sure they would be listened to and taken seriously if the situation arose. We looked at the compliments folder and found a number of letters and cards thanking staff for the work they were doing and expressing their appreciation for help received and support given to their family member. One person told us, "I know who to speak with but I don't have any complaints." And another said, "I've nothing to complain about and don't really expect to have to at any time."

Health and social care professionals said the service provided personalised care that was responsive to people's needs. One professional told us, "In my opinion the home has endeavoured to do all they can to retain an individual at Bracknell Care Home and get more assistance to meet their needs before any more restrictive measures are put in place." Another professional commented they were, "always welcomed at the home and have a good professional relationship with the home staff. They have no hesitation in referring for help or advice. The home staff are coping exceptionally well with a very complex patient need."

Good

Is the service well-led?

Our findings

People benefitted from living at a service that had an open and friendly culture and from a staff team that were happy in their work. Staff told us they enjoyed working at the service. People felt staff were happy and that they got on well with each other. One person said, "They always appear cheerful. I feel that they do have good relationships with each other and the management." they added, "There's a very good atmosphere here, happy. I'm very contented here I have to say I'm very happy." Another person told us, "They're very busy so quite rushed at times but they're very friendly as well. I have heard the odd bit of bickering between them but it tends to be out of the way, in another room. The atmosphere here is very good I'd have to say." and another person commented, "The staff are very jolly here and very happy. They never argue with each other, not in public anyway. The atmosphere here is very good indeed."

Staff told us managers were open with them and with the people living there and communicated what was happening at the service. Staff felt they had the tools and training they needed to do their jobs properly and fulfil their duties and responsibilities. Staff told us they got on well together and that management worked with them as a team. Comments received from staff were positive and included, "I enjoy my work. The staff are good, the management are outstanding.", "The manager is very good to me." and "We are like family."

Various meetings were held in order to share information and enable people who use the service, their relatives and staff to be involved in what happened at the home. Those meetings included: four monthly residents and relatives meetings, four monthly staff meetings and daily handover meetings. We sampled the minutes and saw the meetings were well documented and included actions to be taken. Other meetings included: 6 monthly menu review meetings and 'flash meetings'. Flash meetings were held at the service daily between Monday and Friday. They involved the care staff and domestic staff and helped them keep up to date with what was happening with people who use the service and what was happening at the service overall. Those meetings sometimes included a quick review of a topic to refresh staff knowledge. For example, the Mental Capacity Act 2005. Staff told us they felt management listened to them and acted on what they said and that they were asked their opinion on ideas for improvement at the service.

The home had introduced a new feedback system, rather than carrying out a yearly survey. The system was computerised with an easy to use touch screen available in the entrance hall and also a portable hand held tablet computer that connected to the system wirelessly. People who use the service, their, relatives and visiting health and social care professionals were encouraged to give feedback whenever they visited. Any negative results were then passed to the registered manager to deal with immediately. Positive feedback was noted and went towards a continuous feedback oversight of the service. The registered manager showed us the reports and action taken following any negative feedback comments. These showed that prompt action was taken to investigate and deal with any concerns people, their relatives or visiting professionals may have had. We saw some comments that had been left by visiting professionals during May and June 2016. Those comments included, "Very good home. Manager very helpful." and "Very good home. Very helpful staff."

People's files were fully up to date, including monthly reviews. All included pre-admission information, life

plans, consents to care and regular updates. The approach taken for daily professional notes, where all staff and professionals recorded in the same place, enabled readers to obtain a very clear view of the service the person received. We discussed with the registered manager that care assistant's notes were mostly task oriented and not particularly person centred. The registered manager was aware of this and was actively working towards improving staff skills in that area.

The home had incorporated a "Resident of the Day" audit into the quality assurance system. Each day a resident was chosen and staff would work with them to get and record their feedback on how things were going for them at the home. Staff would then review all care documentation, involving the person as much as possible, and make sure everything was up to date and accurate. As part of the system staff also checked that all care needs identified by assessments were being met and risk assessments, where relevant, were in place and up to date. The management's audit approach was positive and inclusive of people who use the service, their relatives and the staff group. This enabled the service to monitor and measure the quality of care.

The provider had a number of other quality assurance and health and safety audits in place. The on-site maintenance team dealt with those related to the premises, utilities and equipment. The registered manager, deputy manager and registered nurses monitored care plans and related documentation. The registered manager and deputy also oversaw staff supervision and annual staff appraisals and staff training. Food safety and kitchen checks were carried out by the chef and kitchen staff. The home was awarded a food hygiene rating of 5 (very good) by Bracknell Forest Council on 17 May 2016.

We looked at the provider's statement of purpose, and their website, and found both were inaccurate in relation to staff qualifications at the service. We pointed this out to the registered manager and the website and statement of purpose were corrected shortly after the inspection.

The service had a registered manager in place and all other registration requirements were met. The registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

Health and social care professionals said the service demonstrated good management and leadership and worked in partnership with other agencies. Comments received from professionals included, "The manager always appeared to know everything about the service and was up to date with all the individual's care needs.", "The manager demonstrates good management and leadership skills. She is effective and open to suggestions." and, "I was involved recently with a patient at end of life stages, the Manager was very caring and led by example, ensuring her staff had the requisite skills to provide the care needed."