

Opus Care Limited

# Brabourne Care Centre

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 4 and 5 July 2018 and was unannounced.

Brabourne Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Brabourne Care Centre is registered to provide accommodation, nursing and personal care for up to 82 older people. There were 72 people using the service during our inspection, 15 people were using the service for a short stay.

The service has three units over three floors: Edinburgh and Maxwell on the ground floor has capacity for 30 people; Eastwell and Ramsey, on the first floor has capacity for 29 people; and Mountbatten on the second floor has capacity for 23 people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in April 2017, the service was rated 'Requires Improvement', with three breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued requirement notices relating to safe care and treatment, person centred care and good governance. We asked the provider to take action and they sent us an action plan. The provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found improvements had been made, and the previous breaches had been met.

At our previous inspection we found that there was not sufficient, clear guidance for staff to follow when supporting people with catheter care, health conditions such as epilepsy and people's personal emergency evacuation plans (PEEPs) did not contain the necessary level of detail to ensure staff were able to assist people to leave the service safely in the event of a fire. At this inspection we found that overall these issues had been addressed and improvements had been made. PEEPs for most people had been reviewed and contained clear guidance on how staff should support people to leave in an emergency. We found that PEEP's for some people who were staying for a short period of time did not always contain sufficient clear guidance. We discussed this with the registered manager, who told us they would ensure these were all reviewed. This is an area for ongoing improvement.

At our last inspection people's care records did not consistently reflect the care they were receiving. At this inspection, improvements had been made. People's care plans had been reviewed and now contained clear, specific guidance for staff. They also contained more person-centred detail. They contained clear information regarding how to support people with specific tasks, such as washing or showering and how

they liked to be supported to go to bed.

At the previous inspection audits designed to measure the quality and safety of the service were not sufficiently robust. At this inspection we found improvements had been made. The registered manager told us they had begun to document the audits they completed. We reviewed audits of medication, PEEPs, and moving and handling assessments.

Medicines were managed safely and there were enough nurses and care staff on duty. Suitable provision had been made to prevent and control infection. Lessons had been learned when things had gone wrong. Equipment and the premises received regular checks and servicing to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

There were suitable arrangements for managing complaints and provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death. Staff worked well together and ensured that clear communication between themselves and external health professionals took place; for example, with care managers, commissioner GP's and district nurses.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities. Staff knew people and their support needs well. Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. People were given emotional support when it was needed and they had been supported to be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Confidential information was kept private.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet. There was mixed feedback about the food people were offered, we made a recommendation about this. People received care that achieved effective outcomes in line with national guidance. Appropriate arrangements had been made to help people receive coordinated care when they moved between different services. People had been supported to access healthcare services when necessary. Suitable arrangements had been made to obtain people's consent to the care and treatment they received. The accommodation was adapted, designed and decorated to meet people's needs and expectations.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements. Accidents and incidents were monitored and

reviewed. Actions were taken to reduce the risk of reoccurrence. Staff told us that the service was well led and that they felt supported by the manager to make sure they could support and care for people safely and effectively. Staff said they could go to the manager at any time and they would be listened to.

## 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.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

There were enough staff to keep people safe. Staff were recruited safely.

Accidents and incidents were documented and were analysed to look at ways of reducing the chance of them happening again.

Risks to people were assessed and managed to ensure their health and safety.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

### Is the service effective?

Good ●

The service was effective.

Staff understood the importance of gaining consent and giving people choice.

Staff received training and support to enable them to carry out their roles effectively.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

People were provided with a range of nutritious foods and drinks.

The premises were designed, adapted and decorated to meet people's needs and wishes.

### Is the service caring?

Good ●

The service was caring.

Staff took the time needed to communicate with people and included people in conversations.

Staff spoke with people in a caring, dignified and compassionate way.

Staff supported people to maintain contact with their family.

People were treated with kindness, respect and dignity.

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

**Good** ●

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences.

People were supported to take part in activities and events.

There was a complaints system and people knew how to complain.

People were supported at the end of their life to have a comfortable, dignified and pain-free death.

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

**Good** ●

The service was well-led.

There was a registered manager in post, they understood their regulatory responsibility and had submitted statutory notifications as needed.

People, their relatives and staff were positive about the leadership at the service. Staff felt supported by the management.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

# Brabourne Care Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 5 July 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor and an expert-by-experience. The specialist advisor was an experienced nurse and the expert-by-experience had personal understanding of older people and those living with dementia.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with 17 people who lived at Brabourne Care Centre and observed their care, including the lunchtime meal, medicine administration and some activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people's relatives throughout both days. We inspected the environment, including communal areas, bathrooms and some people's bedrooms. We spoke with five nurses, four care staff, the cook, the activities co-ordinator, the home co-ordinating manager and the registered manager.

During the inspection we reviewed 12 people's care plans and associated records. We also looked at other records, these included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

We displayed posters in the communal areas of the service inviting feedback from people and relatives. Following this inspection visit, we received feedback from another two people's relatives.



# Is the service safe?

## Our findings

People told us they were safe and happy living at Brabourne care centre. Comments included, "I have my red bell here and I am able to reach it at all times, so that does make me feel safe knowing that there will someone to come to me if I need them"; "I have this button to press, so that also makes me feel safe and not alone anymore"; "I simply could not cope at home, so I needed somewhere where I'd feel safe and I do here as I have everything I need right here in my own room and help at the end of a bell."

At our last inspection we found that staff did not have sufficient guidance to support them with providing safe care and treatment, this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Guidance for staff to follow when supporting people with catheter care, health conditions such as epilepsy and people's personal emergency evacuation plans (PEEPs) did not contain the necessary level of detail to ensure staff were able to assist people to leave the service safely in the event of a fire. At this inspection we found that overall these issues had been addressed and improvements had been made.

PEEPs for most people had been reviewed and contained clear guidance on how staff should support people to leave in an emergency. We found that PEEP's for some people who were staying for a short period of time did not always contain sufficient clear guidance. We discussed this with the registered manager, who told us they would ensure these were all reviewed. This is an area for ongoing improvement, we will review this at our next inspection.

Risks to people had been identified and assessed. There was guidance for staff regarding how to support people who were living with potentially unstable healthcare conditions such as diabetes or epilepsy and supporting people with catheter care. For example, when people were living with diabetes there was information for staff regarding signs if people's blood sugar levels were too high or too low and what action they should take. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date. People were protected from the risk of financial abuse. There were clear systems in place and these were regularly audited.

There were systems in place to ensure medicines were managed safely. People received their medicines when they needed them and in the way they preferred. There were policies and procedures in place; the registered manager told us they were in the process of reviewing these to ensure they met with national best practice guidance. Medicines were stored securely, properly labelled, prescribed to individuals and in-date. Stock was managed well so that people were not left without medicines they needed. Medicine records were completed fully and accurately and contained photos to help staff ensure the right person received their medicines. Some people had 'as and when required' (PRN) medicines; there were directions in place which helped ensure people were regularly offered pain relief or laxatives, with proper time gaps between doses.

Medicine audits were completed by senior staff; we saw records of the checks that had taken place. Competency checks were completed for staff responsible for administering medicines. Staff we spoke with

knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines. One person told us, "my medication is all organised for me and brought to me twice a day."

At our last inspection staff recruitment files showed that the required checks were not always fully completed. At this inspection we found that improvements had been made and a recruitment checklist had been introduced. Files contained the required checks such as suitable references, identity checks, Disclosure and Barring Service (DBS) background checks and employment histories. DBS checks help employers to make safer recruitment decisions. All nursing staff had been checked to ensure that they had a current and valid registration with the Nursing and Midwifery Council.

We reviewed staffing rotas for the four weeks prior to our inspection and found that levels matched those that we had been told about. During the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. The registered manager told us that the minimum staffing levels were set by the registered provider and that they did not use a dependency tool to assess levels, however they explained that the rotas were flexible, for example, when needed they would arrange for an extra member of staff if people's needs changed.

Staff told us they were able to tell management if people's needs changed and they would respond accordingly. During the inspection staff were very busy but told us they felt staffing levels were sufficient. People also felt staffing levels were okay, comments included, "I have everything I need right here in my own room and help at the end of a bell – they usually come quite quickly"; "I can call staff when I need someone and they come and help me." A relative commented, "We never have any trouble getting help to the room."

Safeguarding and whistleblowing policies and procedures remained in place for staff to follow and staff had received training. They were able to tell us how they would recognise and respond to abuse, one member of staff told us, "We do safeguarding training. It is there to protect people. Physically wise, I would look for unusual bruising. A client could be really talkative one day, then quiet the next day. People may not want to get up one day, we would look for changes in their attitude. I would report that to the nurse in charge. We have always been told we could go to the manager or a nurse on another floor."

Staff were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. People told us they felt safe, comments included "I am safe here because I can't get myself about and I get all the help I need when I ask for it"; "I couldn't cope at home, things just became too difficult and worrying for me to be on my own, so I am much better off here and feel much safer." A relative commented, "I just couldn't give the care and attention she needs now. She needs constant monitoring and watching, and she gets that here which is far safer for her and means we can just enjoy my visits." The manager told us they had a good working relationship with the local safeguarding team and could discuss with them any concerns they may have.

The premises were clean and well maintained. There were records to show that checks took place to help ensure the safety of people, staff and visitors. Personal protective equipment such as gloves and aprons were available for staff. Appropriate hand wash facilities were available with soap and hand towels. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Portable electrical appliances and firefighting equipment were properly maintained and tested. Health and safety audits were completed and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe

and suitably maintained environment. Staff told us everything was in working order. The business continuity plan detailed the steps staff should take in order to keep people safe in the event of emergencies.

Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.

## Is the service effective?

### Our findings

People and relatives told us that staff contacted healthcare professionals when they needed them. One person told us, "Yes, no problems getting to see the GP." Another person commented, "The staff are really very, very good and will help me anyway they can."

People's needs were assessed using a comprehensive assessment tool before they moved to the service. Initial assessments also considered any additional provision that might be needed to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. For example, establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided. This supported the manager to consider if the service could meet people's needs and review if any additional staffing or training was required. This assessment was used to formulate the person's care plan. Where possible people and their relatives were involved in planning their care delivery and were aware of risks to be monitored and managed.

Staff completed regular assessments of people's ongoing needs using recognised tools. These included Waterlow assessments (to assess the risk of people developing pressure areas or skin breakdown) and a malnutrition universal screening tool to identify people at risk of losing weight. Specialist mattresses and cushions were used to help support people who were at risk of developing pressure areas. Where concerns were identified around how much people ate or drank, records were made. This enabled staff to track how much people ate and formed a starting point for dieticians to decide if fortified or food supplements were required.

People were weighed regularly and in the event of weight loss, appropriate referrals made and support sought. When fortified meals were recommended or supplementary drinks prescribed, records, staff and people confirmed they were given. Fluid charts were in place, records were up to date and staff were able to tell us of potential signs of dehydration and what to do. Hydration care plans gave staff guidance about how much people should aim to drink in a 24-hour period. People had access to other healthcare professionals such as speech and language therapists, opticians, dentists and a chiropodist when required. People who were staying at Brabourne Care Centre on a short-term basis, following a hospital stay, received a planned programme of intensive therapy from the hospital therapy team who were based at the centre.

The cook was aware of individual dietary needs and how to cater for them, the kitchen was well organised with appropriate health and safety records along with records about individual's dietary needs and preferences to support the kitchen staff to deliver a person-centred approach. The cook told us that a form was sent to each floor for staff to ask people for their meal choices for the next day. They told us they reviewed people's choices and monitored waste to identify which dishes were more popular. Alternatives were offered if people did not want the main meals offered. We received mixed feedback about the quality and choice of food served. Comments from people included, "We do get plenty of feed and there is quite a good choice, but it is a little bland and I would say over re-heated for me"; "the food is not bad but nothing to write home about"; "it is not like home cooking but then it can't be catering for this many people"; "we do have a choice of meals and there is usually something palatable" and "the food is not bad, it is a wee bit

tasteless and over cooked." We recommend the provider introduces a system for seeking feedback from people about the quality of meals served.

People were supported to live healthier lives by receiving ongoing healthcare support. Staff monitored people's health and contacted healthcare professionals when people's needs changed. One person told us, "if we need a doctor then we get seen." Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians.

Staff had received face to face training in a range of subjects in order to perform their jobs safely and to provide the right care and support to meet people's needs. Training in mandatory subjects was up to date. The registered manager told us that training was planned and organised by the training manager. Training was given face to face in a classroom environment as it was felt this worked best and enabled staff to make use of examples, scenarios and experiences. Staff told us that they completed training that was relevant to them and the needs of the people they supported, such as, courses to increase their knowledge and understanding about dementia, stroke awareness, palliative care and catheter care. Staff were supported to develop their skills; several care staff had been supported to complete nurse training and had returned to work at the service. This provided a degree of continuity for people. Other staff had been supported to complete qualifications in Health and Social Care.

New staff received an induction into the service which included; 'office' time where they read people's care records, policies and procedures and getting to know the service. They would also spend time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction; monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. Staff had individual supervision meetings with an allocated supervisor. Structured supervision arrangements were in place so that all staff received appropriate support. For example; all nursing staff received clinical supervision from an allocated supervisor. Supervision provided an opportunity for staff to discuss any issues or concerns they may have about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively. Staff told us they felt well supported in their roles.

The Mental Capacity Act 2005 (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 procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS when required and any specific conditions attached to authorisations met.

Staff understood the principles of the MCA and people were offered choices throughout the inspection, like where they would like to spend their time and what they would like to drink. When important decisions needed to be made on people's behalf, best interest meetings had taken place with people who knew the person well.

Brabourne Care Centre was purpose built and met people's needs. The corridors and doorways were wide and there were handrails in corridors to aid mobility. There was some signage to toilets and lounge areas

that was easily visible and in written and pictorial forms. Bedrooms were personalised with people's own possessions, photographs and pictures. There was a garden that people were able to access and spend time in. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use.

# Is the service caring?

## Our findings

People told us that they felt staff were thoughtful and acted in a caring manner. Comments included, "I don't feel too rushed and the staff are ever so kind and gentle"; "the staff are really very, very good and will help me anyway they can if they have time" and "I like having all my own art on the wall and the girls always make sure that the new ones are on the wall for me."

There was a person-centred culture at the service, with care planned around the individual. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. Staff spent time with people to get to know them. Within care plans there were descriptions of what was important to people and they preferred to be supported. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

Staff supported people in a way that they preferred. People responded well to staff and looked comfortable in their company. Staff interacted with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner. Staff treated people with kindness and compassion.

People told us, and we observed that staff were respectful and knocked on bathroom and people's doors before entering. One person told us, "The staff are very polite and always let me know what they are doing and check it's okay before attempting to start."

Staff spent time with people and gave them the support they needed. People could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted and were supported to have as much contact with family and friends as they wanted to, some people had mobile phones so they could contact family whenever they wanted to. People told us, "I could have visitors any time" and "Visitors can come from about 8.30 in the morning all day."

Staff told us that people who needed support were supported by their families or their care manager, and no one required any advocacy services. Information about advocates and how to contact an advocate was held within the service, should people need it. An advocate is someone who supports a person to make sure their views are heard and their rights upheld to ensure that people had the support they needed.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. People were supported to be as independent as possible. People who were receiving short term care after a stay in hospital received intensive support from therapy staff based at the service. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs.

Some people required additional support to communicate. Staff used some signs and symbols to assist people's understanding where possible. There were pictures displayed of the staff at the service, activities on offer and of the menu to reinforce people's understanding.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially.



## Is the service responsive?

### Our findings

At our previous inspection people's care records did not consistently reflect the care they were receiving; they did not always contain clear and specific guidance for staff to follow, which meant people were at risk of receiving inappropriate care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made. People's care plans had been reviewed and now contained clear, specific guidance for staff. They also contained more person-centred detail. They contained clear information regarding how to support people with specific tasks, such as washing or showering and how they liked to be supported to go to bed. When people needed support with moving and handling there was detailed information regarding the type of sling they needed and how staff should support them effectively. They also contained information about people's likes and dislikes and things that were important to them. Health plans detailed people's health care needs and involvement of any health care professionals. Each person had a healthcare plan, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were regularly reviewed and reflected the care and support given to people during the inspection.

When able, people were encouraged to be involved in the content of their care plan and where possible family or friends were asked to assist. Where people had been involved, and were able to, they had signed their care plan. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in people's health. People and relatives felt the care and support delivered to people received at the service was responsive and suited to their individual needs.

People were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. There was an activities coordinator who was present in the service on each week-day, along with three part time activities staff. They organised small group activities such as quizzes, artwork and reminiscence. They also supported people to enjoy individual activities such as looking through family photographs, reading and spending time in the gardens; some people enjoyed gardening and growing vegetables and had been supported to continue this interest with raised beds in the garden. A regular newsletter displayed pictures of events that people had participated in, such as an Easter party and informed people about upcoming events such as a tea party for the royal wedding and a cream tea afternoon for Wimbledon. During our inspection some people were supported to go out to a local garden centre. Records showed that a number of entertainers visited the service to play music or give talks on specific subjects, such as the royal family.

Staff understood the importance of promoting equality and diversity. People could meet their spiritual needs by attending a regular religious ceremony if they wished to do so. Staff told us they would organise for representatives of different faiths to visit should people require or request this. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

There was appropriate provision to support people at the end of their life to have a comfortable, dignified and pain-free death. This included consulting with people, their relatives or friends to establish how best to support a person when they approached the end of their life. This included identifying and recording each person's wishes about the medical care they wanted to receive, any Do Not Attempt Resuscitation (DNAR) decisions and about how they wished their life to be celebrated.

There was a policy about dealing with complaints that staff and the manager followed. This was on display for people and relatives to easily view. Complaints since the last inspection had been investigated and responded to. People and their relatives told us they felt management and staff were approachable and that they were listened to and changes were made in response to their concerns raised. One relative commented, "I did have a chat about one concern that I had, I felt that {the person} may have been left wet at night as when I arrived early one morning they were sodden and uncomfortable. They were horrified and acted promptly and have made sure that this has never occurred again, I do believe that this was a one off." Staff told us, "Every day, we ask people if they are happy or if they have anything they want to raise. If that happens, we raise it to our manager and they resolve it quickly. I checked with the resident if they wanted me to raise it, or if they wanted me to speak with the nurse direct. They said I could raise it" and "If a family member wants to make a complaint, we point them in the direction of a nurse. They will discuss it with the family with the door closed."

## Is the service well-led?

### Our findings

Staff and the registered manager told us the service was well-led and that there was a good culture and atmosphere. The registered manager said they sought to provide a positive environment with an open door policy. One staff member told us "{The manager} is great, a good manager. Very helpful and visible." Staff told us they felt supported by the managers on each floor and had regular opportunities to raise concerns or ideas for improvements in staff meetings or during supervisions.

We received positive feedback from people and their relatives, comments included; "I am more than happy with the manager and believe she does a sterling job"; "yes there seems to be good organisation and I can call the manager if I am worried"; "we haven't had much contact with the manager but they were helpful when we moved mum in."

At our last inspection audits designed to measure the quality and safety of the service were not sufficiently robust. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this last inspection we found improvements had been made. The registered manager told us they had begun to document the audits they completed. We reviewed audits of medication, PEEPs, and moving and handling assessments.

The provider had also commissioned an external audit; the registered manager told us they had implemented all actions, including providing more detailed guidance on moving and handling, and PEEPs. We observed this had been completed, however, there needed to be more work completed on the PEEPs. Hot water checks were now being completed regularly and documented. The registered manager told us that unit managers lead on, and are responsible for completing audits on care plans, and then the registered manager samples some of the plans to ensure this is happening. At last inspection, we identified catheter care as being an area in need of improvement. At this inspection the registered manager informed us they had worked with the clinical nurse specialist to 're-vamp' their catheter care, and now have a catheter care passport in place.

The registered manager told us they worked closely with the NHS and clinical nurse specialists to keep their skills up to date. They were also part of KICA (Kent Independent Care Alliance - an independent body designed to support Local Care Providers in Kent), and had taken an interest in the GDPR (The General Data Protection Regulation is a legal framework that sets guidelines for the collection and processing of personal information of individuals), changes and attended various seminars and training courses regarding this. The registered manager was involved in regular meetings with commissioners, and involved the deputy manager in meetings with safeguarding and training organised by the CCG (Clinical Commissioning Group). The registered manager had information in relation to the registered managers forum in Kent; a group designed to support and encourage networking, facilitated by Skills for Care.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the providers website, where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had displayed the rating

conspicuously in the service. At the time of our inspection, the provider did not have the rating displayed on their website. We informed the registered manager that the rating needed to be displayed on their website, and we checked after the inspection and found the provider was now displaying their rating. The registered manager was aware of their responsibility to comply with the CQC registration requirements. They notified us of events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.

There continued to be resident and relative meetings held regularly that were advertised in the lounges on each floor. These gave people and their loved ones the opportunity to make suggestions and raise concerns. The most recent meetings' feedback was documented on the newsletter for people to review and included details such as the improvements to the garden. These meetings were closed with tea and cake to give people and their loved one's a less formal opportunity to discuss things with staff. Relative surveys continued to be available in the reception of the service. The registered manager was responsible for reviewing feedback and acting on any concerns or areas for improvement. Staff told us they were involved in driving improvements at the service. One staff member told us "During handovers we raise things that can improve and it's cascaded up the line." Staff also had regular team meetings where issues and improvement ideas were discussed.

There were systems and processes to help staff to be clear about their responsibilities. This included there being a manager for each floor and heads of departments for different departments such as catering and housekeeping. Arrangements had also been made for a senior member of staff to be on call during out of office hours to give advice and assistance to staff should it be needed. Staff told us they were clear about their roles.

The registered manager told us the service had strong links with the local community. Staff told us they invite the local schools to the service to sing carols or nativities to people at Christmas or Easter for example. The registered manager told us they welcomed the local school to place pupils to do work experience at the home. The service has two churches that support the people who practice faith. People and their relatives accessed the community regularly, visiting the local pub and cafes. The registered manager and staff held fundraising events at the service for the British Legion, and the registered manager told us the service was 'well known' for their Wimbledon cream tea events.

The registered manager had good working relationships with the local health and social services, having been involved in care home strategy meetings. During these meetings, the registered manager was able to form links with other local homes. The registered manager worked with these homes organising for nurses from Brabourne Care Centre to support other local homes with training. The registered manager and staff worked closely with the local community NHS trust, that supported people with rehabilitation. During our inspection we observed healthcare professionals working within the service, both of which informed us they worked well with Brabourne Care Centre.