

Stow Healthcare Group Limited

Brandon Park Residential and Nursing Home

Inspection report

Brandon Country Park
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Brandon Park Residential and Nursing Home is a residential care home with nursing that provides accommodation and personal care for up to 55 older people, some of whom are living with dementia. There were 44 people living in the service when we inspected on 1 October 2018. This was an unannounced comprehensive inspection. Brandon Park 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.

We previously inspected this service in July 2017 and rated it Outstanding overall. Since that date the provider changed their company name from Stowlangtoft Healthcare LLP to Stow Healthcare Group Limited. This resulted in a new registration for the provider and the 'archiving' of the previous rating of Outstanding given. Despite this, the home continues to be managed by the same team running the provider company and the same provider team that achieved the Outstanding rating in July 2017. There was a registered manager in post at the time of our inspection, this was a change as during July 2017 this person had been the deputy manager at the home. A registered manager is a person who has registered with 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 an extremely strong and knowledgeable manager who was also highly visible across the home. The registered manager was approachable and enabled and empowered staff to deliver high quality care. The registered manager had excellent knowledge of the home and the people living there in order to ensure that people had their preferences met. People and their relatives spoke positively about the registered manager and their strong leadership style and their trust and faith in her. Staff displayed they delivered exceptional care, compassion and empathy that showed people mattered. The provider had excellent quality assurance processes in place, which helped to drive improvements. People who lived at the home, relatives and staff told us the service was exceptionally well led.

People received exceptionally personalised care and support which they were in control of. Activities were planned by activity staff who worked very closely with people to establish their individual preferences. There was an exceptionally strong family ethos within the home of treating people as individuals and with respect. People were at the forefront of their care and were supported by staff who were extremely kind and caring.

The care people received at the end of their lives was excellent. Staff were passionate about providing the best, most compassionate and respectful end of life care to people and demonstrated that all people who lived and died at the home mattered and were important

People were assisted as required by suitable numbers of staff who were trained and supported in their job roles. Staff members had been safely recruited and had received an induction to the home.

Staff knew about people's dietary needs and preferences. People told us there was a choice of meals and said the food was good. There were plenty of drinks and snacks available for people in between meals.

Staff had received training in order to meet the needs of people using the service. They had also received regular supervision and an appraisal of their work performance. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Medicines were stored and administered safely, and people received their medicines as prescribed. Audits were carried out of medicines to ensure they were managed in line with good practice guidelines. Infection control practice was good and helped to reduce the risks associated with poor cleanliness systems.

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.

There were systems in place to help reduce the risk of abuse and harm.

People had risk assessments in place to mitigate against risks to their safety.

There were enough staff to meet people's needs and staff had been recruited using a robust recruitment process.

People received support to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training and support to undertake their role.

People were supported to eat and drink enough to maintain a balanced diet.

People were referred to other healthcare services when they requested or their health needs changed.

Is the service caring?

Good ●

The service was caring

People were looked after by staff who consistently treated them with kindness and respect.

Staff ensured people received high quality care that promoted their independence.

People's rights to independence, privacy and dignity were a fundamental value of the service and were respected.

Is the service responsive?

Outstanding 

The service was extremely responsive to people's needs.

Staff knew people very well and demonstrated a highly person-centred approach to care.

People were offered meaningful and person-centred choices of activities both in the home and the wider community.

People's complaints, concerns and suggestions were actively sought, taken seriously and acted upon.

People were supported to have a comfortable and dignified end of life care in line with national best practice guidance.

Is the service well-led?

Outstanding 

The service was extremely well led.

There were clear visions and values, known by all the staff and led by the registered manager and provider.

Highly effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

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

Brandon Park Residential and Nursing 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 October 2018 and was unannounced. The inspection team consisted of two inspectors, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider complete 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. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We looked at the care records of four people in detail to check they were receiving their care as planned. We also looked at records including four staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with 10 people who live at the home, four members of care staff, a care home assistant practitioner, the clinical lead, the chef, maintenance staff member, the registered manager as well as one of the directors of the provider company. We also spoke with relatives of nine people currently living at the home and one healthcare professional. After our visit we received feedback from a

further two healthcare professionals.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said, "Excellent, everything seems to gel, staff who look after me are 100%, no other place except home would I be, it is a wonderful setting." Another person commented, "I do feel safe here, so I am not going to go home, I have had lots of falls and I know there is someone here to [help me up]."

People's relatives were also positive that their family member was safe living at Brandon Park. One relative told us, "[Family member] is safe here, they know the manager, the whole team are fantastic, rooms cleaned regularly, food is fantastic." Another person's relative said, "[Family member] is safe, it is secure, staff regularly are coming and checking on [family member] even when they are in their room."

Staff received safeguarding training and were confident they could identify any concerns should they arise. Policies and procedures were in place and provided guidance to staff on how to report concerns both internally and externally. Staff told us they were confident that the registered manager or provider would follow up on safeguarding matters if needed.

People's care plans contained detailed information about their support needs and any associated risks to their safety. Guidance was in place about any action staff needed to take to make sure risks to people were reduced. Staff we spoke with had a good understanding of people's risks and were knowledgeable about the plans in place to manage these. The records we viewed confirmed what staff told us and we observed that the risk assessments in place were followed by staff when they supported people. This meant people were protected from the risk of harm because their risks were managed and mitigated.

Everyone we spoke with told us there were enough staff on duty to keep them safe. One person said, "As soon as I press my buzzer they [care staff] are running here day and night." Another person told us, "During the night they pop in to check I am okay, makes me feel more safe." One person's relative told us regarding the staffing levels, "It's now brilliant, 100% better over the last 2 years [since provider took over home], staffing levels are now regularly good, you press the buzzer they come, staff respond to anything we say, they work well with the family too."

Staff were visible in communal areas and we observed that there were sufficient numbers of staff on shift to spend quality time with people during the day. Staff were not task orientated and were available and interacting with people. The registered manager undertook audits of call bells and the length of time taken to respond. We viewed these records and saw that they confirmed what people, their relatives and staff told us; that people had their needs met in a timely manner.

The registered manager and provider had undertaken pre-employment checks to ensure the staff they employed were safe and suitable to work with vulnerable people. For example, they had sought references and carried out criminal records checks with the Disclosure and Barring Service (DBS) to make sure the applicants did not have a criminal conviction which may have made them unsuitable to work in the caring profession.

Medicines were safely administered and were recorded accurately. They were also stored securely in a locked cupboard within the service and at a safe temperature according to the manufacturers guidance. People's Medication Administration Records (MARs) included a current photograph, details of their GP, and information about any health conditions and allergies.

We observed several people being helped with their medicines during the morning administration. The member of staff who took responsibility for administering medicines did so with patience and kindness.

Staff who were responsible for administering medicines had received training. Their competency had been checked to make sure they were following the correct procedures. A care home assistant practitioner we spoke with was able to give a good account of the procedures for safe medicines management. We saw medicines were stored in locked trolleys, cabinets or fridges.

We looked at a sample of medication administration records (MARs) and saw people were being given medicines as prescribed. When medicines had been prescribed to be taken 'as required' there were detailed instructions for staff to follow. This helped to ensure these medicines were used effectively and consistently and as the prescriber intended.

People continued to be protected against the risk of infection. The home was exceptionally clean, tidy and odour free. One person who lived at the home told us, "Cleanliness is not a problem." We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately along with frequent hand washing.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. Risk assessments were undertaken to identify hazards to the environment, such as the risk of fire and water safety. Records showed that health and safety systems were checked and serviced regularly and these were up to date. For example, staff undertook a weekly fire alarm test to ensure equipment was in good condition and water temperatures were checked regularly to ensure these were within a safe range. Personal Emergency Evacuation Plans (PEEPS) for each person were in place and these were up to date, accessible to the emergency services and relevant.

Improvements were made if things went wrong, the registered manager and staff learnt from this and used the information to make improvements to the quality of the service. People, relatives and staff felt involved in the service and said they felt the registered manager was extremely approachable and acted on issues without fail.

Is the service effective?

Our findings

People had their needs assessed in line with current legislation and good practice guidance and plans of care were put in place to meet their needs. The registered manager or senior staff met with people before they moved to the service to discuss their care preferences and to ensure that the home could meet them. People and their relatives spoke highly of the effective care they received at Brandon Park Residential and Nursing Home. One person's relative said, "It's brilliant here, it does not matter who you talk to they want to help, everybody is willing to help. I now don't worry, they have taken that away, taken the stress away."

Staff had the required skills, knowledge and experience to deliver effective care and support. Staff told us they followed an induction process when they first came to work at the home and that they received a period of time shadowing experienced staff and also induction training which had made them feel supported and gave them the knowledge they needed to fulfil their role. We looked at the staff training matrix and spoke to staff about the training they received. Staff told us they undertook training and we saw from the training records that the learning considered mandatory for care staff included a range of subject areas such as moving and repositioning, health and safety, dignity, respect and person-centred care as well as nutritional care. From our observations and conversations with staff we found they demonstrated their knowledge and skills. For example, when providing care to people staff showed care and gave dignity. Staff practised safe moving and repositioning techniques and were knowledgeable about people's needs.

Staff felt supported in their job roles had regular opportunities to discuss their work. Supervisions and annual appraisals of performance were held according to the providers policies and enabled staff to discuss their practice and support they needed.

People were supported to eat a nutritious and healthy diet and were very complimentary about the meals they had. One person said, "I have scrambled eggs and four rounds of brown toast in my room every morning, got my [specific sauce brand] or I have porridge and blueberries." Another person told us, "It's heaven here, good food. I am a vegetarian and haven't been here long, but they've [Brandon Park] certainly made a big difference. I asked [chef] for smoked mackerel for supper, sometimes I have it for my lunch, I just have to ask."

Care plans were in place in relation to people's nutritional needs and appropriate assessments such as the MUST (malnutrition universal screening tool) were used to determine if people were at risk nutritionally. One person told us about their nutritional care needs and the improvements they had noticed since living at the home, "They [care staff] weigh me once a week, I am gradually putting on weight, the food is so tempting. I was seven and a half stone and am now I'm nine and a half. I feel a lot happier."

We spoke with the chef who was very aware of people's preferences and any specific dietary needs. They told us, "When a new [person] moves in we [kitchen team] are always told by the nurse what their dietary needs are and what they might prefer to eat. We always ask people about preferences and try to accommodate." The chef also told us about recent improvements made and that people now had the option of cooked breakfasts made to order.

The chef told us that they had been reviewing the menus and had consulted with people about their preferences and what they wished to see. The chef also told us they spent time each day talking to people at mealtimes to seek their feedback on the food. A person we spoke with confirmed this saying, "The chef comes into the dining room every day."

We saw there was good teamwork and communication between staff. The service worked well with other professionals and organisations who were also involved in providing people with care and support, such as medical and healthcare services. Relevant information was shared appropriately with these other professionals and organisations, to help ensure people living at the home consistently received effective care, support and treatment.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. For example, people had seen opticians and dentists when they required. Records showed where advice had been sought and implemented to maintain or improve people's health conditions. One person told us, "They order the hospital transport and give me a packed lunch or an early dinner if I need. It takes a lot of worry away from me, all the staff know about my hospital visits and as soon as I get back they ask how did I get on."

People's individual needs were met by the adaptation, design and decoration of the premises. Brandon Park House is a two storey grade II Listed country mansion built in c.1830. The home stands in two acres of formal gardens and is surrounded by a further 32 acres of mature woodland owned by the local authority. Many of the original features of the house and garden had been preserved and it was clear the home was maintained to a high standard. People had access to both floors via a lift and in addition to their own bedrooms also had access to a number of other communal spaces. Reasonable adjustments had been made to enable people to move around as independently as possible, such as grab rails and ramps. The large entrance hall area was used as a café area where people could entertain their guests.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The staff were working within the principles of the MCA. People's consent was consistently sought and care records showed they had been supported to make as many decisions for themselves as possible. The registered manager had a robust system in place to track DoLS applications and to make sure they were reapplied for in a timely way. Staff had a good understanding of the principles of the Mental Capacity Act (2005) and applied these in their work. We heard staff ask for people's consent before delivering any care or support.

Is the service caring?

Our findings

People were supported by staff that were caring. People told us they had good relationships with staff and that staff knew them well. One person told us, "It's lovely here, all the staff could not be kinder, very caring, they truly care, nothing is too much trouble." Another person said, "Staff are caring and attentive, I can talk openly to the staff they listen to me, care is 100% got no complaints." People's relatives were also complimentary about the caring nature of the staff. One person's relative commented, "[Carer] is a star! All carers will do anything, they are so good, they phone me, update me, I do now have complete confidence in the staff."

Staff showed they knew people well. From our conversations with them and our observations we found staff were caring in how they described people and their relationships. We heard caring interactions as staff clearly knew people well and approached them for conversation which was evidently well received. One staff said to one person, "Hello, did you have a nice lunch? How is [next of kin] today? Give him my love won't you." Another member of staff commented to another person in a caring and gentle manner, "You look tired, are you feeling alright?"

People were involved in making decisions about their care and their views were respected. Where people declined care, staff respected their choices. One person's relative told us, "[Person] the [registered manager] and I talked through the care plan. We were given the green pack [system used by provider] on likes and dislikes, any concerns and we both go to the [registered] manager and she implements our wishes and talks to the staff, she is fantastic." Staff told us how they sought people's views and involvement in their care and that people were consistently the focus of the staff. One staff member said, "The needs of [people] always come first."

There was a very clear vision across the provider organisation to deliver a philosophy of care based on family values. The aim was to deliver high quality person-centred care, which meant staff really knowing what people liked in order to make each day special. We found that staff were aware and committed to these values and were practicing them in their daily care provision. One person's relative told us, "[Registered manager] and everybody go out of their way to help you, they will all drop what they are doing, everyone is one hand, like a family."

People's relatives and friends told us that they were able to visit whenever they chose and were warmly welcomed at the home. Relatives could use the seating and café area in the front entrance hall where there was cake and biscuits on offer and tea and coffee making facilities for anyone who wished to use it. In addition, there were other communal areas such as 'the snug' and 'the drawing room' where people could entertain and be with their guests. This meant people were able to maintain relationships with those who mattered to them and avoid social isolation. Where people's family and friends lived far away or where they were unable to visit the person regularly, they were able to use electronic devices to contact and see them.

Staff told us that they respected people's privacy and dignity. We observed that they always knocked on people's doors and waited for an answer before entering to ensure people's privacy was respected. One

person told us, "Staff are always helpful, always nice, always kind, they always knock, they are always respectful, kind and helpful"

People were encouraged to maintain their independence. One person told us, "I can have a bath or shower every day if I want, it is up to me, have one staff to help me, I sit on the chair that lifts you up. Staff are very good and they say. 'you have a soak'. They paint my nails for me too."

Another person said, "I shower every day with one carer, they put the water all over me. I wash my own hair and they do the rest, I am hugely independent."

Is the service responsive?

Our findings

Without exception people told us that staff were outstandingly responsive to their needs and preferences and that their care was inclusive and driven by them. People and their relatives were highly complementary about the responsiveness of all the staff. One person told us how their care was delivered exactly to their preferences and gave us an example, "They [care staff] ask permission before getting me up. The same with [other personal care], it's at the times you want." Another person said, "The staff really understand that it is important to me to not be a burden and to keep doing the things I can do so they respect me and let me do what I want to do and then help me if I need it." The same person also said, "I can do exactly what I want here so if I can't be at home then it is okay to be here."

People had their needs assessed before they moved into the home. This ensured staff were able to meet their needs before they moved in. The detailed assessment had been used to create a highly personalised care plan. Care plans were well written, decidedly person centred and gave an excellent summary of people's individual needs and wishes, including how people liked their care to be provided and what they were able to do for themselves. Care plans were written in a way which put the person at the centre of their care and included people's preferences in finer detail including their favourite colour for their nail polish.

Care plans provided a really detailed background to the person; a life story which covered their personal history such as their employment, family and hobbies. Care plans included a written history with important milestones in the person's life. This meant that anyone unfamiliar with the person would be able to gain a clear understanding of the person, their needs and their choices.

People and their relatives credited their good health and longevity to the exceptional care they received at Brandon Park. One person's relative told us about the remarkable care and intensive support they had received at Brandon Park when they had been admitted to the home extremely unwell and requiring specific and very personalised care. The relative said, "If it wasn't for [registered manager] and the staff at Brandon Park my [family member] wouldn't be alive today. They saved [person's] life. [Person] was considered end of life care and not expected to live. From day one at Brandon Park [person] started to improve due to the care and input from staff, we owe [person's] life to them."

There was a very strong emphasis on the provision of individualised activities that were individualised and meaningful to the people living in the home. Activities staff were employed to provide a wide range of personalised activities covering seven days a week. The activities co-ordinator we met with was clearly passionate about the delivery of person centred activities and ensuring that people had as many opportunities as possible to aid their physical and mental health well-being. They told us, "We are going around the world on a cycle, we talk about the countries we visit." A person added, "I have been around the world four times on that map!"

There continued to be a separate activities room which was full of the activities, arts and crafts that people undertook. We spent time observing the variety of activities taking place and saw that people were all taking part in something different according to their interests and hobbies. One person commented, "I am making

paper Mache bowls for Christmas, I painted 900 straws for the piece on the wall, I think there is enough to do! We're making Remembrance poppies, they are going into the garden, I have a picture of my grandfather in the first world war and my husband in the second world war." Another person told us how they sold the craft bags and other things that people made to make money for the homes events fund. The same person told us how they displayed them in the entrance hall area of the home to sell to visitors.

People were encouraged to pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. One person told us about their passion for music and how staff supported this, "Staff have been very interested in my music and they are encouraging me to play and they encourage me to go to the craft room." A relative told us, "[Family member] is very artistic and musical, staff want to listen to [person] playing his violin, mandolin and steel guitar. They are encouraging [person] and that is work in progress [positive responses from person]."

Another initiative set up and run by the provider created a 'Stow in Bloom' competition where by each of the providers five care homes took part in a competition to grow their own flowers, vegetables and super tall sunflowers. People who found it difficult to go outside to the gardens were supported to create mini gardens indoors so they could still be included. Judging took place across the homes and people and staff told us whilst this was great fun it was also highly competitive!

We saw that people continued to enjoy spending time with the administrator for the home, helping with tasks such as paperwork and correspondence. The administrator's desk was situated in a central and busy part of the home and it was clear people enjoyed being integral in an important function of the home.

The registered manager and staff had a constructive and transparent approach to complaints. There were regular opportunities for people and their relatives to raise issues, concerns as well as compliments. One person told us, "We have resident's meetings and sometimes I attend. [New chef] attended and was 'open' and wanted our opinions and our ideas, only complaint was I asked if I could have real butter not margarine. I only mentioned it yesterday and today the chef said they would give me packs of butter." We checked during our visit and the person had butter as requested. The providers approach was to seek feedback and this was carried out through on-going discussions with people, relatives and staff. There was also a formal complaints policy and procedure that people were made aware of. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern.

People were supported to have a peaceful, comfortable and dignified end of life care in line with their wishes and national best practice guidance. The home had close links with a local community hospice and staff received training to ensure they knew how to support people appropriately at the end of their lives. One member of staff told us, "End of life care is given a big focus as it's really important to get it right." The registered manager was passionate about ensuring people had the death that wished to and that they were supported in exactly the way they wanted to be. They told us, "As people are approaching the end of their life sometimes we have to have difficult conversations. Be honest. I will ask the person what's happening – are they getting tired. It's about planning what they want, who do they want with them. It's not magic, it's just caring. A family praised us recently for the little things we did that enabled them to see their relative still as that person they were."

We were also told about a specific example of end life care that required staff to be highly sensitive and responsive. The action of the home enabled the person to have dignified death and respected their privacy. Another person had a significant family event that they wished to attend. Staff told us how they supported

the person to prepare and attend the event following which the person passed away. The registered manager told us, "I've met with the local hospice with a view to setting up a bereavement café at the home so relatives can attend following a bereavement. Family lose a loved one and this home as well – leaves a huge void for them. We can't help but get attached to people, we [staff] do cry and we do have a debrief. Can't help it we care and I wouldn't want to work with team who didn't care and have feelings."

Is the service well-led?

Our findings

We spoke with the registered manager about the changes that have been made since we last inspected and rated Brandon Park Residential and Nursing Home 'Outstanding' under the providers previous legal and company name. They told us that the home had further progressed and that they had continued to develop the home and had made further enhancements and advances.

There were clear lines of accountability and responsibility within the service. The service had a registered manager in post and a recently recruited a new deputy manager. The registered manager, prior to becoming the manager had been in the deputy manager role at the home. People and their relatives described the home and the care they received in outstanding terms. One person told us, "The [registered] manager is marvellous, easy going., I can play my music in my room, it is very important to me, I have got no worries here." One person's relative told us, "If all care homes were like this it would be the gold standard, it is their customer service, communication, support to the families, highest levels across all elements... This has transformed my view of care homes." Another person's relative said, "[Registered manager] is brilliant, could not ask for a better manager." A third relative added, "Two and a half years ago my husband passed away here, Registered manager [deputy at the time] was not on duty but came into comfort me."

The registered manager was a strong and driven person who was highly passionate about people living at the home. They told us, "I am striving for this to be the best home for [people]. This is a home. Everyone needs to have a purpose. We are some people's family. They are safe happy and well cared for." The registered manager undoubtedly knew people and their care needs exceptionally well. We found that this knowledge came from being a highly visible and 'hands on' leader. They were also very clearly driven to ensure the good practice and high standards at the home were maintained and were not fearful of taking necessary performance action against any staff who did not work to the required standards. The management team was clearly providing very effective leadership and direction. One person's relative told us, "The [registered] manager, having a nursing background, knows the whole package. She's got a lot of heart and is doing a very good job. She is firm and fair, very approachable." Another relative told us, "This home [Brandon Park] is outstanding."

At several national care award schemes due to be held in November and December 2018, the registered manager, provider and a number of staff had recently been shortlisted various care awards. These included the 'putting people first award', care team of the year award and 'care home worker'. It was evident that this was reflective of the registered manager's and providers work ethic and passion for delivering first class care.

Staff were effectively deployed throughout the service and had clearly defined duties and areas of responsibility. Comments received from people, their relatives and staff members were very positive about the management team and their strong focused leadership. One person said, "Staff wise they know where they stand, they know how she (manager) would like things done and they do it. [Registered Manager] sits down and says let's talk anything through. She is open, very understanding, Deputy is also good and any problem they will also listen."

The registered manager played a pivotal role in ensuring that standards of care were positively implemented at the home. This was achieved through the oversight of the home the registered manager maintained as well as their interminable learning. The registered manager ensured they were kept up to date through a variety of forums, local healthcare initiatives and through ensuring their own learning was up to date. One healthcare professional told us, "My overall impression was very positive and I look forward to working with them in the future... they are proactive in their approach to engagement with the [healthcare professionals] and joint working to improve [people's] care." Another healthcare professional told us, "[Brandon Park] want the best for their [people] and are keen to engage with myself and the hospital."

We found a particularly strong emphasis on continuous improvement at the home. The views of people using the service were at the core of quality monitoring and assurance arrangements. A 'You Said, We Did' system of seeking and acting on people and their relatives feedback was in place. Because of people's feedback, a number of changes had been identified and implemented. The registered manager told us about numerous changes with the catering arrangements as a result of people's feedback. A survey undertaken in early 2018 had resulted in feedback from people that there was insufficient choice and fresh fruit and vegetables. The registered manager told us, "I had concerns about the catering so we asked for people's feedback. They told us their dinner plates were cold so we put more hot trolleys in. We used to take hot food and desserts on trays but the food went cold. We now ask at the time and deliver fresh." They also told us that as a result of feedback from people and their relatives, they had introduced 'grazing stations' where people could stop and snack throughout the day. This had been a success and the staff had seen increased weights for those people at risk of losing weight.

Staff were supported to reach their true potential. They were encouraged to obtain additional qualifications and suggest training which would benefit the people living at the home and their own development. It was evident that this was effective in achieving the desired outcomes of excellent care as we found from feedback and our observations during our visit.

We also found that the registered manager and provider were supporting people to also access information sessions to further their knowledge in areas such as data protection. A special training session was held at the home and adapted to engage both staff and people as the audience. An easy read information leaflet handout was also made available for people.

Comprehensive audits were in place and used as a tool to monitor and improve the quality of the care provided. The registered manager's quality monitoring systems covered all aspects of the service including medication, staff training, infection control, maintenance, service user files and dependency. We saw that any shortfalls that were highlighted through the audits were actioned without delay.

The registered manager and provider were proactive in advancing and improving outcomes for people. There were systems in place to actively seek feedback from people, visitors, healthcare professionals, relatives and staff. This included surveys, comments/suggestions flyers and activity sessions with people. The culture of the home was about seeking people's feedback and responding appropriately. People were able to confidently make suggestions for change with home with confidence that action would be taken.

The registered manager and staff were proactively supporting people to develop strong community links which promoted the home and enabled people to engage with their local society. People had been involved in a project to make and distribute food baskets to the local community. We also heard how the home engaged with the local groups to knit 'comfort squares' for use in a London hospital in the neo natal unit. We also heard how groups of local children attended the home to engage with people, through local Girl Guide groups. A group of children who were home educated also attended and were involved in the preparation

and upkeep of the homes' courtyard garden area. One person told us how they had recently raised over £100 from a coffee morning and the money was to be donated to a cancer care charity.

The provider and registered manager promoted a positive culture of learning and development that gave all staff the opportunity to develop their knowledge and skills in social care practice. The registered manager saw this as their opportunity to expand and foster further staff skill. The registered manager told us, "The only way is to get the best is to lead by example. I help with people's personal care and work care shifts. I'm looking at getting training in contact with the Royal College of Nursing. I'm looking at sepsis training for the staff for example. My goal is to continually upskill carers. My passion is dementia care. I want to do a degree at some point. My goal is also to support [deputy manager] through further management qualifications too."

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the home and found that incidents had been recorded and reported correctly.