Care Quality Commission

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

Overall summary

The inspection visit was carried out on 20 January 2015 and was unannounced.

The previous inspections were carried out in February 2014 and April 2014. In February 2014 the inspection had found a breach in regulations in relation to medicines management. At a follow-up inspection in April 2014, we found that the issues had been addressed and there were no breaches in the regulations.

Brabourne Care Centre provides accommodation and nursing care for up to 82 older people. The premises are a purpose-built detached building, which is situated in a residential area of Ashford, near to the town and associated amenities. The service has three units on three floors: Edinburgh Maxwell on the ground floor has capacity for 30 people; Eastwell Ramsey, on the first floor has capacity for 28 people; and Mount Batton on the second floor has capacity for 23 people. There were 80 people living at the service on the day of the inspection.

The service is run by a registered manager, who was present on the day of the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and DoLS. Whilst no-one living at the home was currently subject to a DoLS authorisation, the registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The service had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the local authority's whistleblowing policy. They were confident that they could raise any matters of concern with their line managers, the registered manager or with the local authority safeguarding team.

The service had arrangements in place to protect people from assessed risks to their safety. These included building and environmental risk assessments, maintenance checks, regular servicing and checks for equipment, and risk assessments for each individual person receiving care and treatment.

The service provided sufficient numbers of nursing and care staff for people to ensure they were well cared for. They were supported by suitable numbers of ancillary staff, including administration, catering, domestic and maintenance staff.

Recruitment procedures were managed appropriately, and applicants were assessed as suitable for their job roles. Staff were provided with a detailed induction programme, which included training in essential subjects. Refresher training was provided at regular intervals. Staff were enabled to develop their knowledge and skills with further training courses, and formal qualifications. The service had a low staff turnover, and staff said they enjoyed working at the home and worked well together as teams. Staff were supported through individual supervision sessions, daily handovers between shifts, staff meetings, and yearly appraisals.

Nursing staff administered medicines, and carried out safe storage and management of medicines. People said they received their medicines on time.

The service provided a range of different foods to give people a varied and nutritious diet. People said that they had plenty of choice and the food was good. Food was mostly home-cooked and was attractively presented.

People said that the staff were caring, kind, polite and respectful. Staff interacted with people in a friendly manner, and responded quickly to them when they called for help. People and their relatives said that the staff kept them informed about any changes to their health needs, and any changes to the service. They were confident that staff listened to their views, and that any concerns would be taken seriously and dealt with appropriately.

The service encouraged people to retain their independence, and to follow their own lifestyles. Some people liked to socialise in the lounges and dining areas, and some preferred to stay in their own rooms. A variety of individual and group activities were provided, and some people said they enjoyed being able to go out of the home with staff or relatives. Activities staff spent time with people who stayed in their own rooms, so as to prevent social isolation.

People and their relatives were involved in their care planning and reviews. Care plans reflected people's individual needs and choices, and showed on-going assessments for their health needs. A local GP visited the service routinely twice per week, and for urgent visits if required. Most people chose to be registered with this GP practice. Arrangements were made for other health and social professionals to provide advice and treatment as needed; and people's relatives were able to speak with doctors or other health professionals if people wanted their relatives' support. Staff were trained in end of life care, and showed kindness and compassion to people at the end of their lives.

The registered manager had a visible presence in the service and was available for people to talk with her on a daily basis. She worked alongside the nurses and care staff at times during the week, so that she kept up to date with people's individual care needs and their levels of staff support. Each unit was overseen by a unit manager,

Summary of findings

and they were available to help staff with any advice or support needed. Staff said that their views were taken into account, and they felt involved in the general running of the service.

People and their relatives knew that the registered manager had an open door policy, and that they could talk with her, the unit managers and nursing staff whenever they wished to. Their feedback was obtained through 'residents and relatives' meetings, via e-mails, and through the use of yearly surveys carried out by the provider. People's comments were used to bring about change and on-going improvements to the service. There were reliable processes in place, such as quality audits, to monitor the effectiveness of the service. These included infection control, hand hygiene, medicines, cleaning, and kitchen audits.

Records were quickly made available to the inspection team. They were accurately completed, up to date, and were appropriately signed and dated. They were stored in a way which protected people's confidentiality.

Summary of findings

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 said that they felt safe living at the home, and that staff cared for them well. Staff responded quickly to people's call bells.

The service provided a suitable environment, which was well maintained, and protected people from risks to their health and safety. A range of equipment was provided to support people, and this was correctly serviced and cleaned. Individual risk assessments were in place to identify and minimise the risks to people's safety.

The service provided sufficient numbers of staff to provide people with effective care. Staff recruitment procedures were robust and enabled suitable staff to be employed. Nursing staff ensured that people received their medicines on time.

Is the service effective?

Good

The service was effective. Staff induction and training programmes enabled staff to keep up to date and to carry out practical skills.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005. Where people lacked the mental capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

The service provided a range of food and drinks for people to have sufficient choice and a nutritious diet. Nursing staff were knowledgeable about people's health needs and ensured these were met.

Is the service caring?

Good

The service was caring. People said the staff were kind, and were attentive to their needs.

The service provided people and their relatives with on-going information about their health needs and any changes to the service. People were involved in discussions about their care and treatment.

People were encouraged to retain their independence, and staff maintained their privacy and dignity. Staff delivered compassionate and sensitive care when people were at the end of their lives.

Is the service responsive?

Good

The service was responsive. People were enabled to carry out their preferred lifestyles. Staff ensured that people received individualised care.

People were provided with a variety of activities to take part in as they wished. They were encouraged to follow their own interests and hobbies.

The service had processes in place to listen to people's concerns and complaints. These were taken seriously, and were used as an opportunity to bring about on-going improvements to the service.

Is the service well-led?

Good

The service was well-led. The registered manager was available to people on a daily basis, and kept up to date with people's views, concerns, and individual health needs.

Summary of findings

The registered manager led the staff in providing co-ordinated team work, and in ensuring that staff understood their responsibilities and carried them out correctly.

There were reliable systems in place to listen to people's views, and to use these to maintain the quality of the service. Records were accurately completed and were kept up to date.

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

This inspection took place on 20 January 2015 and was unannounced. It was carried out by two inspectors; a specialist nurse advisor; and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service, and this expert had experience of older people's care.

Before the inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the provider is required to tell us about by law. We reviewed information sent to us by people's friends and relatives who wished to share their views; and looked at a quality monitoring report carried out by a Social Services quality control department. On the day after the inspection we contacted three health professionals who frequently visited the service, to obtain their views about how the service was running. A GP gave us permission to directly quote them in our report.

We viewed all areas of the service, and talked with 10 people who were living there and six relatives and friends. Conversations mostly took place with individual people in their own rooms, and with some people together in the lounge/dining areas. We talked with a total of 26 staff. This included individual conversations with 14 staff; and a conversation with a group of 12 staff who had been attending a training course during the morning. Staff conversations included domestic, laundry, catering, administrators, nurses, care staff, and unit managers. The registered manager was present throughout the day.

During the inspection visit we reviewed a variety of documents. These included eight people's care plans, from different units. We viewed six staff recruitment files, staff training programmes, staffing rotas over two weeks, medicine administration records for two units, equipment servicing records, environmental risk assessments, quality assurance questionnaires, minutes for staff meetings and residents' meetings, auditing records, and some of the home's policies and procedures.

Good

Is the service safe?

Our findings

People said they felt safe living in the home, and staff cared for them well. One person said what they liked most about the home was "It's safe, the people are lovely and I can have a laugh with the carers, they take care of me and are so kind". Other comments included, "I found it hard to leave my home and come here, but I feel safe"; and, "It is better than being on my own at home like I used to be as I feel safer being in here."

People said that staff responded quickly when they used their call bells, and explained the reason if they needed to ask them to wait for a few minutes. Call bells were placed within people's reach, and staff checked this after attending to people. Staff carried out regular checks for people who were unable to use a call bell. This promoted people's feelings of safety and security.

Staff demonstrated a good understanding of what constituted different forms of abuse, and how any suspicions of abuse should be reported. They were trained in safeguarding adults, and knew about the service's whistle-blowing policy. They were confident they could raise any concerns with the registered manager, or with outside agencies if they needed to do so.

People were provided with a lockable facility in their rooms for money or valuables, and the administration team stored small amounts of money for people on their behalf if they preferred this. Their money was stored in individual amounts, and a separate record was kept for each person showing all transactions. All receipts were retained, and each item purchased was listed. This helped to protect people's money from loss or abuse.

The service had procedures in place to maintain the environment and equipment in good working order. Regular checks were carried out for people's health and safety, such as hot and cold water temperatures, checks for emergency lighting, lift servicing, fire alarms, closure of fire doors, and checks for the nurse call bell system. Fire drills were carried out twice per month, and records showed which staff were present. Regular servicing was carried out for hoists and assisted baths. Staff carried out daily checks to ensure pressure-relieving mattresses and cushions were set at the correct pressure in relation to people's weights. Records showed that staff identified any concerns about equipment, or the need for items to be repaired, and these were dealt with by maintenance staff in a timely manner. Emergency evacuation procedures had been discussed with the fire officer, and it had been assessed that each person living in the home would need assistance or support in the event of an emergency. Due to the large size of the building, it was anticipated that in case of fire, half the occupants of the building could be moved to the other side of the building, without the need for evacuation outside.

Accidents and incidents were recorded in each unit, and the unit managers reviewed these to identify if there were any patterns, and to assess if any action could be taken to avoid further accidents. The registered manager also reviewed these to assess if there were any concerns, and to take any appropriate action. Each person living in the home had individual risk assessments based on their own personal care and treatment. These included the risks of dangers such as scalding from hot drinks; risk of choking; and risks from using equipment such as wheelchairs.

Care staff were evident in all units of the home throughout the day. One person said "There are always staff around", identifying that this gave them confidence that staff were easy to contact. Each unit was run by a unit manager and their own staff team. This provided a consistent approach, and enabled people to get to know the staff on their unit. Nurses and care staff said there were sufficient numbers to enable them to meet people's care needs. Day staffing numbers included two nurses for each unit in the mornings, and one nurse per unit for the rest of the 24 hours. The manager adjusted numbers of care staff in each unit according to the levels of people's individual needs, and had recently increased numbers of care staff on the middle floor (Eastwell Ramsey) in response to people needing more staff support. Administrative staff had clearly defined responsibilities; and ancillary staff such as domestic, laundry and catering staff had their own line managers to report to. The provider employed maintenance staff to be in the home seven days per week, so that on-going maintenance and repairs were being carried out in a timely manner.

The service had reliable staff recruitment procedures in place. Staff recruitment files confirmed that required checks were carried out before staff commenced employment, to assess their suitability for their roles. These included Disclosure and Barring Service (DBS) checks, and checking people's proof of identity. (DBS checks identify if

Good

Is the service safe?

prospective staff have had a criminal record or have been barred from working with children or vulnerable people). Written references were obtained, and interview records were completed. Staff were required to show proof of any previous training qualifications. Checks were carried out on nurses' Nursing and Midwifery Council 'PIN' numbers to ensure they were in date and allowed to practice.

New staff carried out an induction programme, which included essential training. They were mentored through this process, and worked alongside experienced staff. They were provided with a staff handbook which outlined the policies and procedures which were the most important for them to know. Staff were assessed for their understanding and competency before being allowed to work on their own.

Nurses were assessed for their competency with medicines management. Each unit had its own medicines storage areas and medicines' trolleys. Storage cupboards were kept locked and were neat and tidy, so that medicines were stored in an orderly manner. Medicines which needed to be stored at lower temperatures were stored in a medicines' fridge in each unit. The room and fridge temperatures were checked daily to ensure that medicines were being stored at the required temperatures. Controlled drugs (CDs) were stored in separate locked cupboards which met the legislative requirements. CD records were neatly and accurately maintained.

Medicines administration records (MAR charts) were accompanied by a photograph of each person, and were highlighted to show if people had any known allergies. The records included detailed information for specific medicines, such as insulin for people with diabetes, and warfarin for preventing blood clots. Records for people with diabetes included their blood sugar levels, and directions from their GP for increasing or reducing insulin or giving other substances, such as sugar or orange juice. Some people had specialist PEG feeding tubes through which to give their medicines, and there were detailed instructions for giving these correctly. (A 'PEG' or Percutaneous Endoscopic Gastrostomy is a procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when their oral intake is not adequate). Nurses spent time with people to ensure they had taken their medicines correctly, and signed the MAR chart immediately afterwards. MAR charts contained clear directions, and had been accurately completed, with no gaps in signatures. People told us that they were given the medicines they needed, and at the right times.

Good

Is the service effective?

Our findings

People told us that staff knew them well, and noticed if they were unwell or unhappy. One person said that staff had noticed they did not seem well, and had called their doctor to visit them. The doctor found they had an infection, and had quickly prescribed a course of treatment. Another person said, “Staff are kind and deliver good care”. A relative told us that if her mother was ill, she could ask to speak to the doctor at any time, and it would be arranged for her; and another person said, “The care here is very good, my relative is happy. I come in several times a week and the staff know me".

People thought that the food was good and they had plenty of choice. They were able to choose from the menu. They said that the choices were good, and they enjoyed their food. Comments included, “The food is good, but I am a bit fussy. They will always do something different for me if I want it”; and “I like the food, most of it seems home-made.” Two people were heard agreeing with each other that they had enjoyed their lunch.

The staff induction programme was thorough and included essential training such as fire awareness, moving and handling, food hygiene, infection control and safeguarding adults. Staff were able to talk knowledgably about different training subjects and showed their understanding of how to apply these. Staff confirmed that they had training updates at required intervals, so that they were knowledgeable about current practice. 70% of the care staff had completed National Vocational Qualifications (NVQ) or Diplomas in health and social care to levels 2 or 3; and several had moved on to carry out nurses’ training. (NVQs and Diplomas are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the competence to carry out their job to the required standard).

Additional training courses were carried out in the home that were relevant to people’s care and treatment. On the day of our visit a unit manager who was qualified as a trainer, was carrying out two sessions in dementia care. This was because some older people might develop this during their stay; or other people might have undiagnosed dementia or old age confusion. Staff said this training gave them insight into better understanding and communication with people who may be living with dementia.

Nursing staff were provided with training on external courses and in-house training to improve their skills and competency, or to update these. Subjects included wound care, care of someone with a tracheostomy, (this is a surgical procedure to help people with their breathing); venepuncture (taking blood); PEG feeding (a Percutaneous Endoscopic Gastrostomy is a procedure in which a tube is passed into a person’s stomach through the abdominal wall, most commonly to provide a means of feeding when their oral intake is not adequate); and use of syringe drivers (a syringe driver is used to develop a measured dose of medicines at a continuous slow rate, and is often used for pain relief).

Staff confirmed they had completed training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), and were able to talk about how they would support people who lacked mental capacity. Some people had fluctuating capacity due to their physical illnesses, such as ‘strokes’. If people who lacked capacity needed to make difficult decisions, meetings were arranged with their relatives, health and social care professionals, the unit manager and the registered manager to discuss the situation and make a decision on their behalf and in their best interests. We saw that these were meetings were recorded with minutes taken to evidence how decisions had been made in people’s best interests.

Staff obtained people’s verbal consent before carrying out any practical care tasks. We heard staff asking people where they wanted to go, and if they were ready to be assisted with personal care. Staff asked people to sign their care plans to show their agreement and consent to their care planning. Written consent was obtained for taking photographs of people for identity purposes, or for recording any bruises or wounds. These helped to show how wounds were improving or deteriorating. Some people were assessed as requiring bed rails for their safety. The use of bed rails had been thoroughly discussed, and records showed that bed rails were properly assessed for any risks of entrapment or restrictions to people’s independence. The bed rails were an integral part of the

nursing beds, which minimised the risks associated with their use. People or their relatives were asked to consent to the use of these in accordance with the discussions with the nursing staff.

People were able to sit where they wished for their meals, such as in their bedrooms, dining-rooms or lounges. Each unit included its own dining and lounge facilities, but people could move between floors if they wished to sit with friends on other units. There was a choice of dishes for each course of each meal. People could have a cooked breakfast if they wished, as well as usual breakfast foods such as porridge, cereals and toast. Menus showed that the chefs prepared a varied range of foods to provide a nutritious diet, and to give people choice. The catering staff were informed about people's different dietary needs, such as vegetarian and diabetic diets, and pureed foods. People said that they could also ask for alternatives to the items on the menu if they wished. Tea times included a hot dish as well as a choice of foods such as soup or sandwiches. Each floor had a small kitchen with a microwave where drinks and snacks could be prepared. People were offered hot and cold drinks throughout the day, and biscuits and home-made cakes were provided. People knew that they could ask for a snack or a drink at any time.

Dining tables were laid with place settings and serviettes, and food was attractively presented. Aids to eating were provided, such as plate guards and specialised cutlery to help people retain their independence. Staff told people what the meal was as they handed it out, and spoke to them in a warm affectionate manner. Staff assisted people to sit comfortably, using cushions for some, so that they were in a position where they could eat comfortably. Staff supported people with eating and drinking as needed. They sat next to people and engaged most people in quiet conversation whilst assisting them, so as to make the meal a pleasant occasion.

Some people had 'PEG' feeding tubes for their dietary intake or supplements. The nursing staff were trained in managing these and in ensuring that people received the correct food and fluid intake. The nurses contacted other health professionals for support and advice. These included diabetic nurses, dieticians, and speech and language therapists.

People's health needs were assessed as part of the admission processes, and included their medical history and care needs. Daily living assessments were completed for all aspects of people's health and care needs such as their nutrition, skin integrity, continence, mobility, pain levels, communication and personal care. These contained detailed information to provide staff with directions for carrying out their care effectively. For example, people who needed assistance to move with the use of a hoist had records which showed they needed two staff to assist them, and included the type of hoist, the size of the sling, and other equipment needed. People's skin care included details of drying the skin carefully, applying any prescribed creams, and checking for sore areas every day. Wound care records showed the type of dressing to be applied, and included an update after each dressing change. A GP who visited the home on a regular basis said, "The nurses have the experience as well as the skills to fulfil their pro-active approach in problem-solving".

Additional charts were used to record positional changes for people with reduced mobility, and fluid charts for people at risk of dehydration. Body maps were used to record bruising, scratches or abrasions on people's bodies both on admission and as a result of knocks, falls or sore areas that had developed. This enabled the nursing staff to monitor people's progress.

People were able to register with a GP of their choice, but most chose to register with a GP practice from which a doctor visited the home routinely twice per week. This enabled him to build up a relationship with people, and gave them confidence in knowing who their doctor was. He carried out extra visits if they were urgently required. GPs made referrals to other health professionals if needed, and the nursing staff kept clear records of their visits to the home, and changes in people's treatment. Other health professionals included physiotherapists, occupational therapists, hospice nurses, dentists, opticians, and chiropodists. One person told us they were pleased that an appointment had been made for a visit from a dentist, as they were suffering with some tooth problems. Records showed that blood tests and other medical tests were followed up appropriately.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the staff and the care given. Some of their comments included, "Staff are kind and give good care, and I am very happy and feel safe"; and, "It is a good home, all the staff are kind." Relatives said they felt that staff were friendly and caring, and one of them said, "We are in every day and would know if anything was wrong." There was evidence of people's well being throughout the day with people engaging with one another, their visitors and the staff. Many people attended the hairdressing salon during the day, and two people who were waiting said, "This is our time just to chat, it's lovely, it's just like we always did".

Staff addressed people's needs in a caring manner, and talked to them whilst supporting them, and reassured them. They responded to people's requests quickly and call bells were answered promptly. People's bedroom doors were closed when care was being delivered. Staff were seen to knock before entering bedrooms, showing respect for them, and promoting their dignity. People said they were quite happy with the way in which care staff supported them. One person said they appreciated how staff did simple things to help them, such as being on hand when they moved from their wheelchair to an armchair, even though they could do this without physical help from them. The staff stayed with them in case they were needed. Staff ensured that people were well presented, and paid attention to details, such as supporting people with wearing jewellery and make-up.

Friends and relatives were free to visit at any time, and said they could talk to people in private, either in their bedrooms, or in different communal areas. The home had a welcoming atmosphere, as staff greeted visitors on arrival, and offered hot or cold drinks. People's relatives said that the staff were "Very good" at contacting them if they had concerns about their family members' health needs, or if there were changes in their care. Relatives were supported in speaking to people's doctors or other health professionals, when the person wished them to be involved. Relatives appreciated being able to take part in people's care if they wanted to, such as helping them with their meals. Another relative said, "My mum has always been consulted about her wishes; and nursing staff have always found time to talk with us and listen to any concerns."

Staff spoke positively about the home with comments such as "I would be happy to recommend this home to anyone"; "I would choose this home for my own relatives"; and, "Caring is what we do; caring is our strength." Staff demonstrated this by their knowledge of people's preferred routines, their likes and dislikes and their previous life histories. Care plans included a form called 'Getting to know me', which provided information about the person's life, family and hobbies. Staff knew, for example, if people liked being out in the garden in good weather; if they preferred a bath or a shower; if they liked to be in company or if they preferred to stay on their own. They recognised people's mood changes even if they could not communicate them verbally. Care plan daily reports included comments such as 'Smiling, looking bright and happy' showing that staff were aware of the importance of people's emotional wellbeing.

Staff showed compassion and sensitivity towards people who were at the end of their lives. People and their relatives were consulted about their end of life wishes. People had care plans for their 'future wishes', for which some had detailed information on how the person wanted to be supported, and some included people's decisions on their funeral arrangements. Some care plans stated that in the event of serious illness, people did not want to be taken to hospital, but wished to stay in the home. The manager encouraged people to share their wishes as part of the admission process, so that it did not upset people by raising this subject at a later date. Some people had forms for 'Do Not Attempt Resuscitation' (DNAR) in their care plans. These had been assessed by health professionals such as GPs and nursing staff, and had been properly discussed with the person concerned, and with their relatives, if the person wished for them to be involved.

The nursing staff worked closely with hospice nurses, and ensured that people were provided with medicines to keep them as pain-free and as comfortable as possible. Nursing staff were trained in the use of specialist equipment such as syringe-drivers, which provide a continuous dose of medicines and are often used for pain relief at the end of life. A relative said "They always treat mum as an individual", and stated that the staff had purchased a different bed so that she was more comfortable. Care staff were made available to sit with people if they did not have anyone else present and wished for company. Nursing and

Good

Is the service caring?

care staff were very respectful after people died, ensuring that they were nicely presented in a clean and tidy room, and showing support and kindness to people's family members.

Good

Is the service responsive?

Our findings

People told us that the registered manager had assessed their health needs before their admission and they were involved in discussions about their care planning. Some people wished for their relatives to be involved, and two relatives told us they had seen the care planning information and were kept informed of any changes in their mother's care. Another relative said that her mother had been very ill when she was admitted, but that was some time ago, and she had had such good care that she had improved. She said, "The nurses are brilliant, and so 'on the ball'. If I am worried, the GP will see me whenever I want. The GP is brilliant too. My mum calls this her home." Another person told us their walking had improved, and there was the possibility of using a walking frame instead of a wheelchair in the future. They said this was helping them to regain their independence.

People's care plans contained individual information about their preferences and how they liked things to be done. The files were available for staff to access, and the information was easy to locate and understand. This enabled staff to quickly become familiar with people's choices, such as getting up and going to bed, bathing or showering, and taking part in activities. For example, 'Likes to get up around 6am and go to bed at 10pm'. 'Does not like a night drink but has hot chocolate to drink when wakes in the morning'. 'Sits upright in bed, lights off'. Other care plans stated if people liked their doors open at night, how many pillows they had in bed, and if they liked to have a rest on their bed after lunch.

The provider employed two activities organisers, who spent most mornings having individual time with people in their rooms. This included reading to them, playing music, discussing newspapers, helping with crosswords, and just chatting with people. Group activities were carried out in the afternoons, and people could attend these from different units. They included items such as armchair exercises, bingo, reminiscence, arts and crafts, and flower-arranging. Two people told us they particularly enjoyed the bingo, and liked going to the hairdresser's salon. Other people told us they liked entertainment which was brought into the home, such as singers and musicians. The home celebrated special events such as having a Christmas party, Summer barbecues, and had raffles. Relatives were invited to attend any of the events, and also to share in residents and relatives' meetings which were accompanied by tea and cakes.

The home provided a 'trolley shop' at least twice per week, when people could purchase everyday items such as toiletries, tissues, sweets and crisps. The staff could access this on other days if people wanted a specific item.

The home had links with local churches, and had in-house services from two of these. There were also arrangements for people to take Holy Communion individually in their rooms if they could not attend a service, or did not wish to leave their rooms.

People were supported with going out of the home with staff or relatives. Staff took two or three people out together to places of interest or to garden centres or cafes, using a wheelchair taxi. One person said they enjoyed going out with their relatives for meals at a nearby restaurant. They were able to use a bus with their relative's support, "Even in my wheelchair".

People were invited to share any concerns on a daily basis, and told us that if they had any complaints or concerns they knew they would be taken seriously, and they could talk to "Any of the staff". The minutes of a recent residents and relatives' meeting showed that people had been invited to discuss any concerns during the meeting, so that (as one relative said), "Good communication is carried out". This was also raised in yearly surveys, which included questions such as 'Do you feel that concerns and complaints raised are addressed and responded to by staff?' People's responses were 'Good' or 'Very good' in answer to these questions.

The service displayed the complaints procedure in the entrance hall where it was available to anyone. People and their relatives were given a copy of this when they were admitted, and the registered manager stressed her availability to people at any time. This enabled her to deal promptly with people's concerns. There had been no formal complaints during the last year. Records of previous complaints showed that they were taken seriously and were properly investigated and addressed. They were used to bring about improvements to the home when this was indicated.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and the running of the home. They said that the registered manager and the staff were approachable and they could ask them anything. Relatives said that there was good communication between them and the staff, including unit managers and the registered manager.

Staff said that they felt involved in the home's on-going development. They had handovers before every shift, and were given thorough updates if they were returning from leave. They were given clear directions and knew what their responsibilities were. Staff meetings were carried out every two to three months, and included different meetings for heads of departments and different job roles. The agendas were circulated before the meetings, and staff were invited to contribute to the agendas. Minutes of meetings were circulated to staff afterwards. Staff received individual supervision every two months, but said they knew they could ask for extra supervision at any time if they needed it. One of the staff said, "I couldn't ask for a better manager, her office is always open"; and another said , "The management always respond promptly to any concerns we raise such as faulty equipment, which is quickly repaired or replaced". The staff showed understanding of the home's policies and procedures, and thought that work was well planned and delegated, and was person-centred.

Care staff shared their observations about people daily with the nurses or unit manager, and were confident that their input was taken into account, and used to upgrade care plans and risk assessments. Care plans were in the process of being updated and the system changed, in order to provide a better system to keep up to date with changes in people's health needs or circumstances.

Staff said that the registered manager regularly worked with them carrying out nursing duties, to ensure she kept up to date with how people were, and how staff were caring for them. She had been administering medicines on one of the units when we arrived for the inspection. The registered manager visited the service at night to carry out supervision with the night staff, so that she knew how well the service was running in the night time as well as the day time. She had also stayed overnight occasionally in a vacant bedroom to test out new beds or mattresses, so that she could see what it felt like for people living in the home. This enabled her to empathise with people, and enter into their feelings and experience.

A GP told us, "Brabourne Care Centre is one of the best run nursing homes in the area. The service has a management structure, policies, and a chain of command that is accountable and responsible."

The registered manager worked with other services to bring about on-going improvements. She requested feedback from visiting health and social care professionals and listened to advice. A health professional said, "The manager is always accessible and nursing staff take on board any advice I give." A GP said, "They seem to understand and engage with the Local CCG (Clinical Commissioning Group) priorities about medicines management, and treating their residents in a primary setting as best as they can."

The registered manager told us that the service had recently employed an external company to check all staff recruitment, employment, training and appraisal practices, so that the provider could ensure that staffing management and practices were kept up to date. This showed a commitment to ensuring that staff were recruited and trained in accordance with current employment legislation.

People and their relatives were invited to share their views at residents and relatives meetings, at events, and through yearly questionnaires, as well as on a daily basis. Surveys in 2014 had produced positive results. The questions had included asking how people felt about their personal care and support, if they were able to get up and go to bed at their preferred times, and how they felt about the food, the premises, social activities and the management. Action had been taken to follow up people's comments, when these could bring about on-going improvements to the home.

The registered manager had auditing procedures to monitor the home's progress and quality. These were delegated to different line managers in accordance with their job roles. For example, the chefs carried out kitchen audits to check that food temperatures and cleaning programmes were carried out correctly; and the training manager audited staff training needs. Other audits included hand hygiene audits using a 'light box' (which

Good

Is the service well-led?

shows if hand-washing is effective against bacteria, or if there is poor practice); infection control audits, medicines management audits and checks for tissue viability. This identified if correct procedures were being used to prevent people from developing pressure ulcers.

The registered manager ensured that CQC were appropriately notified of any untoward events in the home. A notification is information about important events which the provider is required to tell us about by law. She kept up to date with changes in legislation, and had attended a meeting with other registered managers and providers to learn about CQC's new inspection processes.

Records were stored so as to protect people's confidentiality. They contained clear directions and information and were kept up to date. Records were appropriately signed and dated.