

# Branksome Park Care Centre Limited

# Branksome Park Care Centre

## Inspection report

17 Mornish Road  
Poole  
Dorset  
BH13 7BY

Tel: 01202761449  
Website: [www.branksomeparkcare.co.uk](http://www.branksomeparkcare.co.uk)

Date of inspection visit:  
22 July 2022  
25 July 2022  
26 July 2022

Date of publication:  
17 August 2022

## 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

### About the service

Branksome Park Care Centre is a purpose-built home in a residential area of Poole. It is registered to provide nursing care, treatment and rehabilitation for up to 59 people over the age of 18 some of whom were living with chronic and complex neurological conditions. The home is split over three floors which are accessible by stairs or a lift. There were 58 people receiving a service at the time of inspection.

### People's experience of using this service and what we found

People, their relatives and staff told us they felt safe living at Branksome Park Care Centre, there were enough staff to meet people's needs. The home was busy, with a calm and welcoming atmosphere. People were protected from the risk of avoidable infection as infection prevention and control procedures were in place.

The registered manager and senior management team had made numerous improvements within the home since our last inspection. Governance systems within the home were operating effectively and had enabled them to identify further improvements such as with care planning and communication.

People received their medicines as prescribed. However, we identified some areas where information was required or could be strengthened. The registered manager and the clinical team took immediate action to rectify those areas. There was no impact to people identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had the necessary capacity assessments and legal processes in place to ensure their rights were fully respected.

Staff were trained well, understood their role, responsibilities and felt supported. Staff only worked within their scope of competence. Recruitment procedures were robust. People had access to enough food and drink. The home worked well with a variety of health and social care specialists and professionals. We were told the home was proactive and responsive where people's medical needs were concerned.

Risk assessments and care plans were in place for people's care and support. However, records had been transferred to a new electronic system and were not always person centred or consistent. The home had recognised this and while the transfer took place, the registered manager had mitigated the risks to people by allocating staff to specific people and areas of the home and running another electronic daily planner which held up to date information about people's needs. Increased checks of care and compliance had been actioned and the registered manager and clinical lead were continuously monitoring. There were clear, realistic timescales in place for completion.

People had access to a wide variety of activities and opportunities. People were encouraged and supported

with independence. People and their relatives told us staff treated them with dignity and respect.

We received positive feedback about the management of Branksome Park Care Centre. The home was open in their approach to learning and driving improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was outstanding (published 6 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Branksome Park Care Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by three inspectors, a specialist advisor nurse and a pharmacist specialist.

#### Service and service type

Branksome Park Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Branksome Park Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and commissioning teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We communicated with 10 people who used the service and six relatives about their experience of the care provided. We spoke with and received feedback from 16 members of staff including the registered manager, managing director, facilities director, clinical lead, senior nurse, nurse assistant, care assistants, wellbeing lead, chef and housekeeping staff. We received feedback from three health and social care professionals who work with the home. 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 reviewed a range of records. This included 12 people's care records and nine medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager and managing director to validate evidence found. We looked at training data, policies and procedures. We received additional documents and evidence in a timely manner.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines as prescribed. However, where some medicines were taken occasionally guidance for staff was not always in place to ensure they were given consistently. The registered manager and clinical lead addressed this immediately and created guidance for each medicine.
- An electronic system was used to manage medicine administration within the home, this was completed accurately. This meant that changes were made instantly, and records updated.
- Where medicines were given covertly, without a person's knowledge, and often disguised in food or drink, the correct information and legal consents were in place. Medical advice ensured medicines maintained their effectiveness.
- Medicines were stored securely, and storage temperature checks were maintained correctly. However, the home had recently had a change to their oxygen cylinder supply, and these did not fit securely within the storage cage. We raised this with the registered manager and facilities director and they immediately requested a review from their service provider.
- Medicines that required stricter controls by law were recorded and a stock book was maintained accurately. Medicines were stored in a locked cabinet within a locked room. However, we found that the cabinet was not secured to the outer wall in line with legislation. The facilities director arranged for this to be completed immediately.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all of their care and support needs, staff knew people's risks well. The home was transferring to a new electronic care planning system, while the transfer took place the registered manager had additional safeguards to ensure safe care such as allocated staffing and using a daily care planner.
- People had personal emergency evacuation plans in place, these gave instructions on what support a person needed to evacuate the home. However, they did not always refer to disconnecting the medical equipment being used. We raised this with the registered manager, and they made updates to the plans immediately.
- Risks to people's health and wellbeing were discussed in handover meetings and clinical meetings were held twice daily. Information and any changes were updated on the daily care planner. This meant staff had the most up to date information available to them.
- The home had a robust programme of maintenance and equipment checks in place. This included water checks, electrical, gas and fire safety procedures. Staff were trained in health and safety and regular knowledge checks took place such as de brief sessions following fire drills. Actions from these events were analysed to learn from the exercise and make improvements to practice.

- There was an open culture within the home to learn from accidents, incidents and events. Accidents were recorded and analysed, the outcomes were used to reduce the likelihood of the accident or incident happening again. Learning was shared through the provider's other homes which meant there was an extra layer of learning.

#### Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us Branksome Park Care Centre was a safe place to be. Some comments we received were: "I feel my relative [name] is safe as they [staff] keep me informed and call me if needed", "I do feel safe, I am happy with my room", "My loved [name] is certainly safe here." Some people used nonverbal communication, they responded positively to our questions regarding feeling safe within the home.
- Staff told us they knew how to recognise the signs that someone may be at risk of harm or abuse. They knew who to report those concerns to both internally and externally. A member of staff told us, "I would report to our clinical lead or manager. I would report to the directors [names]. If I was still concerned, I would report to CQC or the police." Another member of staff said, "If I thought abuse was going on in the home I would firstly go to my Manager. If that failed, I think I would report it to Social Services or if I thought far more serious, the police."
- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon by the management of the home. Safeguarding concerns were reviewed monthly, records showed all necessary actions had been taken. A health and social care professional told us, "I do not currently have any safeguarding concerns about any residents residing at Branksome Park Care Centre."

#### Staffing and recruitment

- There were enough staff on duty. People and their relatives told us staff were there when they needed them. The home had reduced agency staff usage within the home. Where agency staff were required, the same agency staff were booked so they could get to know people's needs, this provided a good level of consistency for people .
- The registered manager checked the needs of people to calculate the required staffing levels within the home. Recruitment was ongoing, the home had experienced difficulties, as many other providers were, due to unplanned sickness and the national shortage of workers in the care sector.
- The home had a robust recruitment procedure in place and records showed this had been followed. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. However, disposal bins for sharp object were not always labelled when assembled in line with guidance, we spoke with the clinical lead who rectified this immediately.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visits to the home were facilitated in line with current guidance for good practice in infection control.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home. This information formed the basis of their care plan. The registered manager told us they conducted the majority of pre-assessments face to face, to ensure the home could meet the needs of the person. A member of staff told us, "Residents who come to stay here are assessed first so we use the information from the assessments to start planning their care before they arrive."
- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were within the care plans and on the electronic daily planner. Staff training and knowledge about clinical procedures, nutrition and skin health demonstrated the plans had been created with evidence-based practices in mind.
- The home had twice daily meetings for staff to discuss events and concerns. The registered manager told us they updated the electronic daily planner, so staff had the most up to date information about people to hand.

Staff support: induction, training, skills and experience

- Staff were selected to work at Branksome Park Care Centre based on their values, experience and training.
- Staff induction was comprehensive and included a programme of both online learning and face to face practical sessions. During induction, staff had training in subjects such as safeguarding, infection control and fire safety, as well as completing shadow shifts. Staff new to care undertook, The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they received enough training to enable them to carry out their role effectively. One member of staff said, "Before joining I have attended training which includes all the necessary information which helped me to make sure to provide an exceptional care for our residents and ensure I am meeting their needs each and every day."
- Clinical care was a priority within the home. Staff were adequately trained to provide the care people needed. Staff worked within their scope of knowledge and training. There were opportunities to progress and develop.
- Staff told us they felt supported, they had received supervision sessions with senior staff and records showed these were two-way. Staff were given the opportunity to give and receive feedback on their performance and request development if they needed. The registered manager told us it was important to provide career progression for staff within the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink. People were given a choice of meals and there were alternatives and lighter meals available for them. People's comments about the food included: "The food is ok here", "I like the food", "Food is good." People told us they can have anything they want to eat, at any time.
- Some people required specialist support to take in nutrition and medicines by using a PEG (percutaneous endoscopic gastronomy). The 'PEG' is the placement of a feeding tube through the skin into the stomach wall. It is used when people are unable to eat or drink independently and safely.
- People were offered a choice of meals from the menu. Alternatives were available and the chef met with people regularly or as requested to discuss their preferences. People told us they chose their meals in advance but could change their minds.
- Specialist input was sought either from medical professionals or speech and language therapists. Records showed detailed plans were in place where food and drinks needed to be adapted to allow for safe swallowing. The chef and kitchen staff had the information they needed with regard to people's needs and preferences such as, special diets and allergies.
- Where people required support to eat and drink, we observed this was carried out in a respectful, calm manner by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care services when they needed them. The home specialised in complex clinical care and support. Referrals were made from the home to a variety of professionals, such as doctors, specialists and nurses. Frequent input and good communication with external professionals contributed to people receiving joined up care.
- The registered manager, clinical lead and senior nurse said they worked well with all professionals and were comfortable seeking their input when needed. Records showed regular input by health and social care specialists.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers and the electronic daily planner. This meant that people were receiving the most up to date support to meet their health needs.
- Health and social care professionals were positive about how care was sought for people in a timely manner and without delay. Health and social care professionals gave us many examples of where the home had sought input. One professional told us a person had received the right care, "Due to the skill and caring nature of the staff and management."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The home met the requirements of the MCA. MCA assessments had been carried out where necessary in relation to people's care and support needs. This meant that people's rights were fully protected.
- People and their relatives told us staff asked for their consent before supporting them and providing their care. We overheard staff seeking consent and offering choices during the inspection.
- Best interests' decision meetings were held where a person was assessed to lack the capacity to make a specific decision. The meetings or discussions involved the person, those closest to them and professionals involved in their care, either in person or by telephone consultation. Where legal authorisations were in place for others to make or contribute to decision making on behalf of the person, the correct paperwork was checked, and a copy obtained.
- Staff had received training on the MCA and were confident about consent and involving people in decisions. One staff member told us, "People have human rights we need to respect and we need to work to respect these and to adhere to legislation and laws."
- The registered manager and clinical lead had identified where people needed to be deprived of their liberty for their safety and wellbeing. They had applied for this to be authorised under the DoLS.
- The registered manager understood the requirements of the MCA and was aware of conditions attached to the legal authorisations. Monitoring took place to ensure conditions were met.

#### Adapting service, design, decoration to meet people's needs

- Improvements had been made to the environment within the home, extensive updating and modernising had taken place to ensure safety in the home. There was an ongoing plan of maintenance, decoration and refurbishments.
- People were encouraged and supported to have their personal effects, furniture and possessions with them in the home.
- The home had wide corridors and doorways to enable safe and easy movement of beds and medical equipment.
- Appropriate signage was displayed around the home, supporting people to find their way, and many doors were open into communal areas and the courtyard area, allowing people to use different parts of the home with ease.
- The home was accessible by stairs and a lift. There was level access to the secure gardens and outdoor spaces and patios.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in their care. Meetings were held every month and people were given an opportunity to feedback and make suggestions within the home. A relative told us, "They ask what is important to my loved one [name], they keep me informed every step of the way." A person told us, "Yes, they [staff] I do feel listened to, they [staff] do things how I want."
- Staff told us they always gave people choices throughout the day with all their care and support needs. We observed staff offering choice and asking how they wanted things done. A person said, "They [staff] keep checking if I need things."

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. Comments included: "The staff here are so lovely", "The staff are caring, proactive and responsive", "Passionate nurses", "The staff are very kind when they help me", "Staff are absolutely fantastic."
- Staff had received training in equality and diversity. Staff told us they would support people from any background with their care needs, understanding and appreciating people's differences was important to them. The home had a diverse and multi-cultural workforce.
- People were supported to observe their faith if they chose to and the home had a chaplain who led and provided services for people. We observed a service taking place, it was full of singing, laughter and love. It was well attended by people and their relatives.
- The home had received compliments about the care it provides. We read the following, 'A huge thank you to you and your colleagues, for continuing to care for not only my loved one [name] but the other residents. I am sure I speak on behalf of all the families, when I say how grateful I am for everything you are doing and the care you are providing for the people we love'.

Respecting and promoting people's privacy, dignity and independence

- People's rights were promoted within the home. There was a culture of openness and acceptance. People told us they could be themselves and this carried through to the staff within the home.
- Confidential documents were kept securely locked away when not in use, passwords and safeguards on electronic systems. Staff were aware of the procedures for handling sensitive information within the home.
- People and their relatives told us staff treated them with dignity and ensured their privacy was respected. People were supported to express themselves how they wanted to do, including by their clothing, interests and preferences. People were supported to maintain relationships with loved ones and friends.
- Promoting independence for people was important to staff. We observed them supporting and

encouraging people to walk, making sure they had their walking aid at hand or showing them the way. The home supported some people with rehabilitation and worked with external professionals to regain or improve skills.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care that was responsive to their changing needs. However, the home was transferring to a new electronic care planning system. Some care plan records contained conflicting information and written in language which was not person centred. The registered manager had established a process to mitigate risks to people while the transfer was being completed. This included, keeping information up to date on the daily care planner, having allocated staff and increased supervision of care.
- People's care plans explored their needs as well as their skills and abilities. Specific care plans detailed people's individual health conditions, for example, needs related to epilepsy and diabetes. Photographs and body maps were used to support wound care which enabled staff to access clinical advice and monitoring when needed. A health professional said, "In my experience Branksome Park are responsive to care planning and act accordingly."
- Staff had enough information and detail to care for people. The registered manager and clinical lead told us all information is updated on to the daily planner for staff to refer to and guide them. A staff member told us, "I am able to understand each resident's needs because of the information available."
- People had been given the opportunity to discuss their end of life needs and last wishes. This included speaking with people's relatives to help them to make their wishes known including any spiritual or cultural needs. The home's chaplain was involved in this area of care and was making improvements to the end of life plan for the home.
- Staff had received training in how to support people and their families at the end of their life. The home had worked in partnership with healthcare professionals to ensure people received dignified and comfortable care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to engage and socialise with each other if they wanted. People and their relatives told us they spent their days how they wished. Staff had supported people to continue their hobbies, interests and create new ones. People were supported to continue with clubs and day centres. One person told us about the wellbeing lead and said, "Anything I ask them for, they arrange."
- People had access to a wide range of activities which included group activities both inside and outside the home and one to one time. This was especially important as some people spent time in their room. Efforts were made by staff to support people to access the activities within the home including transporting medical equipment to enable them to participate in group activities.
- Some of the activities people enjoyed were; cheese and wine, multi-faith sessions, scrapbooking, gentleman's club, baking and cookery, caring canines, singers, music and exercise.

- People had been supported to maintain contact with their relatives, friends and loved ones by telephone, video calls and face to face visits. This has been especially important to people throughout the COVID-19 pandemic where there had been restrictions on visitors to the home. Activities delivered by the home are documented on closed social media groups, this meant families and friends could see the activities their loved ones were part of.
- The home had a wellbeing lead who arranged the schedule for people. Feedback was sought regularly from people about the quality of the activities and suggestions were always welcome.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were included in their care plans and within the electronic daily planner. These needs were shared with external professionals when needed.
- Staff supported people in ways they preferred and met their communication needs. We were given guidance throughout the inspection by staff when required to support our communication with people.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and who to speak to if they had any concerns. They felt comfortable to do so and confident that the registered manager or managing director would address any issues they had.
- Information on how to make a complaint or raise a concern was displayed within the home and included information given to all people and their loved ones.
- The provider had a complaints policy and procedure in place. Records showed that complaints had been dealt with to the complainant's satisfaction.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems in place were robust and effective in managing the risks to the quality of the service. The home had an overall service improvement plan in place, with timescales and responsibilities listed. The management team had identified several areas for improvement within the home, such as personalisation and reviewing of care plans and communication.
- A range of audits were undertaken to enable the registered manager and provider to ensure all areas of the home operated safely. These included; medicines, calls bells, infection control, clinical tasks and health and safety audits. Each audit had clear action plans which fed into the overall service improvement plan. This meant the home was continually learning. Outcomes, where appropriate, were shared in staff meetings and handovers.
- Staff understood their role and had clear responsibilities. Staff had job descriptions and told us they were clear on the expectations of the registered manager and the home. Clearly defined roles ensured that staff did not work outside their competence, specifically where tasks were designated to qualified nursing staff.
- The registered manager and management team were passionate in their vision for the home, acknowledging the improvements that were still required but appreciating the work that had already taken place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a transparent, inclusive and open culture in the home, the management team had acknowledged the improvements they still needed to make. They were realistic in their approach. The registered manager told us they actively engaged staff in decisions about the home. Staff told us they felt included.
- Staff were proud to work at Branksome Park Care Centre, their comments included: "Very proud", "We work really hard in a busy but fantastic home to care for a range of different needs and yet the job is satisfying and there is a good atmosphere in the home. Each day does present with different challenges, but we work as a team to overcome this and reflect and continue to improve!", "I feel I make a difference in the residents lives which is what I'm there for, so I'm proud of that", "I am proud of working there. I love my job and making a difference to the lives of the residents in our care."
- People, their relatives, professionals and staff were complimentary about the leadership of Branksome Park Care Centre. Some of their comments included: "I think the registered manager [name] is very approachable and she leads the team well. I find they are responsive to problems and feedback",

"Management have been and are brilliant support the registered manager [name] is amazing. I like them and I know I can always go to them for anything whether it's work or personal", "I enjoy working with the registered manager [name], and have high regard for all Branksome Park Care Centre staff", "I feel that the registered manager [name] is a skilled and competent nurse and is an effective manager",

- Staff felt appreciated and the provider had recognition schemes in place, such as, 'Employee of the month', the registered manager told us they frequently added compliments to the daily care planner for all staff to see. We saw many compliments that had been shared with staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and deputy manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

- The registered manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The team at Branksome Park Care Centre had made efforts to engage positively with their local community and members of the public. The home had made good links within the local area including community groups, clubs, churches and schools. The home was open and welcoming to people from all walks of life and backgrounds.

- People and their relatives were offered the opportunity to be involved in the home by attending regular meetings. They felt they could speak to staff or the management team at any time. Feedback forms could be accessed throughout the home, the responses from these had been used to improve practices within the home. The home issued a newsletter and used social media to keep in touch.

- The home undertook satisfaction surveys for people. These were used as a way for the home to drive improvements. The home shared good practice throughout the provider's other homes. The registered manager told us there was always an opportunity for learning. The managing director told us learning and driving improvements was embedded into the culture of the provider.

- The home worked well with external professionals. The registered manager told us it was vital to create and maintain the close relationships with professionals outside the home for the good of the people living at the home. A health and social care professional told us, "I have worked with Branksome Park Care Centre closely. They have always been very proactive and responsive and work well in multi-disciplinary matters. I have also observed that staff keep comprehensive and accurate records."