

## The Orders Of St. John Care Trust

# OSJCT Brookside

### Inspection report

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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?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

Brookside is a care home based in Melksham in Wiltshire. The provider is an Orders of St. John Care Trust home and is registered to provide care for up to 50 people.

At the time of our inspection there were 48 people living at the home. Accommodation was arranged over two floors. Brookside care home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 service was last inspected in March 2014 and was found to be compliant. This was the first rated inspection.

The service excelled in encouraging and enabling people to voice their opinion about how the home was run. People were at the forefront in making decisions such as, the building of a sun lounge, the choice of having a juice dispensing system, how the home would be decorated and the selection of furniture for the lounge and the new sun lounge. People made friends and staff understood the importance of enabling and supporting friendships and relationships that people may form.

The culture in the home was one of care and compassion for each person and small examples such people decorating stones for the rockery demonstrated how the service valued each person. Staff were proactive in putting forward ideas on how they could better support people, such as putting a toaster on the tea trolley to encourage people to eat more. Staff worked together with people to improve their emotional wellbeing through the use of life story books and there were many positive outcomes for people particularly those living with dementia.

People told us they felt safe living at Brookside. Medicines were managed safely and people received their medicines on time and in a place of their choosing.

Staff had received appropriate mandatory and specific training in order to meet the changing needs of people. Staff told us they felt well supported by the management team. They received support and on-going development through reviews and an annual appraisal with their line manager.

There was a policy and procedure in place in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). The MCA is a law about making decisions on what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom. The policy and procedure in place were being implemented effectively and consistently within the service.

People had sufficient to eat and drink and the food choices on offer were varied and nutritious. People told us the food was "really good" and "excellent" and they felt they had a good diet. People took an active role

in making decisions about the menu choice on offer.

A range of activities over five days a week were available which people were free to take part in if they wished. The service was soon to implement an activity programme over seven days a week because of the uptake of the activities so far on offer. People told us they enjoyed taking part in different events and social events which the home provided.

Before people moved into Brookside an assessment of their needs was undertaken. Care plans had been completed which explained how people wished to be supported and care needs were monitored and reviewed to ensure the support given continued to meet people's needs.

The registered manager and the staff team strove constantly to improve the quality of the service people received by ensuring people were at the forefront of making decisions which affected them. The local mayor praised the home for the way it interacted with the community and the quality of care and support it gave to older people.

## 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 told us they felt safe living at Brookside.

Medicines were managed safely and people received their medicines on time.

Staff were aware of how to recognise signs of potential abuse and were clear about the action they would take to prevent people from harm.

Appropriate management plans were in place to ensure people were kept safe from harm.

### Is the service effective?

Good 

The service was effective.

Staff received a range of training and support which enabled them to do their job safely and effectively.

Staff adhered to the principles of the MCA and this was reinforced within the care plans.

People told us they enjoyed their meals and there was plenty of variety on offer.

People were supported to attend health and other appointments as required and timely referrals were made to health care professionals.

### Is the service caring?

Outstanding 

The service was caring.

People and relatives told us staff were very caring, kind and compassionate.

The culture of the home was for people to be at the centre of decision making and we found this was put into practice.

Staff worked with people and families to create life story books which gave comfort to the person and celebrated their life.

The service looked at various ways to engage with people to help them make decisions about the day to day running of the home.

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

**Good** ●

The service was responsive.

People were supported by staff to take part in a range of activities available both in and out of the home.

There were support plans in place on how the person communicated their wishes and how to support people with managing their emotional wellbeing.

People and families were involved in how they wished their care and support to be delivered and their preferences for this.

There was a complaints procedure in place and people told us they would raise any concerns with staff or the registered manager.

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

**Outstanding** ☆

The service was well led.

Staff felt well supported by the management team.

People were involved in how the home was run and their views were sought to improve the service.

There were regular quality assurance audits which, where shortfalls were identified, were addressed in a timely manner and monitored to ensure standards were maintained.

There was an on-going development plan as the service strived to constantly improve for the benefit of the people who lived at Brookside.

# OSJCT Brookside

## Detailed findings

### Background to this inspection

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

An inspector and one expert by experience carried out this inspection which took place on 18 and 23 November 2016. The first day of the inspection was unannounced. An expert by experience is a person who has personal experience of either using, or caring for someone who uses this type care of service.

Before the inspection we reviewed the information we held about the service. We read the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

Some people living in the home were not able to tell us what they thought of the service. We therefore observed the care provided, to help us understand their experiences. We spoke with the registered manager, regional manager, senior and other care staff, housekeeping, the chef and kitchen assistant, the Chief Executive of the Trust and an Admiral Nurse [Admiral Nurses are specialist dementia nurses who give expert practical, clinical and emotional support to families living with dementia to help them cope].

We spoke with twelve people who use the service and two relatives. We also spoke with a health professional who was visiting the home at the time of the inspection. We reviewed seven care plans and their associated risk assessments and records. We looked at four staff recruitment files and other documents relating to staffing. In addition we reviewed documents relating to the management and running of the home.

## Is the service safe?

### Our findings

People told us they felt safe living at Brookside with comments such as "Yes, very safe, everyone is so lovely" and "Absolutely, we couldn't be anything else". The home and gardens were well maintained and safe throughout. The layout of the building promoted people's independence, dignity and safety. The communal areas of the home were clutter free and spacious with easy chairs dotted around for people to rest.

Measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which housekeeping staff followed to ensure all areas of the home were appropriately cleaned. We found bedrooms and communal areas were clean and tidy. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection.

Staff promoted people's safety by ensuring they had access to their mobility equipment and offering support if required. Staff supported people to carry out tasks, such as guiding a person to sit in a chair safely and at the person's pace. Staff were proactive in protecting people from harm, such as offering a blanket to keep a person warm, to moving items out of the way which may pose a risk, such as coffee cups.

There were management plans in place to reduce the risk of harm and people told us they knew why risk assessments had been completed. The risk assessments in place identified potential risks individual people may be susceptible to, such as around mobility, dehydration or health related risks. The risk assessments gave clear guidance to staff on how to reduce the risk. Accidents and incidents were monitored and risk assessments reviewed to ensure all aspects had been considered, for example the environment, if the call bell was rung or how staff responded. This information was audited on an on-going basis and formed part of the development of people's support plans.

There was a safeguarding and whistleblowing policy and procedures in place which provided guidance to staff on the agencies to report concerns to. Staff had received training in safeguarding to protect people from abuse and training records confirmed this. Staff were able to describe what may constitute as abuse and the signs to look out for. Providers are required to submit notifications to the CQC informing us of any incidents relating to safeguarding of people and other incidents. The registered manager ensured notifications were submitted within the timeframe required.

People advised us they received their medicines on time and in a place of their choosing. Medicines were administered safely and there were clear protocols in place for the administration of PRN medicines [medicines which are taken as and when required]. Stock levels tallied with the medicine administration records [MAR] and medicines were disposed of according to the provider policy. Where errors had been identified such as via a pharmacy inspection, steps were taken to address these. For example, reflective meetings were held to review how the error had occurred and what action was required to minimise the risk of further occurrences.

In the room where medicines were stored, we found small yellow sharps bins which were used to dispose of

syringes or needles which community health professionals had used. The bins had not been dated when opened or when full with a label attached, it was therefore not clear when they required collection and disposal. The registered manager told us the provider had a service level agreement with local health services for the bins to be stored at the home and responsibility for the use of the bins lay with the health professionals. They assured us they would contact the appropriate person to ensure the bins were used in line with safe practice.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. All staff were subject to a formal interview in line with the provider's recruitment policy. Records we looked at confirmed this. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There was enough qualified, skilled and experienced staff to meet people's needs. Most people told us there were enough staff on duty. Some people felt that at times it was busy with one person commenting "sometimes have to wait as staff are busy, they have to see to other people who need it more". Other people felt there were sufficient staff and one person told us "I always try to do as much for myself as I can, staff are always around and I will shout if I need help" and ""I feel really safe as there is always help if you need it. They [the staff] let you try but will help when you ask".

The registered manager reviewed the call bell response times and we looked at these for the months of October and November 2016. This demonstrated that call bells were responded to quickly and in the time allocated by the registered manager. Staff told us they felt there were enough staff, although sometimes it could get busy, however, they did not feel it impacted on their ability to provide timely care and support. The registered manager reviewed the staffing levels according to people's care and support needs and advised us they would put in additional hours where required.

The equipment which people used was kept clean through a schedule of decontamination and regular checks were carried out to ensure wear and tear and necessary repairs on equipment were completed. Attached to the wall outside of the front entrance to the home was a defibrillator which had been purchased by people and staff raising funds. People had chosen this equipment to be able to offer essential lifesaving in the event of a cardiac arrest.

Each person had a personal evacuation plan which gave staff guidance on what support the person would need in the event of an evacuation such as in a fire. Emergency plans were in place to ensure people had transport and alternative accommodation should this be the case.

## Is the service effective?

### Our findings

The Mental Capacity Act (MCA) 2005 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider understood the principles of the MCA and had followed its requirements. The registered manager had identified people for whom restrictions had to be put in place and had taken appropriate action to make sure these were in people's best interest and were authorised by the local authority as the Supervisory Body. This included the administration of covert medicine [this is where the person is not aware they are being given medicine] but was necessary for the person's physical or mental health. In addition, the use of keypads to prevent vulnerable people going outside by themselves and facing potential harm.

All staff employed at the service had received training in MCA and DoLS. Staff we spoke with demonstrated a sound understanding of the MCA and had a good understanding of DoLS. They were able to provide examples of where they had assessed someone's capacity to make a decision and how decisions could be made in people's best interest if they lacked capacity.

Care records evidenced that people had consented to their care and treatment. Where families made decisions on behalf of their loved one, the provider had ensured that families held the lawful authority to do so.

During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us and we saw evidence, that staff received reviews with their line manager and an annual appraisal. The registered manager told us this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff used these meetings to reflect on their performance and to identify any training needs or career aspirations.

Staff meetings were held every two months and staff were able to suggest items for the agenda. Staff told us they felt supported in their role and at any time they could approach either their line manager or the registered manager for advice or support.

Members of staff had taken on the role of 'Champions' in various aspects of care such as in falls, dementia care and dignity. These members of staff received enhanced training in their chosen area. Their role was to

be a main contact of expertise for people, staff and families. This was particularly important where families needed information where their loved one had received a diagnosis of dementia. A more recent initiative had been the introduction of volunteers to visit people in their room to engage with people socially. The registered manager told us they were monitoring how this was received and volunteers were asked to note the outcome of their visit to ensure positive aspects could be replicated.

Staff received training which was relevant to their role in order to meet the support needs of people they cared for. Staff told us the training was good and met their learning style. Training was delivered both electronically and through face to face learning. Staff were notified of training they were required to attend and records demonstrated staff undertook training in mandatory subjects such as, safeguarding vulnerable adults, MCA, manual handling, person centred care and fire training. More specific training was given around pressure area care, mental health conditions, epilepsy and dementia awareness and other appropriate subjects.

Workshops were held for staff on different subjects such as, writing daily records. Examples of how to write the daily record was available to staff. Senior staff monitored how staff were completing these records and followed up with staff any improvements which could be made. One staff member had also completed workshops with staff on how to support people and families to develop their life story books.

The registered manager told us that at times they used agency staff, however to ensure that all agency staff met the skills required of the provider, the registered manager asked the agency to supply a profile for each agency worker. This listed the workers skills, experience and qualifications and when their training was last updated.

Meal times in the home were protected. This meant all staff supported or helped in some way to ensure people had their meal on time, in a place of their choosing and at their own pace. Some people chose to eat in their room and we observed staff supporting them to eat and drink. Others ate their lunch in the small lounge area whilst most people ate lunch in the dining room. Tables were laid with tablecloths, fresh flowers, cutlery and condiments. Some people helped to set the tables and the registered manager thanked them for how nice the tables looked.

Staff supported people to enter the dining room if required. A drink was offered from the bar and most people either had a glass of wine or a small glass of beer. There was a written menu available on each table; however pictorial menus were not in place. This meant that people may have had difficulties identifying what was written on the menus. However, people were also shown plates of food and selected from these. The registered manager told us they were intending to develop pictorial menus. Jugs of juice and water were placed on the table for people to help themselves and dishes of vegetables were placed on the table for people to serve themselves. Staff occasionally visited each table to replenish glasses or ask if people would like more vegetables.

Where staff supported people to eat and drink they were patient and allowed the person to eat at their own pace. Staff sat at the person's height and made eye contact with them. They chatted as they supported the person, describing what food was on the plate and asking which item the person would like next. Staff encouraged people to eat by saying 'just open your mouth a little wider' and 'yes, that's really good'. There was general chatter in the dining room and music in the background which one person had responsibility for setting up. The atmosphere was social, happy and people told us they enjoyed their meals. People told us the food was "very good", "exceptional" and "really lovely and we always have enough to eat".

All meals were cooked using fresh ingredients. In the serving area of the dining room, cakes and snacks were

available. People had adequate amounts to drink and hot and cold drinks were available throughout the day. This meant that the service recognised the importance of food, nutrition, hydration and a healthy diet for people's wellbeing generally, and as part of their daily life.

Care files contained a section dedicated to eating and drinking which recorded nutritional status and dietary needs such as the need for fortified or pureed food, swallowing difficulties and assistance required to eat and drink. Food and fluids were monitored for some people at risk of malnutrition, although we saw two fluid charts had not been totalled for the day which may mean staff not knowing if the person had had sufficient to drink that day. The registered manager rectified this immediately. We saw that people's weight was monitored and recorded monthly and where people's weight had changed, remedial action was taken and a referral to the appropriate health professional was made and a management support plan put into place.

The environment was designed to support and orientate people who were living with the experience of dementia. People's bedroom doors were brightly painted and had a door knocker, which we saw staff used as if entering the front door to the person's home. There were signs and pictures to help people find their way to their bedrooms, bathrooms or other communal areas.

People had access to a range of health services such as the dentist and the optician and the service supported people to attend hospital appointments if required. The service ensured that timely referrals were made to health and other professionals to maintain people's health and well-being.

## Is the service caring?

### Our findings

Throughout the visit, we saw that respect was a two way value between people and staff. People and staff spoke with each other in a kind and respectful way which was indicative of the esteem in which people held each other. Friendships had formed and people told us they knew each other well. We observed two people who were sat on the sofa holding hands. Staff told us they had become firm friends and enjoyed each other's company.

Seating was arranged so that visitors could have privacy with their loved one and also to enable social interaction in larger groups. A relative whose loved one had just moved into the home told us "we are both very happy, everything has gone so smoothly". Throughout the home were noticeboards with photographs of events, information for people and families and quiet areas where people could read the newspaper or magazines. For families who visited with children there were activity packs available to entertain them. We observed that people looked well cared for and content and told us they were very happy living at Brookside.

Staff were kind, caring and compassionate. We observed one person in the lounge became distressed and began to cry. The member of staff knelt down beside them and put an arm around the person's shoulder. They remained there comforting the person until they had calmed. Another person had a 'twiddle mat' which we saw they clearly enjoyed stroking and touching the sensory items on it. The registered manager told us this was purchased specifically for this person and it had made a big difference because it gave comfort to her. We observed a member of staff spend a long time sitting next to the person in their room, holding their hand and both enjoying a relaxed friendly conversation.

One person told us "the staff are lovely and certainly treat me with respect". A relative told us they visited the home each day to see their loved one, they told us all of the staff were "wonderful" and they couldn't thank the home enough for the outstanding care he saw being given each day to his loved one. The relative told us they had lunch every day at the home and said "I am waiting for a place for myself, I would love to live here". A visiting health care professional told us the "home was really well run and people received a high quality of care".

Staff supported and empowered people to voice their opinions. When communicating with people we saw staff waited patiently for people to respond, in some cases repeating what the person had expressed to clarify their views. Staff clearly explained options which were available to the person and encouraged them to make their own decisions. Staff demonstrated competence in supporting people to express themselves in a kind and caring way. On the one occasion we saw two people who were exchanging remarks between themselves. Before the situation could escalate, staff skilfully deflected the situation which resulted in each person 'holding their head high' and moving away in a dignified manner.

People were supported to maintain their independence and the service respected their lifestyle choices. During both mornings of the inspection we observed newspapers were delivered and left outside people's doors. As one person was collecting their newspaper they commented to us "I like to have a cup of tea and

peruse the papers, it's my morning ritual", they smiled and returned to their room.

People had decorated their room with their own furniture and items which were personal to them and each room reflected the person's interests and character. One person moved into the home with their cat. Staff told us the cat gave the person significant comfort and more recently so as their dementia progressed. Staff had created an area in the room for the cat and the name plate outside of the person's room, also contained the name of the cat which was proudly displayed with its owners name. There were two other cats who lived in the home and we saw people stroking them, talking with them and generally enjoying their company. People had decided democratically to use the amenity fund for the upkeep of the animals. The amenity fund is money which people either fund raise for, or the service provides for activities.

Adjacent to the dining room is a room which serves as a training room for staff and also had a kitchenette with a washing machine, dryer, microwave and other kitchen equipment. The service supported people to undertake some household tasks which promoted a sense of purpose and belonging. The registered manager told us of one person who upon moving into Brookside, wanted to be able to continue to do their own laundry. To accommodate this, facilities were installed for this purpose. They also stated other people enjoyed cleaning their own room and cleaning materials were provided for people to keep in their room. People used the kitchenette for cooking and baking, either with or without staff.

People were actively encouraged to voice their opinion in how the home was run either through the resident meetings or individually. The registered manager and staff sought to illicit each person's view. For example, when new chairs were to be purchased for the lounge, arrangements were made for different types of chairs to be delivered to the home so that people could look at the colours and styles, sit on them and try them for comfort. Following this, different types of chairs were purchased to be able to meet people's preferences.

There was a shop in the home called 'Goodies' which people had named. The shop sold various items of toiletries, activity items and greeting cards and people helped by either buying and sorting the stock or serving behind the counter. On a regular basis, staff asked people what items they would like to see in the shop. Prior to Christmas people who ran the shop were provided with a list of gift items people would like to be able to buy for their families. One person told us it was lovely to be able to go in and pick a gift they had chosen for their family member.

The registered manager told us about the new sun room which was due to be built in February 2017. People had feedback they wanted more seating areas in the home. Each person was asked for ideas on the design of the sun lounge and after gathering people's suggestions, a design was decided upon. This would have a brick wall up to waist height and a tiled roof. People choose this design because they had memories of being 'overheated' in their own conservatory in their family home, which had a perspex or glass roof and retained the heat. In addition, a paved court yard area would be built for people to sit out in and take advantage of the good weather.

Another initiative was the introduction of a juice system. The registered manager told us that after consulting with people, they had purchased a juice dispensing system. This was to promote and encourage good hydration. The juice was readily available in the dining room and we saw people and visitors help themselves to the drink of their choice. Since the machine was installed people had enjoyed trying out the different flavours. One person told us "I love the Elderflower, just delicious, we are trying out the different flavours and the chef will buy the ones we like the best". The juice which can keep fresh for seven days was low in sugar and suitable for diabetics. People were asked if they would like to have their favourite juice available in their room and the registered manager was organising this.

People's emotional wellbeing was seen as an important and integral part of providing person centred care and we observed this throughout the inspection. One person went to the dining room with their 'comfort doll' where they tried to eat their meal whilst holding the doll. To enable the person to eat their meal and know that the 'comfort doll' was safe, the registered manager encouraged the person to let them place the doll on another chair and took great care to do this in a respectful way. The person was happy with this and ate their meal whilst continuing to watch the doll. The registered manager told us the doll was extremely important to this person and they had welcomed discussion with the family about the benefits to this person's emotional wellbeing.

Together families and staff were developing 'life stories' with people and there had been positive outcomes from this. One person was very anxious when they moved into Brookside as they could become upset and angry sometimes not remembering where they lived. A comprehensive life story was developed with them through the use of the person's diaries which they had kept for many years. Staff used the life story to help the person look back on their life and to talk about memories and happy times. The more they spoke about their life, the more information was added to the life story. Incidents whereby the person became distressed became fewer and the person took great pride in showing everyone who went to their room her life story. When the person needed to go into hospital, they took their life story book which gave them consistency and a connection with their past, in a strange place and with new people.

The Chief Executive of the Orders of St John Care Trust communicated with us their views about Brookside and how the home was managed. They visited in August of 2016 to judge the 'Best Garden' competition which Brookside won due to the extent of people's involvement in both the design and the daily upkeep of the gardens. They recalled one person waving to them from their bedroom window. They went to see this person who has dementia and an inconsistent memory. With their life story book she introduced her husband to the Chief Executive and took great joy at being able to remember her husband and tell the Chief Executive all about him with great pride. This was not the only example they told us about. Another person they met was finding it difficult to recognise or name family members when they visited. Staff had helped the person to make a family tree with photographs and details of loved ones that they could use when he had visitors. The person used the tree to tell the Chief Executive all about his grandchildren.

In the front garden of the home there was a rockery where each person was encouraged to decorate a stone. We saw many different types of decoration. Some with pictures of occupation people used to do, such as a picture of an ambulance or decorated with pictures of things people cared about such as loved pets. It demonstrated a picture of a wide and diverse range of people, experiences and memories. The registered manager told us "No-one who lives with us is forgotten. With each stone we will never forget the incredible privilege that we have every day of being a part of so many wonderful lives".

The culture in the home was one of caring and compassion for each person, this included the staff. The registered manager explained volunteer workers visited people in the home to offer social interaction and friendship. They wanted volunteers to also benefit from this interaction, especially for some volunteers to increase their feeling of self-worth and esteem. We reviewed staff files which also demonstrated the management team had taken a person centred approach to supporting their staff and which considered the individual needs of the staff to get the 'best out of them' as individuals.

Staff received training in end of life care which was arranged by the admiral nurse who was employed by the service [an admiral nurse is a specialist nurse in dementia]. The admiral nurse had close links with local palliative care services. Some of the many compliment cards echoed the sentiment of families for the support they had during their bereavement such as, "We appreciate the way you work together as a team with care and compassion. Knowing that mum was in such safe hands made these last few months so

much easier for me". And "A big thank you for not only looking after mum but also after me as well, especially over the last few months. For the cup of tea and the shoulder to cry on and the cuddles when needed".

For families who wanted to be with their loved one at the end of their life, a room was made available for them to stay and items of toiletries were supplied. The registered manager told us "We give the 'life story' to people's families at the end of their life, so they can see that life did not end when they came to us, it was just a new chapter".

To ensure people were listened to and their wishes respected, staff received training in how advocacy services can support people and were able to refer people to these services. Staff had also received training in understanding the processes involved where families had a lasting power of attorney. Training of this type enabled staff to be able to continue to protect people's rights around decisions made and to also support families.

## Is the service responsive?

### Our findings

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, likes and dislikes and their daily routines. The support plans set out what people's needs were and how they should be met. This included identifying potential risks to the person and management plan were devised to minimise these risks such as, mobility, pressure ulceration, epilepsy and risk of malnutrition and dehydration. Staff told us they felt there was sufficient information and guidance to be able to support people safely and in the way they wished.

There were support plans in place on how the person communicated their wishes and how to support people with managing their emotional wellbeing. The service had recently introduced a tool which supported staff to build an activity profile of people's abilities in each aspect of their daily living and emotional wellbeing. This broke down activities and explored the person's sensory and reflex abilities. These factors were incorporated into exploring the support people required to maintain their skills and achieve independence in all aspects of daily living.

People told us their needs had been assessed prior to moving into the home. This enabled people and their families to discuss their health, social and personal care needs, what they were able to do themselves and how they wished staff to support them.

We looked at examples of pre admission assessments and found information was included such as next of kin, GP details, medical histories, medicines and cultural needs. We saw some signed documentation to show people and/or their representatives had been consulted with and they had signed documentation agreeing to the care and support detailed in their plan of care. Care plans were regularly reviewed in consultation with the person, their representatives and their key worker to ensure they were up to date and met their needs accordingly. Where any changing care needs had been identified they had been documented in their care plan and communicated to the staff team.

The registered manager and staff jointly worked with the local GP surgery to prevent people having to go into hospital where possible. A nurse practitioner and a GP visited the home to offer advice and support to staff on preventative steps they could take which enabled staff to be proactive in the care and support people received. There were initiatives in place to support people to be as independent as possible, for example a programme that ensured people were supported to use the bathroom or prompted every two to three hours. This helped to promote peoples continence. The registered manager also told us they had successfully eliminated incidents of pressure ulceration for over a year.

People were supported by staff to take part in a range of activities available both in and out of the home. People told us they decided what activities they would participate in and there was no pressure in join in if they did not wish to. A record was kept of the outcome of the activity people had taken part in which described the benefits and whether people had enjoyed the activity. Where people had declined to take part in activities the activity co-ordinators suggested the person may wish to have a visit from a volunteer or staff would offer one to one social time in the person's room.

The home were proud of the outside visits they did. All three activity co-ordinators who told us about the current trip to a local Garden Centre where it was originally two trips had been planned however more people wanted to go so an added an additional trip was added. Other activities include Holy Communion, cooking, knit and natter, reminiscence sessions and many other events. For parties, dances and outside entertainment, the large dining room was cleared to reveal a floor suitable for dancing and people and their families attended these events.

In February 2016 the Mayor of Melksham commented in a town hall meeting on her attendance at various events staged at Brookside. Councillors noted the variety of activities and events that had been arranged and remarked upon the inspirational work which had been done to promote the quality of life for the 'senior members' of the community and conveyed their congratulations and appreciation to the home.

The complaints policy and procedure were displayed in the foyer of the home. The registered manager told us the complaints procedure had been provided to people and their relatives. Staff were aware of the complaints procedure and how they would address any issues people raised. One person told us "I would be happy to talk to the manager about concerns I might have, but would probably talk to the carers first".

People told us that all of the staff listened if they were unhappy. Any problems they had were always resolved quickly and to their satisfaction. At the time of our inspection people told us they had no complaints.

## Is the service well-led?

### Our findings

The service had a registered manager in place and there were clear lines of accountability throughout the service. Staff were able to tell us about their roles and how the service was run. All of the staff we spoke with were very positive about the provider and the management team. Staff told us they felt really supported 'across the board' and felt valued for the work they did. In 2014, the registered manager received a 'Chief Executive commendation for meritorious service'. At the time they were Head of Care at Brookside and had progressed to registered manager in early 2016. They told us they had started working for the Trust as a care worker and this had given them a wide and varied experience at all levels.

When they came into post as the registered manager one of their first tasks had been to listen to staff to find out what improvement could be made to the way the service was run. Staff were concerned that some people living at Brookside had a higher level of need than they could accommodate. The registered manager reviewed each person's care needs and with the local authority and families more suitable placements were found to ensure these people received care appropriate to their needs. The registered manager addressed the work life balance of staff by changing the length of the working day. Staff told us they had 'a really good work life balance'. Their working day was now a standard seven and a half hours and staff said this meant they were not 'over tired' and this benefitted their well-being. Staff felt well supported and commented "Some of the staff have been here for a long while – we get on very well" and "I enjoy working here it's a really good team but it's quite busy with everything going on".

The registered manager told us he listened to any suggestions people or staff had around how they could improve the quality of the service and staff told us they were encouraged to come forward with ideas. One such idea by staff had been to put a toaster on the morning tea trolley and plug the appliance in at various points in the hallway. This was so that 'people got the nice smells of toast' and would be enticed to eat or perhaps want a cooked breakfast. Staff told us this was working well with many more people opting to eat more at breakfast time.

The registered manager told us they 'led by example' and there was no job they would not do if required. We observed the deputy and registered manager were very hands on during the inspection and visible throughout. Each morning the registered manager told us they visited each person in their room to say good morning and we saw this was the case. Staff and heads of department meetings were held and staff told us these worked well. The registered manager actively encouraged staff to develop to their full potential and would support them to achieve this, for example they had carried out shadowing the shifts of a care worker who wanted to move up to senior. A member of staff told us "the registered manager is really good at nurturing and developing people to get the best out of them".

The regional manager told us "the manager has developed and embedded a positive culture within the home which ensures that people are at the heart of the service, they lead by example often working shifts alongside staff to support and develop their learning". People were encouraged to be as involved as they wanted to be for example, people took part in the recruitment of new staff.

A residents meeting was held monthly and this was well attended with the last meeting in October joined by 17 people. Relatives meetings were held and people were also invited to join if they wished. The minutes of these meetings demonstrated where people had put forward ideas or comments; this was listened to and taken up to improve the service. For example, people stated they wanted to be able to go swimming. The registered manager contacted a local swimming pool who have manual handling equipment and arranged for people and staff to attend swimming sessions in the new year. People wanted to choose when they had the main hot meal of the day. The service listened and people now have a choice of eating their main cooked meal at lunch time or in the evening.

The service held a cheese and wine evening in response to people wanting social evenings with their families and for the service to find out families views about the service their loved one received. The registered manager told us "the event enabled family members who are not able to visit in the daytime to meet with us and we will hold these evenings regularly from now on".

The service had forged good links with the community and people participated in local events taking place in the town. At Christmas, there was to be a repeat of the previous years 'Brookside Living Nativity for Melksham' and staff, people and relatives were to join in a procession in the town with camels and a donkey from the market place to the home. People and staff had the option of dressing up and to join in with open air carol singing along with a gospel choir. This was a fund raising event by the service and all proceed would go to Dementia UK. A cheque was to be presented early in 2017 from the various fundraising activities of people and families.

Links had been developed with local supermarket chains which resulted in three new electronic hand held devices being donated through the community grants programme. The mulled wine for Christmas and raffle prizes for the Brookside Christmas social event were donated by local business. One business donated a weekly delivery of fresh flowers to the home.

The registered manager worked collaboratively with other agencies such as the mental health team, local authority and the GP. For example, the mental health team provided specialist training for staff in conditions such as schizophrenia. Community nursing supported staff with training in undertaking observations such as blood pressures, urine testing and taking temperatures. All simple procedures which enables staff to promptly identify any health issues and to act upon them swiftly with the involvement of the GP. This had resulted in better health outcomes for people.

The local authority gave the regional manager some feedback about the registered manager stating "the local authority has very high regard for Brookside and that the manager is always helpful and willing to support them in times of crisis as well as running an excellent service".

To keep up to date with best practice, the registered manager accessed resources and information from agencies such as the CQC, National Institute for Clinical Excellence, the Social Care Institute for Excellence and Age Concern. There were many resources and research materials available through the provider and together, the registered manager and admiral nurse were responsible for rolling out new initiatives such as 'The Butterfly Household Model of Care'. The butterfly household model of care is a one year culture change programme where leadership, coaching and learning for staff seeks to achieve positive outcomes for the quality of life for those living with or without dementia. The service were working through the action plan which looked at aspects such as, closeness and intimacy, holistic handovers, attachment and touch and focusing on people's strengths.

The provider had a system in place to monitor the quality of the service people received. This included

monthly and quarterly audits which covered areas such as record keeping, environmental safety, staff training and supervision, care plan reviews and people's views, management of medicines and incident recording. The audits showed that the service used the information they gathered to improve and enhance the quality of care people received. The regional manager told us the "registered manager acted swiftly on any feedback they had following their monthly auditing visits ensuring that all actions required were addressed, signed off and monitored. He [the registered manager] is completely dedicated to Brookside and to making it an outstanding home for people and a great place for staff to work".

The registered manager had put into place a development plan for the home for 2017 to 2018. This included the development of a comprehensive staff training programme based upon people's support needs, best practice and innovation using the 'Butterfly House' model of care. They also plan to involve people in the training so they are able to give their perspective of how it feels to be living at Brookside, and to share their experiences with staff to promote staff understanding. Another development was to involve more volunteers in visiting people for social interaction and soon the service would be providing activities seven days a week to include the weekends.