

## Greensleeves Homes Trust

# The Briars

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Briars is a residential care home providing accommodation and personal care to older people, including people living with a cognitive impairment and complex needs. At the time of the inspection the service was providing support to 33 people. The Briars is a large building that has been adapted to suit the needs of the people living there. There are communal areas for people to use, a dining area and an accessible garden. Accommodation is based over four floors and there is a passenger lift in between floors for people with mobility needs.

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

People received a high standard of person-centred care which valued their individual choices and met their different needs. Staff provided support in a way that gave people a voice and enabled choice and control over their care.

People were provided with the opportunity to take part in a wide range of mentally and physically stimulating activities and staff encouraged people to maintain and develop relationships that were important to them.

Care plans were clear, detailed and person-centred, which guided staff on the most appropriate way to support them. A complaints procedure was in place, which ensured concerns were investigated and acted upon appropriately.

Where required, arrangements were in place to support people in a dignified manner at the end of their life.

Appropriate safeguarding procedures protected people from the risk of abuse. There were enough staff to meet people's needs and they had been recruited safely. Individual and environmental risks were managed appropriately. People received their medicines safely and as prescribed.

Staff received appropriate training and support to enable them to carry out their role effectively. The service worked well with health and social care professionals to ensure people received effective care.

People were treated with kindness and compassion. Staff demonstrated a caring approach to their roles and had built positive relationships with people and their relatives.

People's privacy and dignity were respected, and care was delivered in a way that promoted people's independence. The provider advocated for people's rights and supported their equality and diversity needs.

People and their relatives felt the service was run well. A clear management structure was in place and feedback about the service was sought from people, their relatives and staff. Quality assurance systems were in place to assess monitor and improve the service.

#### Rating at last inspection

The last rating for this service was Outstanding (published 12 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# The Briars

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

The Briars is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission, however they had left the service and were in the process of deregistering with the CQC. The provider had arranged for an interim manager to be in post until they had recruited a new manager. We will refer to them as the manager throughout this report. There was a nominated individual who was responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service, two relatives and a visitor about their experience of the care provided. We spoke with the manager, the deputy manager, three senior care staff, two care staff, an activities staff member and the chef. We reviewed a range of records, including seven people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including records relating to health and safety and fire safety. 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.

#### After the inspection

We received further feedback from six people's relatives and four health and social care professionals involved with the service. We reviewed the information we had gathered during the inspection, including policies and procedures and records relating to quality assurance.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at The Briars. People's relatives told us they felt confident that their family members were cared for in a safe manner. One relative said, "I can sleep at night knowing that if anything happens, the staff there will look after [my relative]."
- Systems were in place to keep people safe and protect them from the risk of abuse.
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. All staff we spoke with demonstrated a good understanding of their safeguarding responsibilities. One staff member said, "I would go straight to the manager with any concerns. If I still wasn't happy, I would go to the head office or CQC."
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team. The manager was clear about their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Risks to people had been assessed as part of the care planning process. These were recorded within people's care records and risk assessments clearly identified how staff should support people to reduce the risk of harm.
- People had risk assessments in place in relation to; mobility, continence needs, dietary needs and skin conditions. Risks were reviewed regularly and updated when required.
- Staff demonstrated they were knowledgeable about risks to individual people and actively kept people safe.
- Staff had a handover at the start of each shift, which informed them of any important information they needed to meet people's needs. For example, information in relation to people's health, any professional visits and if they had declined care. This meant that staff were fully up to date with essential information.
- Environmental risks around the building had been assessed and were monitored and reviewed regularly. Any equipment used was safe and well maintained.
- A team of maintenance staff completed regular health and safety checks around the home, which were recorded and overseen by the provider.
- Fire safety risks had been assessed. Staff had received fire safety training and fire drills had taken place so that staff knew what to do in the event of a fire. Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.

Staffing and recruitment

- There were enough staff available to support people safely. Staff confirmed they felt they had enough time

to meet people's needs.

- A system was in place to ensure that there was a good skill mix of staff available on each shift. This was reviewed regularly by the manager and senior care staff.
- Staff sickness and short notice absences were covered by existing staff or agency staff workers. Where agency workers were used, the manager told us they tried to keep the same group of staff to ensure people built consistent relationships with them. A staff member said, "We are very lucky that we have regular agency staff who come in, they are all very good."
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring (DBS) checks and obtaining previous employment references. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Using medicines safely

- People received their medicines safely. There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of safely.
- Medicine administration records (MAR) were completed accurately and indicated that people received their medicines as prescribed.
- Each person had a medication profile in place which described their preferences when taking their medicines. For example, one person's profile stated, "I like my medicines tipped into my hand from the pot."
- A clear protocol was in place for 'as required' (PRN) medicines. This included detailed information about when to administer the medicine, the expected outcome, and special instructions to ensure people were not at risk of an overdose. PRN medicines were reviewed monthly to monitor how much medicine was being administered and to ensure they were being taken appropriately.
- Controlled drugs were stored in accordance with legal requirements and safe systems were in place for people who had been prescribed topical creams.
- Where people required thickening powders to be added to their fluids, clear guidance was in place to ensure this was completed safely to the right consistency.
- Senior staff worked closely with a local GP who visited every week, to ensure people's medicines were managed effectively and their outcomes were met.
- Senior staff had received medication training and had yearly competency checks, to ensure they administered medicines safely and as prescribed. Staff also attended medicine focused seminars with external agencies to maintain best practice.
- Robust auditing systems were in place to ensure medicines were administered correctly and action could be taken promptly if any issues were identified.

#### Preventing and controlling infection

- The environment was clean, tidy and well maintained. Robust procedures were in place to protect people from the risk of infection.
- There was a dedicated team of housekeeping and laundry staff, who ensured a high standard of cleanliness throughout the home. A relative told us, "It's always spotless. The bedding is always clean and fresh, the bed is always made, and you can see that it's been hoovered."
- Stocks of personal protective equipment (PPE), such as disposable gloves and aprons were easily accessible to staff to minimise the spread of infection. We saw staff wearing PPE appropriately when supporting people.
- Staff had received training in infection control and food hygiene. They understood their responsibilities to ensure people were protected from the spread of infection and good hygiene practice was maintained.

### Learning lessons when things go wrong

- Accidents and incidents were recorded accurately and reviewed to ensure that any learning could be discussed and shared with staff to reduce the risk of similar events happening.
- The manager promoted an open and honest culture to reporting incidents. They used an electronic reporting system to analyse accidents and incidents and identify any patterns or trends.
- Where people had experienced a sequence of falls, this was recorded by staff and action was taken to help reduce the risk of another fall occurring. For example, the manager had referred people to the Falls Prevention Team and arranged for a footwear specialist to visit the service and check people were wearing properly fitted footwear.

# 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 the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the Mental Capacity Act and were clear about the need to seek verbal consent from people before providing care or support.
- Care plans included clear information about people's capacity and any cognitive or communicative needs they may have. They contained guidance for staff on the best way to support people when making decisions regarding their care, as well as their everyday life. During our visit, we saw staff respected people's choices and staff members were observed asking people's consent throughout the day.
- Where people could not make their own decisions, the principles of the MCA were followed and the best interest decision making process was used. However, records did not always demonstrate where best interest decisions had been made for people. We discussed this with the management team, who took immediate action to ensure people would have records of the best interest decisions that had been made.
- The manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been submitted as required.

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

- People and their relatives told us they felt staff provided them with effective care. Comments included, "[My relative] is in best of hands," "I believe that [my relative] is receiving the very best possible care and support, both physically, and emotionally" and "With family, it is imperative that you get their care right and we definitely got it right with The Briars, it's a fantastic place."
- People's needs were assessed prior to their admission to the service and electronic care plans clearly identified how people wished to receive care and support. Care plans identified expected outcomes and contained details of their background, any medical conditions, and information about choices and

preferences. Information had been sought from relatives and other professionals involved in their care, where relevant.

- The management team worked with senior staff members to regularly review people's care plans and ensure that any changes to people's personal care and health needs were updated.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries and to monitor people's weight.
- The service used technology to support people to meet their care needs. For example, there was a call bell system in place and an electronic records system for recording people's care needs and care that had been provided.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and maintained their quality of life.

Staff support: induction, training, skills and experience

- New staff received a comprehensive induction into their role before being allowed to work on their own. This included completing the provider's mandatory training, reading key policies and procedures and a period of shadowing a more experienced member of staff.
- Where staff had not previously done so, they completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- Staff received a good standard of regular refresher training which helped them to effectively support people and meet their needs. Training included safeguarding, moving and handling, infection control, food hygiene and first aid.
- Training was developed and delivered around the individual needs of people living at The Briars. For example, some staff had completed a 'Virtual Dementia Tour' which gave them an experiential experience of what a person living with dementia may experience and helped them to develop further understanding.
- In addition, staff were provided with the opportunity to complete training in specific areas which were relevant to their roles. Staff were encouraged to enrol on higher level qualifications in health and social care if they wished to.
- Staff received regular supervisions and an annual appraisal, which aided their professional development and supported their wellbeing. Staff told us they felt supported by the management team in their roles. Staff comments included, "I definitely feel valued and well supported by the management" and "We all have supervisions and clearly defined roles. There is always someone to talk to and we have a staff helpline too."

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- People and their relatives spoke positively about the food provided. One person told us, "Lunch was nice." A relative told us, "In my opinion the food has been consistently very good quality" and another relative commented, "[My family member] really likes the food, they used to be fussy, but they eat so much now, so there is your answer!"
- Mealtimes were a relaxed and social experience. People ate their meals where they chose to. Where people required support, this was provided in an appropriate and unhurried manner.
- Meals were served hot from the kitchen and looked wholesome and appetising. We spoke with the chef who told us they had attended specific training called 'Dining with Dignity', which focused on how to present food in an appetising way, particularly where people required a soft or pureed diet.
- Staff promoted good nutrition and hydration and supported people to eat and drink enough. One person told us, "You can have as much [food] as you want!" A relative commented, "They do a good job of providing drinks between meals and encouraging residents to drink them."

- Kitchen staff had built good relationships with people and regularly sought feedback about the food provided during monthly resident meetings and by talking to people individually.
- People's care plans contained information about any special diets they required, food preferences and support needs. Where people were at risk of weight loss, their weight was monitored, and staff recorded people's intake of food and fluids. This helped to ensure people maintained their weight and received a balanced diet.

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

- At the time of the inspection, some areas of the home were in the process of being refurbished to make the environment more supportive of meeting people's needs. The refurbishment work included a new kitchen and meal preparation area, a new hair salon and a new medication room.
- People and their relatives commented positively on the environment and described the service as having a 'homely and relaxing atmosphere'.
- The provider had worked hard to ensure that the environment was suitably adapted for people living with dementia. This included bright colour schemes, suitable flooring and clear signage to support people's orientation when finding their way around the home. The manager told us about further ideas they had planned, such as decorating people's bedroom doors with images of their old hometowns and streets they used to live on.
- A purpose-built sensory room had recently been created, which enabled people who experienced heightened levels of sensory anxiety, to have a safe and relaxing space to meet their needs effectively. The room was filled with sensory items that people could touch, feel, hear and smell to help them feel settled and calm.
- The environment was designed to support people to move around safely; it was spacious with a large lounge/dining room area and a smaller quiet lounge where people could meet with their friends or relatives. There was a large and accessible garden area, where people could spend their time in the warmer months and being involved with outdoor activities and gardening.
- People's bedrooms were decorated to their preference and contained personal possessions, such as pictures and soft furnishings. Bedrooms had en-suite bathrooms or a nearby accessible bathroom and there was a lift with access to all floors.
- People were given the opportunity to be involved with decoration and refurbishment of their bedrooms and in the communal areas of the home. For example, the manager told us people had chosen colour schemes when some communal areas of the home were recently redecorated.

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

- Staff worked together to ensure that people received consistent, timely and person-centred care. Throughout the inspection, we observed staff working as a team across all departments, to ensure the smooth running of the service. For example, staff used walkie talkies to relay information promptly and request assistance when required.
- There was good communication between staff to ensure that messages were passed on appropriately to staff members working on the next shift. A verbal handover was held at the beginning of each shift, which meant staff were kept up to date on any changes to people's health needs.
- Staff were knowledgeable about people's individual health needs and people were supported to access community healthcare professionals where required. The home was visited regularly by a local GP, which meant that any support or medical intervention could be put in place quickly.
- People's relatives were confident that staff had a good understanding of their family member's health needs and could recognise if they were unwell. One relative commented, "My [relative] has had numerous periods of health difficulties for various reasons and the care [staff] have co-ordinated has been brilliant."

Another relative said, "They [staff] are always vigilant about the needs of people."

- People's care plans contained essential information about their health conditions, current concerns, social information, abilities and level of assistance required. This information helped to guide staff and ensure effective support was provided.
- The manager and staff had built strong working relationships with healthcare professionals and worked with them effectively when following recommendations to support people to lead healthy lives. A health professional commented, "[The manager] has responded to any concerns I have raised in the past and has shown willingness to work alongside health professionals in the best interests of the residents."
- Information about people's needs and health was shared appropriately if a person was admitted to hospital or another service, which allowed consistent and effective care.

# 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 the last inspection this key question was rated as Outstanding. At this inspection this key question has now been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with kindness and compassion. Staff we spoke with had a genuine affection for the people they cared for. Comments included, "I like to see people smile. It's hard to see what they are going through so we need to make a difference for them," and "I love the way it is so friendly here and so people orientated. We are like one big family."
- There was a homely atmosphere within the service. People and their relatives consistently told us of the 'welcoming' and 'family feel' at The Briars.
- Throughout the inspection we saw that staff displayed a caring approach to their roles and nothing was too much trouble. For example, we observed a person spill some of their drink on their plate at lunch time; a staff member promptly noticed and gently reassured the person, then got them a fresh plate of food from the kitchen. We saw the person appreciated this and they smiled at the staff member.
- The caring nature of staff was recognised not only in care staff, but also of staff in different roles and departments across the service. For example, one relative told us how impressed they were with a member of the maintenance team who had taken time to build a relationship with their relative by eating their lunch with them and supporting their nutritional needs.
- Four of the relatives we received feedback from made a special mention of the kindness of the chef; highlighting his efforts to interact with people and pay attention to their individual dietary preferences. One relative commented, "[The chef] is truly fantastic. He will come out and talk to [my relative] or if she is wandering, they link arms and make sure she is settled."
- Staff demonstrated empathy in their roles and were sensitive to times when people needed compassionate support. For example, one person's care plan explained how they experienced a low mood at times and liked to have physical contact with staff or a cuddle to provide them with emotional support. During the inspection, we observed the person becoming upset and anxious sat by themselves; a staff member, who was in the middle of preparing the dining room for lunch, stopped to speak with them, kneeling to their level and using touch appropriately to provide them with reassurance. The staff member spoke with them about an upcoming visit from their family they had planned as something to look forward to and we saw this calmed the person.
- Information in care plans described how to support people's emotional needs, especially where people were experiencing a progression of dementia. For example, one person's care plan described their love of animals and how they found comfort in the 'interactive cats' that were around the home; their care plan further stated, 'sometimes I like to take one [interactive cat] up to bed with me'. Staff told us how this had helped the person to relax and significantly reduce their levels of distress throughout the day.
- Staff were attentive to people's individual preferences which were important to them. For example, one

relative described how their family member liked their clothes to be labelled in a certain way. They told us when they visited the home, staff who worked in the laundry knew exactly which items of clothing should be labelled and how this should be done for the person. Another relative told us, "They always make sure [my relative] has nice clothes on, and they do her hair. It makes her look and feel better, they paint her nails, it's the little things that mean so much and they pay attention to that."

- People's relatives told us they felt valued by the management team, who took time to engage with them to ensure they were listened to and involved with their family member's care. One relative said, "[The deputy manager] has always been very helpful and willing to discuss concerns in a thoughtful and caring manner"

#### Respecting equality and diversity

- People's equality, diversity and human rights were respected by all staff members.

- Arrangements were made to support people with their individual religious needs and ensure positive outcomes for people. For example, a Christian church service was held regularly at the home, people were invited to attend Sunday 'Songs of Praise' sessions and a priest visited people in their rooms, if they were not able to take part in a group service.

- Staff adapted their routines where required to support people to maintain their cultural needs. For example, one person, who followed a specific religion, was supported by staff each week to be ready at a certain time to meet their family and attend a service in their local community.

- People's care plans included details of any cultural or religious needs and provided information for staff to support them in a person-centred way. For example, one person of a specific religion, had a care plan which highlighted they did not participate in any Holy Communion within the home but enjoyed joining in with the singing as part of the service.

- Staff had been trained in equality and diversity and further plans were in place to extend staff understanding and knowledge in this area.

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

- People and where relevant, their relatives, were supported to be involved in decisions and express their views about the service and the care they received. For example, during the recruitment process of kitchen staff, people were invited to try different dishes prepared in a 'cook off'. This meant people could express their views on the menu choices and were involved with the decision of the new staff member.

- Where people were not able to verbally express their views, staff demonstrated they knew people well and had the ability to recognise people's body language and individual expressions, to indicate how they felt about areas of their care. A relative commented, "The staff always include them [people] as well, even with [my relative], they can't join in a conversation, but they still include them."

- Staff ensured people's rights and choices were upheld and welcomed the involvement of advocates. The manager described how they had worked with an advocate to support a person and their family when making an important decision about their care which all people needed to be involved in.

- Staff demonstrated a commitment to offering people choice when providing care. One staff member said, "I always ask before I do anything, and I always ask if I'm ok to do it."

- People and their relatives told us they were frequently asked by staff if they were happy with the care provided. They also confirmed that care arrangements were reviewed regularly to help ensure care was provided as required.

#### Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff, which included giving people their personal space and being polite and sensitive in the care and support given. For example, where two people in a relationship moved to The Briars, staff had adapted two separate rooms into a shared bedroom and living space, to give them privacy and allow them to continue living as a couple.

- Staff used a coloured marker system on each person's bedroom door to provide people with different levels of support in a discreet and sensitive manner. Each coloured marker had a certain meaning such as the level of assistant they needed to mobilise, or if they required support with continence needs.
- Staff were aware of their responsibilities to uphold people's privacy and dignity, particularly when completing personal care. One staff member said, "I always tell them what is going to happen, I cover them and go at a pace that is suitable for them."
- Health and social care professionals spoke positively about how staff promoted people's independence and dignity. One professional said, "My observations of staff have been positive, they show compassion towards the residents, treating them with dignity and respect."
- Staff had developed positive relationships with people and were aware of each person's abilities. They actively encouraged people to be as independent as possible in their personal care routines. For example, one person was able to dress themselves independently, however staff supported them by matching their outfits and laying the clothes out for them in the morning. This ensured the person's dignity was upheld and the importance of maintaining a smart appearance to the person, was respected.
- Where people were able to, staff supported them to access the local community independently through positive risk taking, which led to good outcomes for people. For example, one person regularly went for a walk to the local town; we passed the person on their way out and observed staff making sure the person was appropriately dressed for the weather and had everything they needed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received exceptionally person-centred care and support, which was specific to their individual needs and preferences. A relative told us, "[The staff] talk to them [people] they look after them, they care for them in a way that I would want to care for them myself. Their [staff] attentiveness and care are spot on and I couldn't ask for any more."
- Staff empowered people have choice and control where possible in different aspects of their care. Throughout the inspection, we observed staff naturally offering people choices throughout the day, such as where they would like to sit, what they would like to drink and how they wished to spend their time.
- Staff had worked hard to capture a client profile, which included detailed information about people's histories and cultural backgrounds. This information enabled staff to get to know people well and understand their individual life experiences. This meant they could use this information engage with people in meaning conversations.
- People's care plans had been developed with a clear focus on the person and how they wished to receive their care. One person's care plan described the hairstyle they liked to wear and a picture of this was kept in their room for staff to refer to. Another section of their care plan said, "Ask me what I would like to wear by holding up different outfits from my wardrobe. I do not always like taking all my clothes off, so you may have to support me in separate halves." This level of detail ensured that staff provided care which was driven by the person's individual preferences.
- A robust system was in place to ensure care plans were reviewed on a regular basis or when people's needs changed. Without exception, all relatives we spoke with told us they were contacted regularly for their views on people's care and confirmed care plans were reviewed consistently.
- We received positive feedback from health care professionals which indicated that the service was focused on providing person-centred care and support and by doing so, had enable people to achieve excellent outcomes. One professional commented, "From the first contact with the staff and manager, it was clear that they had the best interests of the residents in mind."
- The service demonstrated an innovative approach to using technology to enhance people's experiences of care and improve their health. For example, during the inspection we noticed people drinking from cups which lit up and spoke to the person, intermittently reminding them to have a drink. A senior member of staff described how they had recorded their own voice into each cup to say a personalised message including each person's name. The cups had been a very successful in supporting people to stay hydrated.
- The service provided an exceptional standard of dementia care and staff demonstrated a passion and commitment to supporting people living with this condition. Staff had an extensive knowledge of how dementia could impact on people's wellbeing and supported people to live as rewarding lives as possible by

adapting to their individual needs.

- Staff had worked tirelessly to explore innovative and creative ways to support people living with a cognitive impairment. For example, the manager had invested in 'interactive cats', which gave a realistic appearance of a real cat for people to engage with. Since having the cats around the home, the manager told us how this had significantly improved people's levels of anxiety, particularly where they had a pet cat before moving into The Briars.
- People's relatives felt that staff had an excellent understanding of dementia care and were responsive to people's changing needs as part of their journey with dementia. One relative said, "They have moved mountains in the past year to make life better for people with dementia."

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

- Staff were passionate about supporting people to access social activities and events which were innovative and followed best practice guidance. This meant people were supported to live as full a life as possible. For example, we saw pictures and learnt of occasions where people who had taken part in days out to a local zoo, visited cafes for tea and cake and had a trip to a local monastery. This supported people to develop and maintain relationships and prevent social isolation.
- The provider had researched different ways of supporting people living with a cognitive impairment and promoted the principles of 'The Eden Alternative'. This model focused on person centred care and eliminating loneliness and boredom in care, by making different experiences available to people. We observed how the ethos of 'The Eden Alternative' was embedded into the day to day activities of the service. We were provided with number of examples of how staff had gone above and beyond to empower people to spend their time in the most enjoyable and individualised way possible. For example, we learnt about a person who had enjoyed having a drink in their garden at a certain time of the day, when they lived in their own home. When they moved to service, staff had made arrangements for the person to have a specific area in the garden at The Briars, so they could enjoy a drink outside in the warmer weather.
- Dedicated activities staff provided a wealth of activities tailored to meet the individual needs of people living at the service. We spoke with an activities staff member, who passionately described their role and their commitment to providing people with opportunities to take part in meaningful activities and interactions. They told us, "The residents' personalities are so lovely, there are wonderful moments to be had."
- An activities schedule was in place and displayed around the home, however activities staff were flexible with the activities offered on a day to day basis. Activities held within the home included live music, interactive games, baking, summer BBQ's, cheese and wine nights, pet therapy, films and exercises.
- The service had gone the extra mile to find out about people's past lives and backgrounds to try and accommodate activities that were of interest to people. For example, we learnt of one person who had worked as a painter when they were younger; with the support of the person's family, staff had arranged for them to take part in painting and decorating tasks around the home.
- The service took a key role in the community and we learnt of numerous examples of how staff had taken action to build new links with organisations in the local area. For example, we saw pictures of staff supporting people to attend an unveiling of a memorial sculpture at a local community centre, which was also attended by local school children. In addition, a student from a local high school had been involved with the Briars to complete a Duke of Edinburgh award.
- Staff used technology to support people to stay in contact with their family and friends. For example, one person regularly contacted a family member who lived in a different country via a video link.
- We received extremely positive feedback from family members about the variety and standard of activities offered to people. Comments included, "The activities co-ordinators are excellent, and the residents are productively occupied and entertained each day" and "The activities which are offered are numerous, and

very stimulating for [my relative]. I am very happy they can take part in excursions outside the Briars, little walks, or trips to the shops, and many more places."

- Care plans contained extensive detail of people's interests from the past to help staff know what they liked. They captured the personality of people and detailed their routines and how staff should best support them to live happy, contented lives. For example, one person's care plan said, "I used to have a lovely garden and love flowers; roses are my favourite. I now like to sit in the conservatory, so I can look out in the garden at the flowers and watch any birds."
- Activities staff demonstrated dedication and enthusiasm for ensuring that activities were suited to people's individual preferences. When new people started living at the service, the activities co-ordinators took time to get to know them and observed which activities they responded to better and enjoyed. They used this to develop activities that would be of interest and benefit to each person. In addition, activities co-ordinators regularly liaised with people's relatives to discuss people's interests and source an activity to support this. A relative told us, "They let me know of things they are planning to do and ask if I think [my mum] would enjoy it."
- Where people were cared for in bed, or preferred to spend time in their bedroom, activities staff endeavoured to bring activities to people, through one to one sessions.
- People's relatives were given the opportunity to give their feedback on activities and were also invited to take part in events held at the home. For example, family members had been invited to celebratory days throughout the year including Bonfire Night, Valentine's Day and Christmas events. A relative said, "They have events going on all the time. They had a Christmas function which we were invited too. It's very family orientated."
- The service had worked hard to sustain existing links within the local community and maintain relationships which were supportive of people's social needs and promoted their wellbeing. For example, children from a local school were regularly invited into The Briars to take part in celebratory days throughout the year and participated in activities such as singing and arts and crafts, alongside people living at the home. The manager commented, "The difference when they [people] see the children is amazing; they hold hands, it's so wonderful to see."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had explored a range of different techniques to communicate effectively with people according to their individual needs.
- Information in care plans included how people verbally communicated and how staff should interpret and support the needs and behaviours of people who had limited or impaired ability to communicate. For example, there were details about people's body language and signs to look for in relation to a change in their mood or behaviours
- One person's care plan's stated "I will use body language and facial expressions to let you know how I feel about something or answer you such as a smile or shake or nod of the head." During the inspection, we saw staff using this style of communication with the person to support them when choosing where to sit and have a hot drink.
- People's unique communication styles were identified, recorded and highlighted in their care plans, which ensured staff were aware of the best way to talk with people and present information. For example, one person's care plan reminded staff to speak with them in 'simple language with no jargon'.
- To further support and monitor people's ability to express themselves, where people had behaviours that could place themselves or others at risk, behaviour care plans were in place. These gave detailed

information about individual triggers for people's behaviours and how staff could support them using distraction techniques, to reduce incidents. For example, one person's care plan described how they became upset if they felt they were being told what to do; distraction guidance was available to move the person to a quieter area and encourage interaction with a doll as the person responded well through doll therapy.

- Care records identified if a person had a sensory loss and staff had worked with external agencies for people with sensory impairments, to further support them.

Improving care quality in response to complaints or concerns

- The provider had a robust process in place to act on any complaints that had been received. These provided detailed information on the action people could take if they were not satisfied with the service being provided. The complaints procedure was available for people to view if required.
- Complaints records demonstrated they had been responded to in a professional manner validating the person and the concerns they raised. The manager had investigated concerns thoroughly and dealt with them in line with the provider's complaints policy.
- Relatives told us that they had confidence in the service and if they raised minor concerns, these were acted on promptly. One person's relative said, "I have had concerns about occasional issues over the past three years, but the senior team has always been happy to deal with the concerns and resolve the situations promptly" and another commented, "I haven't made any complaints but [the staff] would certainly listen and take on board anything I say."
- The management team and staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly.

End of life care and support

- No one living at the home at the time of the inspection was receiving end of life care. However, the manager provided us with assurances that people would receive attentive end of life care and be supported to help ensure a comfortable, dignified and pain-free death.
- The manager demonstrated their ability to quickly recognise where people's needs had changed or deteriorated and explained how they worked closely with relevant healthcare professionals, to ensure people were as comfortable as possible at the end of their lives. For example, when a person had been assessed as requiring end of life care after being admitted to hospital, the manager worked closely with the person's GP to review their medication and facilitate a safe return to the home.
- Staff demonstrated clear compassion and empathy when describing past experiences of supporting people and their relatives at the end of the person's life. Staff had worked with the local hospice to receive end of life care training to further enhance their skills and understanding.
- Staff had developed skills to understand and meet the needs of people's families in order to provide emotional and practical support at the end of the person's life. For example, the manager described how contact was made with people's families at an appropriate time to allow them to spend valuable time with their loved one in privacy. Relatives were supported by staff to spend as much time as they needed at the home, after their loved one had passed away. The deputy manager commented, "It is people's choice and a very personal time. We carry out checks, but we also give people space, we want to look after people's family too."
- People's end of life wishes had been considered. We looked at records of an end of life care plan where a person had recently passed away. This included details of the person and their families wishes, such as the type of music they wished to be played, as well as guidance for staff on how to care for the person to ensure they remained comfortable.
- The manager demonstrated an awareness and openness to respecting people's cultural needs in relation to end of life care, such as specific ways of caring for a body. They described how they would ensure that

specific training was arranged to fulfil people's needs, wishes and beliefs in this manner.

- We saw feedback the service had received from the relatives of people who had passed away. The feedback praised the manager and staff team for delivering such a kind, sensitive and compassionate care. One relative described how staff had treated their family member with upmost respect towards the end of their life. They said staff 'would explain what they were doing and always looked after their [person's] interests.' Another relative stated, "I am unable to praise the staff highly enough for their patience and dedication."
- The provider had a comprehensive policy in place which focused on ensuring a holistic approach to end of life care, involving people as much as possible with their treatment decisions and guidance on how to support people and their families sensitively and openly.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were very happy with the care provided and felt the service was well-run. One relative told us, "Overall, I really could not ask for anymore from The Briars" and another said, "I have nothing but praise for the place, the staff are superb."
- The manager spoke enthusiastically about their commitment to promoting an inclusive and empowering culture as a leader of the service. They told us, "My office is like revolving door, I don't want anyone to feel they can't ask questions."
- The manager was keen to delegate responsibilities to senior staff, in order for them to take ownership in their roles and improve the way people received care. For example, the manager used reflective exercises, where the manager and senior staff explored what has worked well and what needs improvement. This helped to guide staff to identify where they could make improvements in their own records and documents. A relative commented, "The seniors all appear to have gained in confidence since [the manager's] arrival and work closely as a senior team."
- Staff were recognised for doing a good job and their achievements were celebrated by the service. The provider held annual awards to celebrate where staff had excelled in their roles. The manager spoke passionately with us about staff members who they had nominated for an upcoming award ceremony and why they deserved to be recognised.
- Staff told us they enjoyed their roles and felt supported by the management team. One staff member said, "The company is great, I am really happy here" and another said, "This is by far the best home I've worked for, it doesn't feel like work!"

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the previous inspection, there had been a change in management of the service and plans were in place to recruit a new registered manager. We received positive feedback from people, their relatives and staff about the current interim manager and the changes that had been implemented since their arrival. Comments included, "She is a 'do it' girl. When she says she'll do something, she'll do it, I have every faith in her", "[The manager] seems to have a good grasp on the place. She came and sat with me and asked if things were alright and if I had any concerns. She made sure everything was ok" and, "I believe the present manager to be very hard working, thorough, and passionate about the role she is undertaking."
- There was a clear management structure in place, consisting of the manager, the deputy manager, a care supervisor, senior care staff and heads of each department within the service.

- The manager held a daily meeting with the head of each department, which provided an opportunity for all staff to share any concerns, updates and events or plans for the day.
- There were robust quality assurance systems in place to monitor and improve all areas of the service. These consisted of a range of regular audits, which were carried out by the management team and senior staff.
- The provider maintained good oversight of all quality assurance processes in place and members of the provider's compliance team regularly visited The Briars, to complete their own checks and reviews of the service.
- A range of policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and equality and diversity.
- The management team used an electronic care record system on a daily basis, which provided effective monitoring of the service. If any part of a person's care plan was due for a review, the manager would be alerted and they took action to address it.

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 manager demonstrated a transparent approach to their responsibilities. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements.
- The previous CQC inspection rating was displayed prominently in the reception area of the building and on the provider's website.
- A duty of candour policy was in place, which supported staff and management to act openly and honestly in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's individual life choices and preferences were met. The providers, and management team were clear on how they met people's human rights.
- Staff were given the opportunity to provide feedback about the service through regular supervision sessions and staff meetings. Staff meetings provided the opportunity for discussion and learning.
- People and their relatives were consulted about the running of the home and asked their views on any changes planned or new ideas. Feedback about the service was gathered in a range of ways including meetings, annual surveys, one-to-one discussions and telephone contact. A relative commented, "When [the manager] had just been appointed, she had lots of plans for the place and wanted people's feedback and from us as relatives."

Continuous learning and improving care; Working in partnership with others

- There was an emphasis on continuous improvement. The management team monitored the service people received by observing staff practice and approach, to ensure they worked safely and displayed a respectful attitude.
- The manager told us they felt well supported in their role by the provider and had regular contact with them. They received direct guidance and support from a divisional director in the local area, as well as representatives from different areas of the company, such as estates, human resources and learning and development.
- The manager had subscriptions with key organisations in the care sector, which meant they received regular updates about any changes. In addition, they were regularly sent information from the provider which helped to ensure they stayed up to date with best practice and guidance.
- A system was in place to monitor complaints, accidents, incidents and near misses. If a pattern emerged,

action was taken to prevent a reoccurrence. All learning was shared with staff during staff meetings, handovers and supervision.

- The staff and management team worked in partnership with other agencies and professionals to ensure people received the support they required. A health professional described the positive relationship they had built with the service when providing support to people living there. They said, "I met with the management team and discussed the various options thereafter, my suggestions were listened to and a plan of action was initiated."

- People's support plans showed the involvement of health and social care professionals including district nurses, occupational therapists and GPs, which ensured effective joined-up care.

- The manager worked with people's relatives where appropriate, to help support people's day to day routines effectively.