Barchester Healthcare Homes Limited

South View - Briardene Unit

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

Summary of findings

Overall summary

We carried out this inspection on the 21 December 2015. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting.

Briardene is a 16 bedded purpose built care home providing nursing care to people with complex needs associated with dementia. It is located on the outskirts of Billingham. Public transport, shops and public houses are in close proximity.

The service had a registered manager in place and they have been registered with the Care Quality Commission since February 2011. 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 registered manager and all the staff were extremely passionate about providing a service that placed people and their families at the very heart of the service.

The ethos of the service was to provide a homely environment and support people to be as independent or as comfortable as possible.

Risks to people were being identified and assessed. Staff managed the risks related to people's care well. Accidents and incidents were monitored and a system was in place to identify trends and patterns.

There were more than sufficient numbers of staff on duty to keep people safe. The registered manager followed safe recruitment processes. Staff were extremely positive about the support they received from their managers. They were encouraged to strive to improve. Staff were very motivated and proud of the service. Staff received comprehensive training that was up to date and a robust induction was in place.

People, relatives and visiting professionals could not speak highly enough about the support and care that was provided.

People were calm, settled, happy and contented. Staff treated people as individuals and treated them at all times with dignity and respect. People were never hurried or distracted from what they wanted to do. Staff were familiar with peoples life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively.

People had varied communication needs and abilities. Staff knew people very well and knew how to respond and talk to each person to give them the support and care that they needed and wanted. Staff listened to what people had to say and they gave them time to express themselves.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and associated legislation under the Deprivation of Liberty Safeguards (DoLS) and put this into practice. Safeguarding procedures were in place to keep people safe from harm.

People felt safe living at the home and their risks had been identified and assessed so that staff were well informed on how to look after them safely. Accidents and incidents were reported and dealt with satisfactorily. Staff spent quality time with people to give them emotional support and comfort. People's medicines were managed, stored and administered safely

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and electrical safety.

The service had a complaints file and policy, however they had not received any complaints.

The service employed a therapy coordinator and they provided activities and occupation for people's waking moments from leisure to personal activities. For example pamper sessions and music sessions.

People told us the cook provided good quality food and catered for their individual preferences. This included people's specific health and dietary requirements. Food and drink was available to people throughout a 24 hour period. Staff gave excellent and discreet support to those who required extra help in eating and drinking.

The registered manager and registered provider carried out regular checks to monitor and improve the quality of the service.

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

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority and others if they had any concerns.

Risk assessments were centred on the needs of the individuals.

There were sufficient numbers of trained staff deployed to ensure that people had their needs met promptly.

There were systems in place to protect people against risks associated with the management of medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received all the training they needed to meet the needs of people. There was a comprehensive training plan in place to provide continuous staff development and to refresh staff training.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS] and they understood their responsibilities.

Staff obtained consent from people before providing support. People had access to a choice of nutritious food and drink and were supported to access health care when necessary.

Is the service caring?

Outstanding ☆

The service was extremely caring

People received individualised care from staff and the registered manager who were motivated and enthusiastic.

The management and staff had an extremely strong, visible person centred culture and were exceptional at helping people to express their views so they could understand things from their

points of view.

Relatives valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support.

Is the service responsive?

Good

The service was responsive

Staff had a good understanding of people's individual needs. People received consistent, personalised care, treatment and support.

There was a very good array of activities on offer at the home and these were enjoyed by people.

Complaints were listened to and dealt with immediately.

Is the service well-led?

Good

The service was well led

The managers supported staff to develop a strong and visible person centred culture in the service. Staff were fully supportive of the aims and vision of the service which were to 'offer a homely environment and to respect dignity, privacy and promote people's personal esteem'.

The managers continually strived to improve the service and their own practice.

Systems were in place to monitor the quality of the service people received.

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

This inspection took place on the 21 December 2015 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

The provider was not asked to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with five people who used the service, four relatives, the registered manager, eight care staff, the health and safety well-being manager and the cook. We undertook general observations, joined in the lunchtime meal and reviewed relevant records. These included three people's care records, four staff files, audits and other relevant information such as policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person who used the service we spoke with said, "I am safe very safe." A relative we spoke with said, "[My relative] is very safe here, I would not want them anywhere else." And "When we go out for a walk, they are always happy to be back here." One staff member we spoke with said, "People are safe here, all the staff are astute to physical safeguards and health and safety. Good staff work here." Another staff member said, "Everyone is safe, we are well trained and we report any issues such as a door handle falling off."

There was an up to date policy for safeguarding adults from abuse. Staff confirmed they had undertaken safeguarding training and they could tell us about the different types of abuse that may occur. One staff member we spoke with said, "I would report it straight away going to the local authority and CQC if I had to." Another staff member said, "We never turn a blind eye. We get to know any new guidance and are given chance to read it." All the staff said they were actively encouraged to raise any issues immediately with the managers. Staff knew the procedures they needed to follow to report any suspicions of abuse or allegations. There was a clear whistle blowing [telling someone] policy in place, which staff knew how to locate and use.

Risks to people were identified and assessed. Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise or eliminate the risks. For example one person was at risk of falls and the care plan explained what staff needed to be aware of, such as, the person having their shoes fastened correctly to minimise this risk. People's risk assessments were reviewed monthly and any falls were documented, assessments and care plans were updated when anything changed. One person who used the service who was at risk of falls, was unable to use the call bell in their room. We saw that the service had put a motion sensor mat in their room which would alert staff if the person started to get up from their bed. When staff were alerted to the person trying to mobilise they immediately responded and walked with the person to make sure they were safe. This person was also on hourly checks throughout the night. We could see that staff were supporting this person in a safe and caring manner to minimise the risk of harm to them. We also saw that each room had that a motion sensor that could detect movement. This helped to keep people safe.

The service had systems in place to identify and manage any risks to people's health and wellbeing. There were monthly analysis of accidents and incidents. These records were very detailed and helped to identify any patterns and trends of accidents and incidents such as patterns in the times or frequency of accidents. From speaking with the registered manager and from looking at records, we could see that prompt action was taken to reduce the risk of similar accidents or incidents happening again. Advice was sought from relevant healthcare professionals to help to maintain people's wellbeing. For example one person was placing themselves and staff at risk of injury by attempting to throw themselves out of a lounge chair. They discussed this with the Intensive community liaison service (ICLS) team and placed this person onto a behaviour chart. Staff told us that this helped them evidence more accurately the time and place behaviours would escalate. They also applied for level four observations [one to one] from the Continuing Health Care

(CHC) team so that they could maintain this persons safety. We could see that these actions helped to reduce the number of behavioural incidents for this person which reduced their risk of harm. Another person who liked to walk around the service was at risk of falls; however the continuous one to one support from staff allowed this person to maintain their independence whilst minimising the risk of harm to them.

The registered manager encouraged positive risk taking. The registered manager said, "The nature of our client group means that evaluating risk is an everyday activity, and I am determined that we should run our establishment for the maximum benefit of each individual client and not for the convenience of our staff" The registered manager also said. "We look at people who live in the service as individuals and each has a different complexity. We look at all the accidents and incidents that come in and they are analysed. From this analysis we will be able to plot behaviours and work out ways to avoid this with the person. The solution could be something as simple as just moving a person to a quieter area if we know noise is an issue, or spotting when someone is tired when they have been identified as a falls risk."

The service had an up to date business continuity plan. This meant if an emergency was to happen the service was prepared. The business continuity plan provided staff with the information they required for every kind of emergency. The registered manager said, "This plan is discussed at staff meetings with the qualified staff and they are given information necessary to deal with an emergency, we also check their knowledge and understanding during supervision. This ensures that staff felt confident and prepared to deal with an emergency situation at the service. The registered manager also told us, "In 2016 we are going to look at scenarios of different emergency situations to ensure everybody is aware of the emergency procedure and what should happen in such an eventuality." This meant that the service was taking the action needed to maintain the quality of the service and maintain the safety of people who used the service and staff.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and water temperature checks. Audits took place monthly and covered areas such as medicine, health and safety and infection control. The service also completed environmental risk assessments on the premises and other areas such as kitchen safety, COSHH and aromatherapy treatments. The health and safety wellbeing manager looked at the working environment and made sure they were compliant with safety. They said, "I visit once a year or more if needed and spend however long it takes, I am also there for advice. Briardene are my stars I never have any issues here."

There were plans in place do deal with an emergency, such as a fire. The registered provider and staff were clear about what action they needed to take. We saw evidence of Personal Emergency Evacuation Plans [PEEP] for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Staffing levels at the service was high and this meant that staff had time to spend with people. Four people who used the service were receiving one to one care during our visit; this meant that four staff were available to support the 12 people who did not need one to one care. Staff we spoke with said, "If someone wants to pop to the shops or go for a walk we take them. That is the beauty of having enough staff on duty we are not restricted." The four relatives we spoke with all said there were always plenty of staff, one relative said, "There are more than enough staff."

The registered manager followed safe recruitment processes to help ensure staff were suitable to work with people living in the service. The registered manager said, "As a manager one of my most important tasks is to recruit well to ensure that from the outset we have a high quality staff group able to deliver a good

standard of care to clients who present very difficult and challenging behaviours."

We saw they had obtained references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

We checked the management of medicines and saw people received their medicines at the time they needed them. Medicines were ordered, stored, dispensed and disposed of safely. Medication Administration Record (MAR) charts showed that people received their medicines as prescribed
and staff had signed the MAR to confirm this. Staff had received training in the administration of medicines and this was updated on a regular basis. Medicines requiring refrigeration were stored in a locked fridge dedicated for that purpose. Records were kept of room and fridge temperatures to ensure medicines were safely kept. Medicines with a short a life once opened had the date of opening noted, this meant it remained safe and effective to use. Medicines liable to misuse called controlled drugs were stored securely with robust recording. We observed a lunchtime medicine round saw the staff member confirmed the person wanted to take their medicine and explained what the medicine was for and stayed with the person until they had taken their medicine.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available. One person who used the service said, "I cannot fault this place, it is clean and it is lovely."

Good

Is the service effective?

Our findings

We could see that the staff team knew people who used the service exceptionally well and knew how they liked to receive their care and support, which enabled them to continue to with their life skill and independence. The staff had knowledge about how each person liked to receive their personal care and what activities they enjoyed. For example it was very important for one person to have their make up on and another to dress smartly. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective personal care and support. They were able to explain what they would do if people became restless or agitated or if they were sad and needed comfort. From our observations we could see that this knowledge greatly enhanced people's self-esteem, confidence and quality of life. All four relatives we spoke with commented on how good they thought the staff were. One relative said, "Very professional staff."

All staff commenced a comprehensive induction with mentorship training before starting work at the service. The induction process consisted of five training days and then one or two buddy shifts, during the buddy shifts they were not allocated into the staff numbers. This meant that new members of staff were free to observe and ask questions. We could see that two of the training days were dedicated to teaching the new employee Management of Actual and Potential Aggression (MAPA). This is training which looks into behaviours that could challenge and teaches staff to understand why a particular behaviour may be displayed. The training manager said, "This is a vital part of our training programme because it teaches staff to look at why this behaviour may be currently being displayed and to see it not as a negative outlet but a way for the client to display an unmet need." One staff member we spoke with praised the induction and said, "When I did my buddy shift they showed me everything and answered all my questions, the support is really really good."

The following three days of training staff covered fire safety, fire drill scenarios, safeguarding, infection control, COSHH, and moving and handling theory, then practical. The training manager explained how they now included CQC key lines of enquiry into the training. Staff received an induction file that they worked through during training. We could see that the induction process for all new staff lasted for three month and they had 18 activities to complete covering all aspects of care such as food safety and food allergens. We saw that the training also covered a pressure ulcer management programme, Footsteps which is Barchesters fall pathway programme, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and duty of candour. This meant that staff were appropriately trained and supported during their induction. The registered manager said, "The ability of each individual member of staff is assessed before they are left to work unsupervised. There are various ways this is done but most common is the direct observation of their line managers or more experienced colleagues. I directly observe all of my staff during normal working hours and I do unannounced night visits to check that standards are being adhered to."

The training manager said, "All learners complete a dementia training day but I feel that it is more beneficial to work on the unit first as they need to get to know the clients, know their likes, dislikes, hobbies, history's and behaviours etc. This is because I don't want the learner to just see the diagnosis and think that we treat everyone the same because of their condition."

The training manager explained how they want staff to remember that before people were diagnosed with a dementia they were a mother, father, friend, teacher etc. The training manager said, "We need to remember this when we care for them because these memories are maybe the only thing the clients have left to hold onto."

Training had been completed by existing staff in moving and handling, health and safety, infection prevention and control, safeguarding, medicines, food hygiene, first aid, equality and diversity, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw certificates to evidence this. We could see that this training helped staff to understand the importance of shared interests, knowledge and experiences.

The training manager told us, "Barchester Healthcare and the management of Briardene unit are very good when it comes to developing their staff and they allow me to source and provide training."

The service also has access to the University of Teesside which staff attended for dementia training, they had also arranged for someone who was diagnosed with Parkinson's disease to come and facilitate a training session with staff and talk about their experiences. This person was also going to join family members on coffee mornings to talk about their experiences. The service also employed apprentices and a recent apprentice has just finished their course and now worked at Briardene permanently. They were very enthusiastic about the support they received and said "I can honestly say that I felt supported every step of the way to gaining my diploma whether from my assessor, the training manager or the registered manager."

Staff were formally supervised and appraised and confirmed to us that they were very happy with the supervision and appraisal process. Records confirmed this. Staff we spoke with found the supervisions useful. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff.

The Care Quality Commission is required by law to monitor and use the Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered provider was aware of their responsibilities in relation to DoLS and was up to date with changes in legislation. We saw the service acted within the code of practice for MCA and DoL's in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered manager told us they had been working with relevant authorities to apply for DoLS for people who lacked capacity. This ensured they received the care and treatment they needed and there was no less restrictive way of achieving this. Best interest meetings were held between staff, people's families and other professionals involved in people's care to ensure people's rights were protected whilst at the same time ensure safe and effective care was provided.

At the time of our inspection all 16 people living at the service were subject to a DoLS. Staff had received training in MCA and DoLS and demonstrated a clear understanding with comments such as "DoLS are put in place for the persons best interests but must be the least restrictive option." And "DoLS are put in place to protect an individual and make sure they are safe." The training manager said, "I have been able to source some pocket size booklets on the Mental Capacity Act which all staff were given and this allows them to have resources available if they want to read up on any information around the act."

Care plans detailed peoples dietary needs, food likes and dislikes, the texture of the meal for example pureed or mashed if needed, portion size, adapted cutlery needed, how they like their drinks such as tea strong with sugar, what they liked for breakfast, lunch, evening meal and supper and what drinks they liked

in their bedroom. The information was extremely detailed and demonstrated that time had been taken to get as much detail as possible to make the dining experience for people as enjoyable as possible.

The cook was very aware of people's dietary needs such as if people needed pureed or their likes and dislikes. We asked how they were kept informed of this, we were told. "Staff always keep me up to date but I also go and sit with each person, chat to them and find out myself." The cook came out into the lounge on the morning to chat to people and ask what they would like for lunch. From observation we could see they knew people well. People smiled and laughed during the conversations and we saw one person having a bit of banter with the cook. The cook said, "They [the people who used the service] are all cheeky with me but we have a good laugh, it is all good."

Lunchtime was a nice relaxed experience, the tables were set very attractively with flowers and napkins. Staff appeared very attentive, supportive and smiled at people, offering plenty of drinks or asking people if they wanted more. Where needed, people had adaptive cutlery and plate guards. The registered manager supported a person to have their meal and staff had time to make sure people were not rushed. People had made choices but due to the nature of their dementia the cook still showed two plates at lunch time to make sure they had what they wanted. One person had not wanted what was on offer but had egg and chips instead their comments were, "Oh this is very nice, I really enjoyed that." People were offered drinks throughout the day. For the evening meal people had the choice of beef bourguignon or sandwiches and soup.

People at risk of poor nutrition were regularly assessed and monitored using the Malnutrition Universal Screening Tool (MUST), a tool designed specifically to assess people's risk of malnourishment using a combination.

People were supported to appointments with external healthcare professionals such as the GP, memory clinic and optician, evidence of visits were documented in their care files. Relatives told us that the staff responded promptly when their family member needed to see a doctor or to attend any other health related appointments.

Outstanding ☆

Is the service caring?

Our findings

We asked relatives of the people who used the service what they thought of Briardene and the care provided. Comments included, "It is a home from home, this is the best home, this is how it should be." And "They look after [my relative] well it is so friendly and homely." Another relative said, "This place is great, they are very considerate to what [my relative] wants." And "The staff are so friendly, and caring, they genuinely care." And another relative said, "The staff are really patient with my [relative] and we also have a joke and a laugh with them, there is lots of laughter."

Staff told us how much they enjoyed working at Briardene, comments included, "I love it here, it is so rewarding being there for people who need support and help." And "I would not work anywhere else we are one big happy family, it is brilliant."

One staff member said, "As a unit we celebrate life, we go the extra mile by identifying that everybody is an individual not a diagnosis, but a thinking, feeling being who could be someone's mother, father, son, daughter or even a friend and we maintain this ethos even when a person is lost, confused and frustrated."

From our observations we saw staff were very patient, kind and caring. From our observations the staff were central to creating a relaxed calm atmosphere and they also knew the people who like to have a laugh and a joke and they encouraged that too. Where staff worked on a one to one basis they took the lead from the person, so if a person wanted to walk around, they did not try and lead them in another direction or try and stop them, they patiently walked alongside chatting about what they could see. We saw people responded well with staff they would link arms or stop walking and start dancing. Staff would join in with the dancing and we saw from people's facial expressions they really enjoyed that. Staff showed extreme patience when people were trying to tell them something, never rushing people and repeating back to show understanding. One person could not decide whether to go back to their room after lunch or sit in the lounge. The staff member said, "Why don't we sit in the lounge and if we don't like it we can go to your room." The person seemed happy with this and sat down immediately falling asleep. The staff member said, "They like a snooze after their lunch."
Staff showed excellent skills at showing an understanding of people's point of view. For example, one staff member said, "We copy or mimic people's actions so they feel understood and so we can show we have understood them." The therapy coordinator said, "I look at people's moments and think how I can enable that person to gain the best quality of life, either at the stage of their illness or that time of day." Another staff member said "[person's name] could not sleep on night and wanted their breakfast at three am, so they did then had another breakfast at nine am, it is no trouble." We observed that staff joined in with people's moments. For example, one person was happy walking about the service then suddenly decided to stop and dance, then went to set the tables etc jumping from one activity to another. The staff member supporting this person went along with what they wanted to do at that time.

The service had a very homely feel, nothing was out of bounds to people, they could open drawers, cupboards, move things around. One person liked the cushions on the settee to match and someone had put a different coloured cushion on the settee, this person quickly moved it and put it away. Staff said this

was fine, they could do what they wanted. One staff member said, "You will never hear, don't touch that, keep away from there, don't open it, or sit down. People can do what they want." We saw people had a good quality of life full of positive engagement and creative activity.

Staff were very good in enabling people to remain as independent as possible. We asked staff how they encourage this. Staff we spoke with said, "No matter how small a task is I encouraged them to do it themselves, such as picking up a biscuit or drying themselves, I don't rush people, they may want to do their own hair but it takes time, that is fine we have time."

People's privacy and dignity were respected and promoted. We asked staff how they supported people to maintain their dignity and privacy. Staff we spoke with said, "When providing personal care I always close doors and keep them covered as much as possible, I think put yourself in their shoes, how would you feel. I also do not talk about people in general around the home or talk to family members about another person or family member." Another staff member said, "I take them to their room to change in private, and I always prepare first, such as have washing bag, clothes etc. al ready so they are not sitting without clothes on whilst I get them out." Another staff member said, "First of all I would gain consent for anything I was doing and especially personal care, I would then tell them what I am doing and explain each step so that it does not come as a surprise when you do something like removing their clothes. I find visual aids help and I would use these for certain people."

We asked the registered manager how they support people's human rights. They said, "By seeing the establishment as the client's home many 'natural rights' flow such as the clients right to decide who they invite into their room, what time to get up or go to bed and the right to decide what foods to eat that day. We endeavour to provide care that emphasises individual independence wherever possible "

We saw that all people who used the service had access to an advocate if needed and information was available. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. At the time of inspection no one living at the service had felt the need to use an advocate. The registered manager was aware of the process and action to take should an advocate be needed.

People were supported to have as much contact with family and friends as they wanted to. Relatives all said they were all made extremely welcome and could come and go as they please. One relative said, "I like the fact that they have settees so I can sit next to my relative." And another relative said, "I can come and go as I whenever I want, as soon as I come in I am offered tea or coffee. This is one of the better care homes without a doubt. The change in my relative is amazing, they are always clean, dressed smartly and they look happy."

There was no one on end of life at the time of inspection. The home had a strong commitment to supporting people and their relatives before and after death. People had care plans which stated how they wanted to be supported during the end stages of their life. The care plans were used to direct end of life care which avoided hospital admissions and provided dignified and pain free care at the service until they died. We saw the service's end of life policy which also covered how staff may feel and the support that can be provided. For example 'staff will have the opportunity to discuss their feelings and acknowledge any difficulties they have experienced when caring for people who are dying.' Staff had received training in end of life care, nine support staff had recently completed a level four course in end of life at the Teesside University. One staff member said, "I just done a gold standard framework accredited course at Teesside University, I learnt and developed the skills to provide palliative care, ensuring that when the time arises a client has a meaningful death."

At the entrance to the home there was a memory tree. Relatives and staff could hang something on this tree to remind them of someone who has passed away. The home also had a memories book, this documented information about people such as their favourite sayings for example, 'I like my tea hot hot hot.' The registered manager said, "This is a lovely way to remember people."

Good

Is the service responsive?

Our findings

Care plans were very person centred and contained detailed information on people's health needs and about their preferences and personal history. The care plans we looked at also covered what was important to each particular person. For example one care plan we looked at said, "It is important for me to see friends and family, have money in my pocket, freedom to explore, move around and most important to be of smart appearance." There was also information which informed staff that that this person did not like their personal space being invaded. We asked staff about how well they knew the people who lived at the home. Staff we spoke with were able to describe in some detail people's life histories, preferences and quirks in personality. We felt the staff had a thorough knowledge of each person. One member of staff said, "Each person is unique and individual in their own identity and stories to tell. Life history plays a massive impact on my role and that of my colleagues. We cannot provide a tailored service to meet the specific needs of a client without having the understanding and knowledge of who they are"

The care people received met their most up to date needs. Comprehensive monthly reviews of care plans were completed and these were recorded in people's notes. Where people could be prone to behaviours that challenge a detailed plan was in place with known triggers, such as noise or crowded environment, known interventions and coping strategies. This meant that staff could quickly identify if someone could become upset and prevent this by using the interventions that were recorded. Staff we spoke with explained clearly how these work. For example one person liked to keep busy and help with tasks around the home, one staff member said, "They were helping me wrap Christmas presents, but as I was wrapping them, they were unwrapping them, but that was fine."

The service employed a therapy coordinator and their job entailed many aspects such as providing activities and occupation for people's waking moments from leisure to personal activities. For example group cognitive stimulation sessions and supporting people who used the service to be independent with their finances. Some of the activities on offer included using reminiscence, music, quizzes, poetry, arts and crafts and coffee mornings. The service also had a range of visiting entertainers such as the travelling theatre, ponies and pets as therapy. We could see that the therapy coordinator also encouraged people to visit their relatives at home. They told us, "As well as this allowing for a change of environment it triggers past and present familiarities, enriching a sense of belonging." One person who used the service visited their family every Tuesday and Thursday, they were able to do this independently but as their dementia has progressed this was no longer possible, therefore Briardene have arranged their mini bus to take them so they can continue with this contact. A relative we spoke with said, "It is nice to have the entertainment, [relatives name] love their music." Another relative said, "We had a Christmas party last week, the buffet was lovely, a buffet is not easy when everyone has dementia but they managed it beautifully."

The therapy coordinator said, "Often the group environment is too much for people so we do a lot of one to one sessions. But baking is loved by many and no matter where the clients are in their journey with dementia, they can take part even if unable to do the activity physically. They can reminisce about when they used to bake and enjoy a sensory input with the smells and tastes."

The service had a sensory and music room used to stimulate moods and emotions and for relaxing. One person who used the service used to play the cello and now sits and feels the strings which provide sensory enjoyment for them. The therapy coordinator said, "This person loves to listen to music and it is important for them and their relative to sit and listen to music together."

The service has a music therapist who spends one day a week at Briardene and delivers group and one to one sessions. The therapy coordinator said, "The music therapy encourages communication, positive interactions and emotional support through the use of music." The music therapist said, "My music therapy sessions are person centred; music is personal, intimate and unique. No two people sing or play the drums in the same way, no two people have the exact same musical tastes or experiences. For this reason one to one music therapy sessions are based on the needs, wishes and potential of the individuals. For example one person wanted to write a song about their mum and another person loves singing Abba and improvising on the piano along to their songs. Each person I work with has displayed their personality and character in the way in which they have participated."

The service employed a holistic therapist. People who used the service also received daily input from the holistic therapist who provided lymphatic drainage to Reiki. Lymphatic drainage is a specialised, gentle type of skin massage and an important part of lymphedema treatment. The aim is to encourage the extra lymph fluid to move away from the swollen area so it can drain normally. Reiki can be used alongside other conventional or complementary treatment and often helps to provide emotional support during recovery. The holistic therapist provided head and hand massage. One relative said, "[My relative] gets a head massage three times a week and they love it, they smell gorgeous, they also get hand massage and now when we hold hands they start massaging my hands." And "They use these oils and [relatives name] smells lovely when we visit." The holistic therapist said, "I did research into head massage and found it to be calming and relief from discomfort." And "I spend time with the person, holding and massaging their hands, speaking slowly and quietly finding out what their needs are, some people prefer calm and quiet some like dancing and music."

The service used the Pool Activity Level (PAL) which is used as a framework for providing activity-based care for people with cognitive impairments, including people living with a dementia. The therapy coordinator said, "With the PAL in place I could look at the clients abilities, how to support the client and reduce limitations without focusing on the mental health diagnosis. It aids all aspects of daily living and enables the client to make choices about their day to day occupations and activities." We saw one person who used the service liked to help with the activity board, they would wipe the board clean on the day or week before's activity then sit and tell the therapy coordinator what to write for that day or week. On the day of inspection some people were going to the pantomime at Billingham Forum, writing this on the board brought lots of excitement. One person started saying "Oh no they didn't" and another person said "Oh yes they did." They started preparing their Christmas hats ready to take with them and one person wanted to get their make up on ready. On their return there was lots of laughter. We asked if they had had fun, one person laughingly replied, "Oh yes we did."

Support staff provided activities and interactions throughout the day. For example we saw people enjoying an Abba music session and dancing and pamper sessions with staff. Each person who used the service had an individual memory box that was unique to them, which included puzzles, favourite biscuits, therapy dolls and sensory cushions for example. The registered manager told us that all staff were responsible for implementing activities and meaningful interactions with the people who used the service daily. The therapy coordinator said, "Staff do this by a caring acknowledging touch, to butterflying, this is where they move from client to client so no one has long periods of time without human contact, or a good old sing

song." During our inspection we saw evidence of this, people and staff were singing Abba songs, then they would fold napkins, or read a magazine. The therapy coordinator also said, "I trained staff to realise that it is important to take the lead and step into their reality in a positive manner, be it supporting a client to follow a task by task shaving programme, to a touch of the hand or to placing a ball of wool in a client's hand who loved to knit, who was in the end stages of life."

The therapy coordinator was doing some training with Tees Esk and Wear Valley called the Dementia Collaborative Quality Improvement System. The establishment of Dementia Collaborative has a proven record for driving forward improvements and evidencing outcomes for people with dementia and the people who support them. The therapy coordinator was looking at systems to reduce time waste due to ineffective documentation. They were looking at documentation of activities and how staff can document more effectively with more evidence based outcomes, producing a quality account without creating extra paperwork.

The therapy coordinator said, "I feel that we as a team provide meaningful life to our clients, empowering abilities, removing frustration and making Briardene a home from home to the best of our ability." Through our observations this certainly was the case, people were enabled to do what they wanted, whether that was going outside to have a cigarette, watch what they wanted on television, tidy the lounge or just walk around with a sense of purpose. The atmosphere was very calm and relaxed. We saw that staff were exceptional at recognising triggers to behaviours which could challenge and take action to prevent escalation of these behaviours. For example we saw one person showing signs of agitation, the support worker quickly changed tack and started dancing with them, the person then had a big smile on their face. The registered manager said, "Whilst we were decorating the outside tree, [person who used the service] was watching out of the window. We asked if they wanted to help and they were so happy."

We looked at the services complaints file and policy. They had not received one complaint in the last 12 months. Relatives we spoke with said, "I have never had to complain, this place is great, I would say something if I needed to." Another relative said, "They look after [my relative] so well, why would I complain." The service had received numerous compliments during the last year. One recent compliment said, "We have noticed so much improvement in [relative's name] their speech and general well-being and this is down to you and the thoughtful, good humoured and genuine care you offer."

Good

Is the service well-led?

Our findings

Relatives of people who used the service were complimentary about the registered manager and staff at the home. Comments included, "The manager is alright, you can talk to her, we have banter." And "The staff are good, there are enough of them and no one could look after them [people who used the service] better." And another said, "The manager is fantastic and the staff are lovely."

We asked staff if they felt supported by management. Staff we spoke with said, "I am definitely supported by the manager, they are approachable and I feel comfortable." Another staff member said, "The manager is very good, they are supportive and they listen." And another staff member said, "I get on really well with the manager, she is present, noticeable and her door is always open, clients walk in and out and take her stuff but she is fine with it, it's their home. Obviously not private and confidential things they are locked away" And "The manager really does care about the clients, they have a big heart but are very professional." Another staff member was very complimentary about the manager saying, "The manager is very visible on the floor and they are very, very patient." And another staff member said, "This home is run very efficiently and we have a high ratio of staff."

We asked staff about the culture of the home. Staff we spoke with said, "The culture is honesty and openness, if something happens no one holds a grudge, we learn from it and move on." And another staff member said, "The culture is to have a warm and happy environment."

We asked the registered manager how they promote the services visions and values. They said, "It is my job to see that the vision and values are translated into action and so I take a 'hands on' approach to all aspects of the delivery of care services such as providing a 'fine dining' experience to ensuring an imaginative programme of activities and alternative therapies to enhance the wellbeing of clients. Above all I am trying to recreate the client's home not an institution overly burdened by rules and regulations. My staff are the bridge for clients enduring mental disorder memory related illnesses and making a reality of person centred care. I lead from the front and hope I can be regarded as a role model for the staff I lead. I also strongly believe in working collegiately with outside professionals so that clients and their families can benefit from a wide variety of disciplines and experience."

Relatives meetings took place every three months. Topics discussed were upcoming events, what had happened recently and DoLS and how this effects relatives and food. One relative we spoke with said, "The meetings are very informative, I wish a few more relatives would come, they [staff] put so much work into the and we find out everything that is happening."

Staff meetings took place monthly and were well attended. Topics discussed documentation, lessons learnt, company issues, training and other relevant business. We asked staff if they find the meetings useful, they said, "They are good, we are altogether and if anybody has a query we try ideas out, for example we recently trialled different break times and length of breaks." And "Yes it is good to all get together and discuss any relevant issues."

We asked the registered manager about the arrangements for obtaining feedback from people who used the service, their relatives and other people who visited the home such as GP and healthcare professionals. The registered manager said, "There are a number of ways we gather and respond to the views of the people who use our service. Internally we constantly seek whatever feedback clients can give us even if it is about some simple elements of their care for example preferences for meals or activities that they enjoy. Of course most clients cannot give us clear accounts but it is important for staff to communicate with clients as much as they can so that we can better provide individualised care. More formally we survey staff, family members and colleague professionals. We use this feedback to refine plans with clients and their families and to ensure we are inclusive in our approach to everyone who uses or supports our service."

We looked at the feedback from surveys recently returned. External healthcare professionals had stated they were very satisfied with the care provided, comments included, "The service is committed to excellent patient centred care." And "Excellent service, well managed." Feedback from the staff survey all scored highly. People who used the service and their relatives stated, "I am very happy with the varying extent of activities and therapies and very grateful for the stimulation on offer." And a relative said "Quality of care is outstanding, I wish it could be replicated in all specialist dementia units." Another relative said, "My [relative] recently had a stay in hospital, they did not receive the standard excellent loving care they receive on a day to day basis at Briardene. As a family we were relieved when they came back to their safe loving home that is Briardene."

We saw that well managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; medicines management, care plans, training, health and safety, record keeping and infection control. These checks were regularly completed with an action plan with outcome, action required, time scale and responsible person. This meant the audits were monitored to ensure and maintain the effectiveness and quality of the care.

We asked the registered manager what their biggest achievement had been. They said, "In management and leadership contexts reference is sometimes made to 'gold medal moments' when one has achieved something of real note. For me the most prized gold medal moments have been when staff who I have nominated for national awards have been successful and recognised. This has happened quite frequently recently and I would particularly cite our training manager who won the Barchester National Care Award for their work as a trainer. They were described by the judges as a rising star and somebody who puts client care and safety at the forefront of any training they deliver. My alternative [holistic] therapist won the Diverse Services Champion Award last year. Their work is invaluable to the service, and the way they work with difficult clients and seeing the impact that has on their behaviours is remarkable. Finally I would cite the example of arranging for our nine support workers to attend Teesside University for 16 weeks doing an End of Life Level four course which they all passed. Seeing them collect their awards in their cap and gowns was quite a moment for me, for them and their families."

We asked the registered manager what links they have with the community. They said, "South View Briardene is demonstrably an outward facing establishment and we are always looking for ways to be a 'good neighbour' and link with the local community. We obviously have to very careful about who we invite in to the service because of the unpredictable behaviours of our clients. It is their home and we would not want to alter the day to day activity of our home for other people. People from our local churches come in to the service. We also have a 'therapy pony' and it is remarkable to see how this pony becomes the focus for clients' verbal and non-verbal communication that initiates real social contact and positive interaction. We also have a stage school that comes in that is run by our therapy coordinator who then makes a decision about which children to bring in and which performances are to be delivered. There are also travelling pantomimes, and singers who come in to the unit. We have a carefully selected hairdresser and professional

chiropodist and they both work with the clients and enhance their wellbeing. Local schools also send gifts to our clients We work too with the Alzheimer's society who are looking at ways to get more regular activities at the local library." This meant the service was continually but carefully linking with the local community.

The registered manager explained how they consult nationally recognised guidance. They said, "The training takes full account of nationally recognised best practice and guidance across a wide range of subjects including health and safety and delivering person centred care. Of course our close links with consultant psychiatrists and the client's own general practitioner also ensures we are following nationally recognised advice about delivering safe effective care and treatment.
We also work closely with the Intensive Community Liaison Service. We also consult Department of Health publications, the NICE guidelines for information and advice such as physical problems, evidence to support care planning and the Royal Marsden for reference on clinical nursing procedures.