Greensleeves Homes Trust

The Briars

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Outstanding**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. The Briars is part of a charitable trust that provides care and accommodation for older people. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection, 32 people were living at the service.

People's safety was being compromised in some areas. Incidents of physical conflict between people and people's capacity to make decisions were not always recorded appropriately. Techniques needed to support a person who could display behaviour that challenged

Summary of findings

others were not shown in their care plan. Risks associated with a person using the stairs had not been assessed and doors giving access to the garden put people at risk of falling as they could not be secured in the open position.

Staff were up to date with current guidance to support people to make decisions. Any restrictions placed on them were done in their best interest using appropriate safeguards, although these were not always recorded.

For people who would not be able to tell staff when they were in pain, there was no information for staff about the signs and body language they may display. One person had an injury which staff were not aware of. Another person had not been referred to a specialist after having multiple falls and, having broken their hip, was being supported to weight-bear without having had an assessment by a specialist. People were supported appropriately to drink enough, but the recording of people's fluids was not effective.

Care plans initially contained a lot of detail about action staff should take to meet people's needs. However, as plans were reviewed, this level of information reduced, which meant people may not have received consistent care and support. Staff knew how to support people with their continence, but this was not recorded in people's care plans. A wide range of activities was available, but people's participation activities was not recorded effectively.

People and their family members praised the standard of care people received and told us staff had the skills and knowledge to meet their needs. A doctor who had regular contact with the service said, "If I am asked would the home pass the friends and family test, the answer is absolutely. I have total confidence in this home and its staff".

A relative told us "This home must be one of the best, if not the best on the island, the staff are brilliant, nothing is too much trouble, it is clean, the food is fantastic and people get real care and attention to detail".

The building had been extended and redecorated recently and guidance had been followed to make the environment suitable for people living with dementia. The garden could be accessed by people who used wheelchairs and had won a national award for its suitability for older people.

There were sufficient staff to meet people's needs and recruitment practices were safe. Staff were suitably trained and supported. They received regular one-to-one sessions of supervision and annual appraisals where objectives were set for the coming year. Staff knew what action to take if the fire alarm sounded and a fire officer described the service's procedures as "faultless".

People were offered a choice of varied and nutritious meals, food was available throughout the day and staff made mealtimes a pleasant and social experience. Catering staff were well informed about people's conditions or medication that affected their ability to eat and drink.

People told us they were happy at the service and talked about it warmly. One person said, "It's beautiful here and [the staff] are very kind". Another described it as "very homely". Staff knew people well and were skilled in providing effective support in a caring and compassionate way. The service was part of an initiative to promote caring relationships, which its policies and staff training supported.

People were able to receive care and support at times that suited them. They were involved in decisions about their care during review meetings and were asked for their views of the service in residents' meetings and through survey questionnaires. Where changes were needed, we saw these were made. Relatives told us if they had any concerns the manager and staff would respond promptly and people knew how to make a complaint.

Feedback from people, relatives and staff showed the service had a positive, open culture. Staff engaged well with external professionals, welcomed visitors and had strong links with the community. These included charitable groups and a local school, whose children worked on joint projects with people, such as the building of a first world war commemorative garden.

People were cared for by staff who were well motivated and led by an established management team. The service had achieved Investors in People accreditation, which is a government initiative to support individuals and teams to "be the very best they can be".

Senior representatives of the provider visited The Briars each month and were actively involved in monitoring and supporting the performance of the service. A range of

Summary of findings

audits was conducted to monitor the quality of service provided. A recent audit of care plans had identified some were not up to date and staff were working to update these.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe. People were put at risk because records were not kept of confrontations between people. Suitable arrangements were not in place to protect people from falling.

Any restrictions placed on people were done in their best interest using appropriate safeguards, although these were not always recorded.

The service had appropriate arrangements in place to safeguard vulnerable adults. There were enough staff available at all times and the service followed safe recruitment practices.

There were plans in place to deal with foreseeable emergencies and the fire officer who conducted a recent fire safety inspection said the manager and staff showed a “refreshing attitude to fire safety”.

Is the service effective?

Requires Improvement

Most people were provided with effective care, but improvements were needed.

A pain assessment tool was not used to make sure people received pain relief when needed and people were not always referred to specialists when needed. The amount people drank was not monitored effectively.

Staff were suitably trained and supported in their roles. The building and garden had been designed to meet the needs of people living with dementia.

Is the service caring?

Outstanding

The service was caring. Staff were inspired to provide care and support that was kind and compassionate. They were skilled in understanding people’s support needs and knew how to relate to them as individuals.

People and their relatives spoke highly of staff and said they were treated with kindness and compassion.

People’s privacy was protected as staff were discreet and treated people with dignity. The service was part of an initiative to build relationships between people, staff and the local community.

Is the service responsive?

Requires Improvement

The service was responsive, but improvements were needed.

Sufficient information was not recorded when people’s care plans were reviewed.

A wide range of group activities and one-to-one activities was provided. However, the recording of people’s participation was not sufficient to demonstrate that people’s individual needs were being met.

Summary of findings

Care was provided in a flexible way. The service took account of people's comments and involved them in the way care was delivered and the service was run.

Is the service well-led?

Not all aspects of the service were well-led as quality assurance systems had not picked up on the lack of recording of best interest decisions and altercations between people.

The service had had an open, outward-looking culture. There was an appropriate whistle-blowing policy in place, which encouraged the reporting of concerns. Staff engaged well with external professionals, welcomed visitors and had strong links with the local community and a home in the USA.

Staff were well motivated, led by an established management team and enjoyed working at The Briars, where they felt supported by management.

Requires Improvement

The Briars

Detailed findings

Background to this inspection

We spoke with 12 people using the service and four family members. We also spoke with nine members of staff, two visiting healthcare professionals and the registered manager. We looked at care plans and associated records for eight people and viewed records relating to staffing and the management of the service, including incidents, complaints, audits, minutes of meetings and action plans.

We observed care and support being delivered in communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The inspection team consisted of an inspector, a specialist advisor in the care of older people and an expert by experience in dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed 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. This enabled us to ensure we were addressing potential areas of concern. We looked at notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

The previous inspection of this service, in May 2013, found no areas of concern.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

On the first day of our inspection, we saw an incident between two people. It involved raised voices and unwanted physical contact from both persons to each other. A senior staff member intervened immediately and supported each person appropriately. However, the event was not recorded in the records of either people. A staff member told us they did not always record such incidents as they were "really common" and "there would be quite a lot". Without accurate records, the provider may not be aware of the frequency of such events so may not be able to put appropriate support strategies in place to prevent further incidents.

The care record for one person included details of an incident where staff had had to intervene by holding the person to stop them hitting the other person. The manager told us most staff had been trained in "safe holding techniques" and knew how to support people appropriately in these situations, although some newer staff may not have received this training. The service had a restraint policy in place, but the assessment and planning of care for situations where restraint was considered necessary to keep the person or others safe was not adequate. It did not describe which techniques should be used or when it was appropriate to use them. There was no record to show the use of these techniques was in the best interests of the person concerned.

We saw a person using a large flight of stairs. They did not look well balanced and were at risk of falling. We drew this to the attention of a senior member of staff who told us "We try to balance people's independence against any risks they might have, so they get to do what makes them happy for as long as possible". The person's care plan showed this activity had not been risk assessed, which meant potential strategies to reduce the risk had not been considered. The person did not have the mental capacity to understand the risk and there was no record to show the decision to allow the person to use the stairs had been taken in their best interests.

Care records showed another person had experienced multiple falls since the beginning of 2014. Their risk assessment had been reviewed and additional safety measures put in place, but the person had not been referred to the falls service for specialist assessment and advice. They fell again in June 2014, broke their hip and were admitted to hospital. This meant the additional safety measures had not been effective. When the person returned from hospital, their moving and handling care plan was updated and included directions that staff should attempt to stand the person to try to build their strength back up. Staff could not tell us where this advice had come from. An assessment of their ability to weight bear safely had not been completed and there was no rehabilitation plan in place.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff showed an understanding of the legislation. However, assessments of people's ability to make decisions had not been recorded appropriately in a way that showed MCA principles had been complied with. For example, one person was being given some of their medicines in a covert (hidden) way. The GP had asked for this to be done and the person's relative told us they with were aware of it. The outcome of the assessment of the person's mental capacity was recorded in their care plan but there was no information to show how the decision had been reached. There was no record to show that it was in the person's best interests to receive medicines in this way.

The above issues are a breach of Regulations 9 and 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The building was suitably designed and adapted for older people and people living with dementia. For example, ramps and handrails were available where needed throughout the building and the grounds were secure. However, access to the garden, through two sets of doors, was not safe as the doors could not be secured in the open position and moved when touched. In the doorways were two inch lips that had to be stepped over and posed a trip hazard to people who were unsteady on their feet. We saw one person leant against the door as they tried to step over the lip in the doorway. The door moved and the person struggled to stay on their feet. The manager made immediate arrangements for supports to be installed to secure the doors when they were open.

Requires Improvement

Is the service safe?

People told us they felt safe at the service. One said, "Oh yes I feel very safe with the staff and I trust them; all of them". Relatives confirmed this and one told us "The staff work hard to make sure people are safe and this is not always easy". Another said, "If I doubted that this home was safe we would not be here. If something goes a bit wrong, and not much does, the staff and managers own up straight away; no secrets, no cover-ups; so yes, I trust them totally".

Staff had received training in safeguarding vulnerable adults and knew how to identify, prevent and report abuse. They were able to explain the role of external statutory organisations and how they could contact them.

Staff had an understanding of Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Although no DoLS authorisations were in place, they had identified people who new guidance might apply to and had submitted applications to the local authority.

Risks of people developing injuries caused by staying in one position too long were managed effectively and appropriate measures put in place to minimise the risk.

Equipment, such as pressure relieving mattresses and cushions were being used. People who were unable to move around in bed were supported to change position regularly.

There were sufficient staff available at all times to meet people's needs. Staff were organised, understood their roles and people said they were attended to quickly when they pressed their call bells for assistance. Staff told us they felt the level of staffing was good. One staff member said, "There is a high ratio of staff; [the managers] don't cut corners on that".

Recruitment records showed the process used was safe. The provider carried out the relevant checks to make sure staff were of good character with the relevant skills and experience needed to support people appropriately. Where staff were found to be unsuitable to work with vulnerable people, we saw appropriate action had been taken by the manager.

There were plans in place to deal with foreseeable emergencies; staff knew what action to take if the fire alarm sounded and had been trained in the use of evacuation equipment. An email from the fire officer who conducted a recent fire safety inspection; he described the service's procedures as "faultless" and said the manager and staff showed a "refreshing attitude to fire safety".

Requires Improvement

Is the service effective?

Our findings

People had been prescribed medicines for pain relief as and when needed. Many people had dementia and were unable to communicate their pain verbally. Staff were able to describe to us the body language and behaviours of people which may indicate they were in pain. However, these were not recorded in people's care plans and the provider did not use a pain assessment tool. This meant people may not always have received pain relief when required.

Most people were supported to access healthcare services and were involved in the regular monitoring of their health. For example, people's weight and body mass indices (BMI) were recorded and, where people started losing weight, appropriate action was taken, such as fortifying their meals or referring them to dieticians. Records showed people were seen regularly by GPs, dentists, opticians and chiropodists. However, one person had not been referred to a healthcare professional for an injury, which we saw but staff were not aware of. This meant they may not have been receiving appropriate care and treatment.

People had access to cold drinks in their rooms and in glass fronted fridges in the dining room. People were also offered hot and cold drinks throughout the day to encourage them to drink well. The amount people drank was monitored so staff could assess whether people had drunk enough. However, the quantities of fluids people drunk were not added up each day. This meant staff could not easily identify people who were not drinking enough.

The above issues are a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Other aspects of the service were effective. People and their family members praised the standard of care and told us staff had the skills and knowledge to meet their needs. One person said, "They are very good at what they do here". Another told us "It was my decision to come here. It's the best place around". A relative confirmed this, saying, "This home must be one of the best, if not the best on the island. The staff are brilliant, nothing is too much trouble. It's clean, the food is fantastic and people get real care and attention to detail".

A doctor told us they visited regularly and said the service and its staff were "100%". They added that when they were called, "staff always know the reason for requesting a consultation, the medicines sheet is always ready and they follow guidance". They said, "If I am asked would the home pass the friends and family test, the answer is absolutely. I have total confidence in this home and its staff".

People received appropriate support to eat enough. A weekly menu plan showed people were offered a choice of varied and nutritious meals. There was no set time for breakfast and we saw people being given cooked breakfasts throughout the morning; they were encouraged to visit the kitchen for drinks and snacks throughout the day. The manager told us they had extended the time catering staff worked, so food could be made to order for longer.

Dining tables were laid with serviettes, cutlery, condiments, and fresh flowers. Brightly coloured beakers and plates were used. Research shows these help make food look more attractive to people living with dementia and encourages them to eat well. Food and drink were served with care and staff interacted with people which made the meal time a pleasant and social experience for people. People spoke highly of the food and the kitchen staff. We saw information in the kitchen about certain conditions or medication that affected people's ability to eat and drink. This had allowed them to plan suitable diets to meet people's individual needs.

The service's induction and training programme was comprehensive and followed national standards. Training records showed staff were up to date with all essential training. The manager told us there was a financial incentive for staff to achieve vocational qualifications and most staff had been supported to achieve level three diplomas (or equivalent) in health and social care. Staff praised the extent and quality of training available, describing it as "excellent" or "very good".

Staff were appropriately supported in their work. They received regular one-to-one sessions of supervision, where they could discuss their work. Where training needs were identified, staff were given "training reminder leaflets", additional sessions of supervisions or more training. Staff received annual appraisals, which assessed their performance and set objectives to achieve in the coming year. Staff told us they found supervision and appraisals were helpful. One member of staff said, "Praise is always given and feedback, if needed, is always constructive".

Requires Improvement

Is the service effective?

The building had been extended and most parts had been re-decorated since our last inspection, following a grant from a national charity. Guidance from the National Institute for Health and Care Excellence (NICE) had been followed in the design, the choice of lighting and bright colour schemes to make the environment suitable for people living with dementia.

The garden had been developed and included pets, a water feature and raised beds which could be accessed by people who used wheelchairs. There were numerous benches which were well used by people and their visitors. We were told the garden had won a national award for its suitability for older people.

Outstanding ☆

Is the service caring?

Our findings

People told us they were happy at the service and talked about it warmly. One person said, "It's beautiful here and [the staff] are very kind". Another described it as "very homely". Relatives told us care and support were provided in a caring way that met people's needs. One family member said, "The staff here are wonderful, they go out of their way to be helpful, I am so grateful, they are so kind and caring it means I worry less when I am not here".

Staff were inspired to provide care and support that was kind and compassionate. The manager told us they recruited ancillary staff, such as catering and maintenance staff who understood the needs of people living with dementia and could relate well to them. These staff interacting warmly with people on both days of the inspection. For example, one person became upset at certain points in the day. When this happened, a member of the kitchen staff picked up on their anxiety, held their hand and took them for a walk. The impact on the person each time was dramatic; they immediately became calm, relaxed and chatty.

Staff spoke about people with warmth and interest. One told us "Our priority is to do our best to make sure this is not just a home but their home". Another said "I think we all try to make this a special place. A special place for special people". A third member of staff told us they were "in awe" of one person who had led a particularly interesting life.

Care staff spoke with people in ways that showed they understood their support needs. For example, where it was difficult to understand what people were saying, staff used facial expressions, body language and touch to reassure people and make them feel listened to. One person became frustrated as they were finding it difficult to express themselves. The staff member touched them lightly on the arm as a distraction and asked them to talk about their work. The person immediately calmed and spoke clearly about their work in an animated and happy way. The staff member knew about the person's life and was skilled in reducing frustration and providing support. A relative witnessed this and said of the staff, "They always do that, they are really sensitive to people's feelings; they are really interested in them and that makes people feel good". A comment seen on a card sent to staff by a relative of one person read, "We could not have wished for [them] to be in more caring hands and your kindness and affection is much appreciated by us all".

The service had a strong, visible culture of encouraging staff to provide highly personalised care and support and to build meaningful relationships with people. The service took part in an initiative to improve people's well-being. The initiative was based on 10 principles aimed at "eliminating loneliness, helplessness and boredom by creating positive environments, promoting caring relationships and encouraging meaningful activities". The manager told us they were using the initiative to build relationships with people through shared experiences and break down barriers between the various staff groups and with the local community. The policies of the service supported these principles and staff were trained and understood how to deliver them in practice. For example, one staff member told us they were planning a programme of activities which staff and people could join in together to help achieve this aim.

Care records included a detailed account of people's lives, with sections about their childhood, adolescence, middle age and retirement. These gave staff a good insight into the person's life. We heard conversations between staff members and people, where they talked about each other's families and interests, showing they knew people and their backgrounds well. This helped build positive relationships.

People were asked about their likes and dislikes before they moved to The Briars and at regular intervals afterwards. Relatives told us staff often asked what people could do and wanted to do for themselves to make sure their independence was supported and encouraged.

When staff provided support for people to move from one position or location to another, they explained discretely what they would need to do, why they needed to do it and how they would do it. They sought people's permission by asking questions such as, "Is it alright if….?" and "Can we use the hoist to help you into your wheelchair?" They supported people carefully and took time to settle the person in their new position afterwards. One relative told us "The staff reassure people the whole time; they really seem to understand how frightening it must be to be hoisted up like that".

Outstanding ☆

Is the service caring?

Staff ensured people's privacy was protected by speaking quietly and making discreet use of blankets or screens, so people's dignity was not compromised. All bedrooms had locks which people could use if they chose to and staff knocked on people's doors and waited for a response before entering. On the door of each person's room was a series of symbols, such as butterflies and dots. Staff told us the symbols, which had been made to look like decorations, gave them discreet information about the person's needs, such as whether they preferred a male or a female care worker and whether one or two staff were needed to help them mobilise.

Requires Improvement

Is the service responsive?

Our findings

When care plans were initially written, they contained a high level of detail about people's daily routines, how they preferred to be supported and what actions staff should take to meet their individual needs. As people's needs changed, care plans were reviewed and updated to reflect the changes. However, as this happened, we noted the level of detail was reduced and some care plans did not provide adequate information to allow staff to provide care and support in a consistent, personalised way.

Continence assessments were conducted and measures put in place to support people, for example through the use of continence aids. Whilst one person's plan was personalised and specified the times when pads should be changed, other plans did not contain this level of detail. Staff understood the need for a personalised approach to continence and were aware of people's preferred routines. However, these was not recorded in people's care plans. The lack of information in people's care plans meant there was a risk that people's individual needs would not be met in a consistent way.

The above issues are a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found other aspects of the service were responsive. For example, a wide range of activities was available. We observed activity sessions including baking, throwing balls and bean bags and a quiz. Afterwards, we heard people talking to each other about how much they had enjoyed them. Many activities were based around people's experiences, such as travel and holidays; others involved trips to local attractions. We saw cordless vacuum cleaners being used by two people. Staff told us each person had responsibility for keeping an area of the building clean, which gave them a sense of purpose and responsibility. Staff had time to engage with people in one to one activities with people who preferred these, including hand massage, reading to people and supporting them to use the computer to contact friends and family abroad. This helped prevent people becoming socially isolated. The manager told us they were looking for ways to improve the way activities were recorded, as the current method did not provide enough information.

People were able to receive care and support at times that suited them. They told us there was no routine they had to follow. For example, one person said, "I'm an early bird so I get up about 6:30am and I just let them know when I'm ready for them". People who needed insulin to manage their diabetes had their blood sugar levels monitored daily. There was clear information for staff about what levels were safe and what to do if blood results were outside of the normal range.

Relatives told us if they had any concerns the manager and staff would respond promptly and without fuss. One said, "If I want to know anything they tell me straight away, they welcome me even if I am asking them to do something". Another told us "I have a really good relationship with the manager and staff, I know if I had a problem they would fix it as soon as possible".

People had regular meetings with their key workers to discuss their care and support needs and staff told us people could choose their key worker. A key worker is a member of staff who takes responsibility for making sure a person receives appropriate care, their care plan is updated and other staff are made aware of any changes. Staff also told us they could request additional resources, such as equipment. One staff member said, "If you ask for something for people, they get it; everyone has their own equipment, nobody shares; the right equipment is in every room.

People and relatives told us "residents' meetings" were held regularly. They said if they raised any issues they were always listened to and action was taken. One person said, "If you want to have a moan at the meetings then you can and it does usually then get sorted out". An issue about menu choices, raised at the last meeting, had been resolved by introducing a "summer menu". This showed the service took account of people's comments.

People knew how to make a complaint and one person had been given support to do so by a member of staff. Complaints were recorded and investigated effectively and promptly. For example, one complaint relating to the conduct of a member of staff had led to disciplinary action being taken. The staff member had been given additional training and supervision and the person making the complaint had been informed of the outcome.

Requires Improvement

Is the service well-led?

Our findings

A range of audits was conducted to monitor the quality of service provided. The results were analysed to identify areas in need of improvement and action plans were developed to make sure these were addressed. For example, a recent audit of care plans had identified some were not up to date and we saw staff working to update these. Staff were clear about what they needed to do and when they had to complete the task. However, the audits had not picked up on some of the concerns we identified, such as the lack of recording of best interest decisions and incidents where there had been physical altercations between people using the service. People may not have been protected from unsafe or inappropriate care as quality assurance systems were not always effective.

The provider asked people's views about the service by giving them survey questionnaires to complete every year. Picture cards had been used to help people understand the questions and some people had been given support from staff to complete the survey. Similar questionnaires were also sent to relatives, friends and professionals from other agencies that worked with The Briars. The responses from the most recent survey, which showed 92% of people were satisfied with the service and were happy living there. Any concerns identified by the survey were analysed by the manager and included in an action plan which was developed to improve the service.

Feedback from people, relatives and staff showed the service had an open, outward-looking culture. The manager had an "open door" policy and we saw people and staff regularly approached them with questions or concerns throughout our inspection. Staff engaged well with external professionals and welcomed visitors. A visiting family member told us "I come in every day and always have a warm welcome; the manager and deputy come and speak to me every week. They always ask how I am as well which means a lot".

People's views were taken into account when the building was redecorated. This was done by staff observing people's reactions to a "mood board" which displayed samples of colours and using the colours that people showed more attraction towards. The service produced a regular newsletter, called The Briars Chronicle which was used to share information with people, staff and external professionals. Some people were involved in writing this and chose the pictures for each edition.

The Briars had strong links with the local community. For example, staff were involved in running and supporting an Alzheimer's café, which people were supported to attend often. Through this link, training had been offered to relatives of people living with dementia to help them understand the condition better. Other community links included visits to and by local charitable groups and ministers of religion. In addition, children from a nearby school visited and worked with people on projects, such as a first world war commemorative garden. The Briars was also in contact with a care home in the USA, which they contacted regularly by computer link, so people could share experiences, such as 'thanksgiving' celebrations.

The manager told us they were encouraged to take part in national initiatives, such as the care homes open day and awards schemes. They said, "We do all the big things, but we've found it's the simple things that make a difference to people's lives, such as the cordless vacuums we've bought so residents can vacuum more easily".

People were cared for by staff who were well motivated and led by an established management team. The manager and the deputy manager had worked at the service for more than 20 years. Staff told us they enjoyed working there and felt supported by management. One staff member said, "They paid for me to go to London to do some courses, so that made me feel really valued". It was clear, from speaking with staff, that they understood their roles and strove to deliver care to a high standard.

The Briars was the first of the provider's services to achieve Investors in People accreditation. Investors in People is a government initiative to support individuals and teams to "be the very best they can be". The manager told us this had made them look at their appraisal and supervision arrangements to make them more meaningful for staff. As part of this process, the manager and deputy manager sought feedback from staff, their peers and their managers as part of their annual appraisal so their effectiveness could be assessed fully and any training needs identified.

The manager told us they had access to advice and support from the provider's head office, which in turn had links to national training academies and trade bodies which

Requires Improvement

Is the service well-led?

circulated information about best practice. In addition, the managers of all of the provider's services used one another for advice and support and paid visits each other's services to benchmark performance and share information and guidance. This was used to increase the understanding of dementia by staff and applied to care practices on a daily basis.

There was an appropriate whistle-blowing policy in place. This encouraged the reporting of concerns and gave staff the option of contacting the provider's head office or board of trustees if they felt this was necessary. Staff told us they felt they would be supported if they ever had to report concerns.

Senior representatives of the provider visited The Briars each month and were actively involved in monitoring and supporting the performance of the service. The manager produced a development plan each year, for which a budget was approved. They reported on its progress during the monthly visits to make sure it was on track. At the same time, the provider's representative assessed the service against eight key indicators to check it was operating effectively.

The provider was in the early stages of developing a risk register. This involved managers from each of the provider's services identifying potential risks to people, assessing the potential harm that could be caused and putting measures in place to manage the risks appropriately. We were told that by involving staff from all the services, the provider hoped to capture risks that individual services may not have considered and to share ideas about how they could be managed effectively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person had not taken proper steps to protect people against the risks of receiving unsafe care by planning and delivery of care in a way that ensured people's welfare and safety. Regulation 9(1)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People were not protected from the risks of unsafe or inappropriate care arising from a lack of proper information about them. Regulation 20(1)(a).