

Barchester Healthcare Homes Limited

Briardene Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 10 and 14 January 2019. The first day of the inspection was unannounced which means the provider and staff did not know we were coming.

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

Briardene Care Home accommodates 31 people across two purpose built sites. The service provides care for people with complex needs associated with dementia.

There was a registered manager in post. 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.

We previously inspected the service in December 2015 and rated the service as good overall. At this inspection we found that the service had improved further and was outstanding overall.

Without exception staff and management worked in a way that put the needs of people living at Briardene first. Care plans were written in an extremely sensitive and thoughtful way. Staff knew every person they cared for in depth, what was important to them and the best way to provide care to them.

We observed care being delivered in a way that truly reflected the provider's values of respect, integrity, responsibility, passion and empowerment. The ethos of putting the person at the centre of everything was driven from the top. The registered manager and deputy led by example and there was a pride and passion for the home that was reflected in everything the management team did. This in turn inspired staff to do their best to deliver the extremely high standard of care that was observed throughout the inspection.

Relatives told us the service provided safe care to their loved ones and peace of mind for them. Falls, accidents or incidents were closely monitored to ensure lessons were learned and future risks minimised.

Throughout the inspection we found there to be plenty of staff, not only to meet people's basic care needs but to spend time with them on a one to one basis, engaging in a meaningful and caring way. Relatives we spoke to told us about the positive impact this level of interaction with staff had on their loved ones. They described how people had become more engaged after moving to the service, dancing, laughing and talking more.

The service was very forward thinking and proactive in their approach to people's health and wellbeing. A full time holistic therapist was employed at the service and worked closely with other health professionals to

achieve exceptionally positive outcomes for people. There was a team of four dedicated therapy and activity staff who were each focused on caring for and supporting people to live a meaningful life best to their ability.

A very in-depth assessment of a person's needs was done prior to them moving to the service. These assessments looked at all aspects of a person's care needs and formed the basis of the initial care planning. Respecting diversity and challenging inequality was part of the provider's values and working practices incorporated this ethos. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The service adopted an inclusive approach to planning end of life care and ensured people's wishes were explored and recorded.

Feedback from people and their relatives was all extremely positive. People were cared for by a dedicated staff team who were proud of the work they did. Staff were very responsive to people, reading body language and responding accordingly to minimise any distress. Relatives were made to feel very welcome when visiting and told us how staff also did their very best to support the whole family not just this individual. Relatives all felt very involved in their loved ones' care and spoke very highly of the management of the service.

There was an excellent level of management oversight. The registered manager and deputy were able to answer any questions about the service with confidence and ease. Records were well organised, up to date and extremely comprehensive. A comprehensive system of audits was in place that ensured the standards within the home were regularly monitored to maintain the existing high standards. The service had not received any complaints since our last inspection.

People received their medicines as prescribed and records were correctly completed. Medicines were stored in line with best practice guidelines and stock levels were appropriately managed. Health and social care professionals gave very positive feedback about the service and staff team.

There was a plan in place for dealing with emergency situations so people would continue to receive the appropriate support. All necessary maintenance checks were done and maintenance records were extremely well maintained.

Staff training was monitored closely and staff were up to date with essential courses. Staff were supported by a system of supervision meetings and annual appraisals. Staff meetings were also held regularly and feedback was sought from staff via annual surveys.

There were good links with the local community. For example, the 'Safe in Tees Valley' police cadet programme provided senior cadets who were dementia champions, to train care staff how to use some new technology that had been introduced into the home. People from the service accessed local pubs, shops and cafes and were therefore encouraged to be an active part of the local community.

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.

Risk assessments were very specifically tailored to each person's needs and included a good level of detail.

Medicines were managed safely and effectively.

Staff had a good understanding of safeguarding and how to spot and report abuse.

Is the service effective?

Outstanding 

The service was extremely effective.

The service was exceptionally forward thinking and proactive in their approach to people's health and wellbeing resulting in very positive outcomes.

Staff training was monitored closely and more than 97% of staff were up to date with all necessary courses.

People's weights were very closely monitored to ensure they were not at risk of malnutrition and the kitchen staff had a good knowledge of people's dietary needs.

Is the service caring?

Outstanding 

The service was extremely caring.

Without exception the feedback from people and their relatives was all positive.

We observed staff being extremely kind and engaging with people in a very compassionate way that was meaningful to them.

Staff did everything possible to support people in a way that encouraged them to maintain their independence as much as possible.

Is the service responsive?

Outstanding 

The service was extremely responsive.

Care plans were written in an extremely sensitive and thoughtful way that included people's life history, likes and dislikes and care reflected this.

A dedicated team of activities and therapy staff ensured people were engaged in activities that were meaningful to them and had positive impact on their daily life.

Plans were in place to ensure people's end of life wishes were observed.

Is the service well-led?

The service was extremely well-led

The registered manager and deputy led by example and there was a pride and passion for the home that was reflected in everything the management team did.

There was an excellent level of management oversight and records were well organised, up to date and extremely comprehensive.

An effective system of audits was in place that ensured the standards within the home were regularly monitored to maintain the existing high standards.

Outstanding 

Briardene Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 10 and 14 January and the first day was unannounced.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The feedback we received was very positive.

We requested a Provider Information Return (PIR) and this was completed and returned on 1 November 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the information provided within the PIR when planning our visit.

During the inspection we spent time with people living at the service. We spoke with four people who used the service and five relatives. We spoke with staff including the registered manager, deputy manager, office administrator, five care staff, therapy co-ordinator, holistic therapist, music therapist and a member of the kitchen staff. We also spoke with a social worker, a health professional and a relevant person representative.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed three people's care records and three staff files including recruitment, supervision and training information. We reviewed medicine administration records for people as well as records relating to the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

Relatives felt the service provided safe care. One relative told us, "Since [family member] moved here I've been able to go away on holiday for the first time. That's because of the peace of mind it gives me knowing [they are] safe and well cared for." Another relative said "[Family member] is kept safe, I'm happy with that. She wouldn't be here if we weren't happy. Staff always behave in an appropriate way, you sort of become friends."

People had individual risk assessments in place and these were regularly reviewed. Where risks were identified, care plans addressed the way in which staff could mitigate these risks. Risk assessments were very specifically tailored to each person's needs and included a good level of detail. For example, one person had a risk assessment in place for tripping over footstools due to a tendency to walk around communal areas very quickly.

The service was proactive in ensuring staff had easy access to information that would minimise risks to people's safety. A large notice board outside the staff room had been dedicated to information about choking hazards, how to minimize risk and actions to be taken in the event of an emergency. This information had been effectively put into use during a choking incident and staff told us they were less likely to panic due to being reminded of the appropriate action to take on a daily basis.

Extremely detailed analysis was done of any falls, accidents or incidents that occurred in the service to ensure lessons were learned and future risks minimised.

Throughout the inspection we found there to be plenty of staff not only to meet people's basic care needs but to spend time with them on a one to one basis, engaging in a meaningful and caring way. Staff told us, "We have enough staff not just to care, but to care well. We have more than sufficient. [registered manager and deputy manager] will come onto the floor and help us if necessary, nobody is ever kept waiting for support."

The provider had a comprehensive recruitment policy and records we reviewed confirmed that all necessary pre-employment checks were being conducted. This included obtaining references and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. Annual checks were also done with the Nursing and Midwifery Council to ensure nurses' registration details were in order.

Medicines were managed safely and effectively. Medicine administration records (MAR) we viewed had been completed accurately. This meant people had received their medicines as prescribed and at the right time. Medicines were stored in line with best practice guidelines and stock levels were appropriately managed. One person received their medicines covertly. This meant they were sometimes given their medicines in

food or drink without the person's knowledge. Clear instructions had been obtained from the pharmacist to ensure medicines were safely and correctly administered in this way.

The service had been audited by their pharmacy the week prior to our inspection and no issues were identified. Comprehensive internal audits were also completed on a regular basis. Controlled drugs were audited weekly and stored in line with current guidance. Controlled drugs are medicines which are subject to stricter controls as they may be at risk of misuse.

Fire drills were completed on a regular basis and at different times of day and night. This meant all staff were prepared in the event of a fire. Following each drill an analysis was conducted to reflect on what had gone well and to ensure necessary action was taken if any aspects of the drill had not been satisfactory.

A business continuity plan included plans for specific disruptions and emergency situations such as flood, loss of electricity or gas supply, staff disruption, severe weather and heating loss. This meant that people would receive appropriate support in emergency situations.

All necessary maintenance and health and safety checks were being done and equipment was serviced regularly. The maintenance records were extremely well maintained and any repair work that needed to be done around the buildings was completed promptly.

The service had recently undertaken a self-assessment audit for infection control and had scored 100%. Both buildings had been refurbished and were well decorated, clean and tidy. One relative told us, "The home is always clean and tidy. Laundry is marvellous there are never any issues. The rooms are spotless." Another relative said, "[Family member's] room is spotless, his bathroom, toilet, there is never a problem." The laundry was tidy and well organised with dirty items kept separate from clean. The kitchen had recently been awarded a five-star hygiene rating by the environmental health team from the local authority.

Where appropriate incidents had been reported to the local authority safeguarding team. Staff had a good understanding of safeguarding and how to spot and report abuse. The provider had a whistleblowing procedure in place and details of this were clearly displayed in the staff room. Whistleblowing is when a person tells someone they have concerns about the service they work for.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service had improved and was now outstandingly effective.

The service was very forward thinking and proactive in their approach to people's health and wellbeing. We saw a number of exceptionally effective interventions that had resulted in very positive outcomes for people.

A full-time holistic therapist was employed at the service and the provision of holistic therapy had made a significant difference to the health and wellbeing of people living there. One relative told us how the therapist had accompanied their family member to a dental appointment. The relative had been anxious that the person would be agitated and refuse treatment by clamping their mouth shut. They told us, "[Holistic therapist] just knelt down by [family member's] side. They massaged his hand and spoke softly to him throughout the whole procedure and [family] member was relaxed, opened their mouth and the dentist was able to do everything they needed without any upset. It was really marvellous." We received feedback from the dentist confirming this. They stated, "When some treatment was performed on a client with a progressive neurological disorder, with the gentle coaxing and the use of Reiki (before the visit) to settle him, the client was cooperative and comfortably responded to the dentist's requests. It was lovely to see how the patient was talked to with respect and such kindness. It was a pleasure to have [holistic therapist] assist."

We also saw a testimonial from a cardiology consultant praising the intervention of the holistic therapist during a surgical procedure. There had been a risk associated with traditional anaesthetic which meant the person may not have been able to have the procedure. The holistic therapist accompanied the person to the hospital and with the use of reiki and talking therapy, ensured they were calm and relaxed enough for the consultant to perform the procedure without the need for strong opiate medication or other sedatives.

The home had been proactively involved in a pilot scheme that used technology to improve the wellbeing of people living there. They had introduced electronic tablets that could be used in one to one sessions with people or linked to smart televisions to engage with small groups in lounge areas. People could enjoy digital games, exercise videos, jigsaw puzzles and colouring activities on the tablet. The impact on the wellbeing of four people was assessed during the pilot and it was found that by engaging people in this way, there had been a reduction in people's agitation and restlessness and an increase in social interaction. This had in turn seen a 75% reduction in falls amongst the pilot group. Due to the success of the pilot scheme the electronic tablets were now a permanent feature within the home. A member of staff told us, "The tablets are amazing. We are able to react straight away if someone is becoming unsettled or agitated. We can play music they like or engage them with activities we know they enjoy and diffuse a situation before it escalates."

Staff training was monitored closely and as a result more than 97% of staff were up to date with all of the courses the provider had identified as essential to their role. The recently introduced electronic tablets also allowed staff to access information and educational material to enhance their skills and knowledge.

Staff were supported by a system of supervision meetings and annual appraisals. Without exception the staff we spoke with felt fully supported and found the supervision process a very useful one.

In depth assessments of a person's needs was done prior to them moving to the service. Staff told us they were given time to read the pre-admission assessments and how valuable this was. One member of staff told us, "We get time to learn about people from their pre-admission assessments. You need to know what will make people happy and what will distress them. We always read about a person before they move here."

Lunchtime was very calm and relaxed. We observed staff speaking with people in a calm way, encouraging and supporting people appropriately.

There was a healthy well-balanced menu, one person we spoke with told us, "I like it, it's nice food." A relative said, "[My family member] has difficulties with mealtimes, but the staff are very good. They take an enormous length of time feeding him and it is always done very respectfully." Another relative told us, "Kitchen staff come out and tell people what is on the menu and always offer an alternative. [My family member] needs her food to be cut up and it always is."

People's weights were very closely monitored to ensure they were not at risk of malnutrition and detailed records were kept noting any change in appetite or eating and drinking habits. One family member told us how their relative had thrived since moving to the service. They told us, "[Family member] weighed seven and a half stone when they came here. He's been gaining weight and not had one water infection since they moved here. He used to have them regularly."

The building had recently undergone extensive renovation. People told us that this work had been done with minimum disruption. We saw three dimensional artworks in corridors and picture images from various decades. We spoke with the registered manager about further improving the environment for people living with a dementia and they told us they would action this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff had received appropriate training and had a good knowledge of MCA and DoLS. Decision-specific mental capacity assessments were being undertaken and clear records of these were kept. Best interest decisions were being made and recorded appropriately. DoLS paperwork was all in order and authorisations were monitored to ensure they were up to date at all times and that any conditions attached to the authorisations were being adhered to.

One member of staff told us, "We always look for the least restrictive way to provide care. Even with one to one support. If someone is reading a paper you can take a step back. You can keep them safe and observe without being in their personal space at all times."

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was exceptionally caring and awarded a rating of outstanding. At this inspection, we found the service continued to be outstandingly caring.

There was a holistic approach to care that included not just the person who used the service but their relatives. This approach was adopted by all those working at the service and feedback from people and their relatives was all extremely positive. One of the people who used the service told us, "I love it here. It's fantastic. I like it here best, it's great. They are good to me."

Comments from relatives included, "I have done hundreds of visits and the staff are always outstanding. They are never disengaged, the culture is one of respect and care. They go way beyond the rankings of good, they do way more than they need", "I really feel privileged [family member] is here. It is not how I hoped our life would be but I am so happy [family member] is here and I hope he is able to see his days out here" and "I honestly couldn't think of one thing I could improve. They are all worth their weight in gold!"

People were cared for by a dedicated staff team who told us how proud they were of the work they did. Comments from staff included, "I love my job. Staff morale is really very good. We've worked together years, know each other's strengths and weaknesses so work together really well and we're a really close team", "It isn't like a job. it's just in my nature and it's a gift to be able to build a relationship with people. I can change a person's mood and that is so important" and "It's not like being at work it's like one big family. We go above and beyond to make it the happiest safest place and I would happily put my family members here if I needed to."

We observed staff being extremely kind, friendly and patient. They knew the people they supported very well and chatted whilst providing support. Throughout the inspection staff behaved in a way that demonstrated a genuine affection towards people. We saw staff adapt the way they interacted depending on the person they were supporting; being lively and jovial with some people and very calm and quiet with others. They were very responsive to people, reading body language and responding accordingly to minimise any distress. One member of staff told us, "We know our residents. If their speech isn't good we know just by looking at them when they want something. It is the little things. Staff in other care homes don't have chance to know the people they support, we are very fortunate here."

We saw staff engaging with people in a very compassionate way that was meaningful to them. One person had personal items that were very important to them; staff knew the items all by their given names and told us with a smile how they had even had to 'babysit' for them on occasion. A member of staff told us, "It's important that we are able to step into a person's reality in order to connect with them."

There was a framework and culture in place to ensure that people were treated in a fully inclusive and non-discriminatory way. A diversity assessment was completed for each person to help identify their needs in respect of any protected characteristics and ensure care was delivered in a way that met those needs. Respecting diversity and challenging inequality was part of the provider's values and working practices

incorporated this ethos.

People were supported to maintain relationships with friends and loved ones and the relatives we spoke to all told us how welcome they were made to feel when visiting. One person was supported to go to her niece's wedding by staff. From getting ready, to going to the church and then on to the reception.

One relative told us, "I feel very welcome whenever I come in. Sometimes I come in feeling rock bottom and I often go out feeling a lot better. I get a lot of support from the staff, they know when you feel down and go the extra mile. It's not just one member of staff it is the whole staff team." Another relative told us, "Staff are always so hospitable. They offer us drinks when we arrive. It's the little thoughtful things that make them stand out. You can ask how [family member] has been and they always know."

We saw many cards had been received from relatives thanking staff for their kindness and professionalism when providing care to loved ones. One family member described seeing an amazing difference in their relative and directly attributed this to the tireless and creative approach taken by all staff. Another relative had thanked staff for the kind and thoughtful treatment of their family member on their birthday and for sharing photographs and videos with them as they could not be there.

People were encouraged and supported to maintain their independence wherever possible. Staff involved and consulted people about every aspect of their care to ensure they were able to do those things they wished to for themselves. One member of staff told us, "People can be capable of some things and it is so important not to take over. Things like washing themselves or drying themselves, cleaning their own teeth. We give people the time, there's no rush. Every activity should be as enjoyable as possible. Nothing is ever rushed."

People's privacy and dignity was promoted in all aspects of their care. A hairdresser came into the service every week and we observed everyone looking smart and well groomed. One relative told us what a difference this had made to them after having a negative experience at another service. They told us their loved one now looked like a different person and the positive emotional impact this had on the person's relative was evident from the way they spoke to us.

People's religious needs were being considered and catered for appropriately. One member of staff told us, "We have links with the local parishes and we are visited by the church. When people have requested to go to church they have been assisted to do so."

We saw that people had appropriate access to advocacy services. Where people had DoLs in place a relevant person's representative (RPR) had been appointed and there was regular, face-to-face contact with the person being deprived of their liberty. At the time of our inspection nobody was using advocacy for any other reason but the service had links to a local advocacy service should the need arise.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service had improved and was now outstandingly responsive.

Without exception staff and management worked in a way that put the needs of people living at Briardene first. Care plans were written in an extremely sensitive and thoughtful way that reflected people's life history, their likes and dislikes in great detail and we observed care being delivered in a way that reflected these preferences. Staff knew every person they cared for in depth, what was important to them and the best way to provide care to them.

One member of staff told us, "I think we look at the individual and promote a good quality of life. We get people out and about and there are lots of activities going on. We have a better staffing ratio here than a lot of places which means we can do things like that. We are very responsive to people's changing needs and the staff adapt really well. It's all about putting people first."

Staff had been empowered by the provider and management team to use their own initiative and come up with new ideas to best support the people using the service. One member of staff wore a 'bum-bag' containing items such as bubbles, a manicure set, bean bag, juggling balls, pack of cards, spinning tops and a notepad and pen. She had put this together herself so that she had resources to hand at all times to distract and entertain people should they start to become anxious or distressed. This had proved to be so successful she had been asked to create more so other staff could benefit from this innovative approach.

One relative told us, "I am so happy with the way he is treated as an individual. He's not just number he's [person's name] and as his needs change the care has always changed to keep pace with this." Another relative told us, "They will identify people (staff) who have more of a rapport with [family member] and he tends to get help from them. One [staff member] is a big Middlesbrough football club supporter and chats with [family member] all the time about it - it's lovely."

Relatives we spoke to told us about the impact the social interaction and positive engagement had on their loved ones. One relative told us, "Since [family member] came here the difference I've seen has been incredible. I've seen him laughing, dancing and he even talks a little bit again. He really laughs his head off sometimes and that makes me so happy to see." Another relative told us, "We had a terrible experience with the last home. Now I see [relative] laughing, dancing and he even talks a bit. He's really a different man. The staff here are fantastic!"

A team of four dedicated therapy and activity staff focused on caring for and supporting people to live a meaningful life to the best of their ability. A wide variety of entertainment was provided each week with things ranging from trips to the pub and film club to reminiscence sessions. Comprehensive records were kept of the activities each individual had participated in and how this had gone so that staff knew what worked best for each person.

The service employed a full time holistic therapist who spent time with each person on a one to one basis across the week. They provided a variety of therapies and interactions such as hand massages and walking therapy. Relatives told us how impressed they were with the way this member of staff worked with their loved ones, being alert to their needs and aware of any subtle changes in their demeanour that may indicate pain or anxiety.

A music therapist worked in the service one day a week. On that day he worked on a one to one basis with people in the music therapy room or in their own rooms. He also involved people in group sessions. The music therapist told us, "We have some wonderful moments where people really come alive during the music therapy. As a person's (dementia) journey progresses their engagement will decrease but looking back at those moments is very special. The group sessions give families a chance to engage with their relatives. Dancing together or playing instruments. It is an alternative way to communicate when conversation is no longer possible."

Some activities were focused on life skills, maintaining or awakening old abilities. For example, there was an activity room which included within it a fully equipped kitchen area. People were given one to one support to cook something they always loved cooking. This included everything from a trip to the supermarket for ingredients to cooking the meal. Even those people who were no longer able to cook were supported to access this area and enjoy the sights and smells of baking if it had been identified that this was something they had enjoyed in the past.

There were always sufficient staff to enable people to go out should they wish to. All staff were involved and helped to organise outings to a wide variety of places with people. One person was going to see a Lionel Ritchie tribute show at the local theatre. This person also attended football matches with another person who supported the same local team. One person enjoyed a regular trip to the pub where they met up with old friends. Another person told us how much they enjoyed going to second hand shops with a staff member who also enjoyed this activity. They told us where they had bought the outfit they were wearing and clearly took pride, not only in their appearance but in their involvement in shopping for their own clothes.

At a glance prompts and reminders for staff were produced by the therapy co-ordinator using dementia care best practice and taking full advantage of online resources. One-page profiles had been created for each person living at the service and these were placed in their bedrooms and described very specifically how to support each individual in a way that best suited them. This meant staff could fine tune the way they provided care in order to ensure each person had the best possible experience. For example, 'I like a quick response to things as I don't like to wait. Don't tell me you will be two minutes then be longer' and 'My taste is heightened I will like things that are very sweet or very salty.'

The service had not received any complaints since our last inspection. Although everyone we spoke with knew how to make a complaint if necessary nobody had ever felt the need to. One relative told us, "I really can't find anything bad to say about the place. In 11 years we have never had anything to complain about." Another relative said, "I can't complain about anything. It's just like a home from home."

Relatives all felt very involved in their loved ones' care. One person told us they had been fully involved in the changes needed to the care plan as and when their relative's needs had changed. Another relative said, "A couple of months ago [family member] was anxious. I asked to see the nurse and asked for a medicines review. The very next time I came they had done this. They will contact me with the slightest thing. They will contact me even if [family member] has a minor trip for example. I really couldn't ask for more."

There was nobody receiving end of life care at the time of our inspection. The provider had an end of life and

palliative care policy in place and this had been recently reviewed and updated. All aspects of end of life care was covered by the policy including the involvement of family and friends and people spiritual, religious and cultural needs. The provider had explored people's wishes and ensured that their choices were recorded in relation to clinical care and treatment options, in case they reached a time when they could not communicate this themselves.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service had improved and was now outstandingly well-led.

We observed care being delivered in a way that truly reflected the provider's values of respect, integrity, responsibility, passion and empowerment. The ethos of putting the person at the centre of everything was driven from the top. There was a pride and passion for the home that was reflected in everything the management team did and this in turn inspired staff to do their best to deliver the extremely high standard of care that has been reflected throughout this report.

A health professional we spoke with told us, "I have fought tooth and nail to have people placed here. I have seen really fantastic outcomes for people. [registered manager and deputy manager] are an amazing team and the [provider's] model really works well. Given the complex needs people come here with, the difference I have seen in people has been amazing. Some people have improved to the point of no longer requiring such a high level of support but, understandably, nobody wants to move on."

The provider and management team worked closely together to ensure that people's needs were met to the highest of standards. Their forward thinking and proactive approach had led to the recruitment of a strong team of therapists and activities staff who were able to enhance people's daily life. Their willingness to try new ways of working had also resulted in the service's involvement in a successful pilot project that had seen a significant reduction in falls for those participating. By ensuring there was an excellent ratio of staff to people using the service they were able to support people to access the community whenever they wished to or simply spend extra time sitting and talking to people. Because the registered manager gave staff the freedom and autonomy to be creative in the way they approached their work we could see staff were developing new and innovative ways of supporting people.

The registered manager told us how they encouraged and empowered staff to be an active part of the service. One member of the care staff team had been given the responsibility for managing staff rotas. We were told by management that this had worked well and staff we spoke with agreed. One member of staff told us, "[staff member] does the staff rotas. She has done such a good job we never use agency as we manage the rota so well now."

Relatives spoke very highly of the management of the service. Every family member we spoke with told us the registered manager was approachable and responsive to any feedback they gave. One relative told us, "The culture here is amazing. I have a point of view so I come to the meetings and if I raise anything I always get a good response. [Registered manager and deputy manager] that pair set the tone here. This really is an exemplar home it is so good. There is nothing they could improve - they are cracking it!"

The management team did everything they could to ensure families were involved in all aspects of their loved one's care. One relative told us they had been part of the selection and interview process for new staff process for new staff. They told us, "It felt good to be able to contribute. I found it interesting to see what

they were looking for in staff and I am happy that they look for the appropriate things when recruiting. It was nice to see that they showed a lot of understanding to the candidates as well."

Staff meetings were held regularly and feedback was sought from staff via annual surveys. The staff we spoke with felt they were fully supported professionally and personally by both the provider and management within the service. They told us about the provider benefits available to them such as a counselling support service, employee discounts and long service awards. One member of staff told us, "I'm so proud to work for Barchester, it's amazing how well they support the staff. I really feel truly fulfilled from working here."

One member of staff told us how they had been supported back to work after a period of illness. They told us, "If I had worked anywhere else I couldn't have come back to work as soon as I did. They really went out of their way to make sure I didn't do too much and allowed me to take breaks whenever I needed to."

The provider also acknowledged and rewarded the hard work of their employees via an employee of the month scheme and at an annual care awards event. Staff from the service had regularly won awards at this national event. Most recently awards for care assistant of the year and maintenance person of the year had been won by staff from Briardene, and in 2017 the service was awarded team of the year in recognition of the work done by the whole staff team.

There was an excellent level of management oversight. The registered manager and deputy were able to answer any questions about the service with confidence and ease. Records were well organised, up to date and extremely comprehensive.

A comprehensive system of audits was in place that ensure the standards within the home were regularly monitored to maintain the existing high standards. The registered manager and deputy carried out in-house audits and the provider also conducted regular checks of the service. For example, a regulation audit had been conducted in November 2018. This identified areas of good practice and also highlighted those areas where action was required and the date by which this should be achieved.

There were good links with the local community. For example, the 'Safe in Tees Valley' police cadet programme provided senior cadets who were dementia champions to train care staff how to use the electronic tablets that had been introduced. People from the service accessed local pubs, shops and cafes and were therefore encouraged to be an active part of the local community.