

Methodist Homes

# Briar Hill House

## Inspection report

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Date of inspection visit:  
24 January 2019

Date of publication:  
25 March 2019

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

About the service: Briar Hill House is a residential care home that was providing personal care to older people and people with physical disabilities. They were registered to provide care for 36 people and there were 33 living at the home when we visited. The accommodation consists of two floors each of which has large communal areas with kitchenettes.

People's experience of using this service:

The service met the characteristics of outstanding.

People received extremely caring and kind support from staff who kept their dignity at the centre of all interaction. They were partners in their care and encouraged to make decisions about this. When they were less able to verbalise, staff understood their preferred methods of communication. They embraced family and advocate support and input in this. Staff went the extra mile to ensure people were happy and respected in their home.

People received care which was extremely personalised and reflected their preferences. Staff were dedicated to ensuring their needs were met and their health and wellbeing closely monitored. People were encouraged to meet goals and regain independence when possible. Activities were creative and diverse to meet different people's interests and needs. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. They included end of life care and the provider embedded an open and honest culture around death and dying. People knew how to raise a concern or make a complaint and the registered manager responded to any complaints in line with the provider's procedure.

People continued to receive safe care. There were enough staff to support them and they were recruited in a safe way to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received continued to be effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was adapted to meet people's needs.

The registered manager was approachable and there were systems in place which encouraged people to give their feedback. There were quality structures in place which were effective in continually developing the quality of the care that was provided to them.

More information is in the full report.

Rating at last inspection: The service was last inspected on 28 April 2016 and was rated good.

Why we inspected: This was a scheduled inspection based on the date the service was registered.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Briar Hill House

## 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 checked 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.

**Inspection team:** The inspection was completed by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Briar Hill House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was carried out on 24 January 2019. It was unannounced.

**What we did:** We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). 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. However, the provider had completed this nine months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with seven people who lived at the home about the support they received. As some of the people found verbal communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with three people's relatives to gain their feedback on the quality of care received.

We spoke with the area support manager, a registered manager from one of the provider's other homes, the deputy manager, three nurses, and three care staff. We also spoke with three volunteers, the music therapist, and after the inspection visit we gained feedback from one health professional. We reviewed care plans for five people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, meetings minutes and quality audits.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- People we spoke with told us that they felt safe in the home. One person said, "Yes I do feel safe here. There are always lots of staff around to help me about and this adds to my safety and well-being."
- When safeguarding concerns were raised and investigated we saw that action was taken to protect people from further harm and this included referrals to other health and social care professionals.

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- People told us how staff supported them to manage risk. One person said, "I feel very safe and secure here. I have not had a fall since being here. The staff always give me support to move around." Another person told us, "I only came here yesterday but I already feel quite safe here with the attentive staff coming to check on me regularly. Also, the security on the front door and having this call pendant they have given to me."
- We saw people being supported in line with their risk assessments; for example, being moved with the assistance of equipment or using cushions to protect their skin.
- Staff we spoke with knew about people's individual risks in great detail. They spoke to us at length about how people were being supported and how the risk was continually assessed; for example, if people were at risk from poor appetite and losing weight.
- The environment was checked regularly to ensure that it was safe and well maintained. One person told us, "We have fire drills. We sit still, the doors all close and staff meet together and then come to me." Each person had information about what to do in case of a fire in their rooms.
- Equipment in the home was in good condition and had been serviced recently.
- There were plans in place for emergency situations such as fire evacuation and these were personalised.

### Staffing levels

- There were enough staff to ensure that people's needs were met safely.
- We saw that staff had plenty of time to spend with people throughout the day and to respond promptly when assistance was requested. Some people had complex medical needs and the provider had ensured there were enough qualified nursing staff available to be able to give them time and attention so that they could monitor and assess their health and wellbeing.
- One person said, "I am quite safe. The staff come to me if I press the buzzer so I know they are around." Another person told us, "The staff look after me well and there are always plenty around."

- There were systems in place to plan staffing levels according to individual's needs.
- The provider followed safe recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

#### Using medicines safely

- Medicines systems were well organised and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- One person told us, "The staff bring me my medicines and they will wait and make sure I have taken them safely. I definitely get them on time."
- We observed medicines being administered and saw that the staff took time with people and explained what the medicines were. They had a lot of patience and could spend plenty of time supporting people on an individual basis. One person told us, "All of my medicines are done well; the staff bring them and I tip them on the table and take them. If I am having a bad day and if I can't, they help me by putting them to my mouth."
- Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.

#### Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection. One person told us, "The staff come in every day and clean my room." A relative said, "It is very clean and tidy. They keep it very hygienic".
- Staff understood the importance of protective equipment in managing cross - infection. One person said, "The staff wear plastic gloves and aprons at mealtimes."
- We saw staff wearing protective equipment and that it was readily available.
- One member of staff told us, "There is never a bad aroma here. If there is a spillage any member of staff will clean it up." They showed us an easily accessible 'Blood spill kit' which had gloves, aprons, an absorbent powder and clinical disposal equipment in it. There were clear instructions for cleaning the area afterwards to reduce the risk of spreading infections. This demonstrated to us that maintaining a clean and safe environment was a shared responsibility in the staff team and the provider ensured they were equipped to do so.
- There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to food.

#### Learning lessons when things go wrong

- Lessons were learnt from when things went wrong and actions taken to reduce the risk.
- When people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment.



## Is the service effective?

### Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were met in line with national guidance and best practice.
- People's protected characteristics were considered so that people were protected from discrimination. People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. Where people had health conditions that had been referred to in their initial assessment this was then reflected in more detailed care plans.
- Standardised, objective risk assessment tools were used to assess risks to people's health and safety; such as skin integrity and nutrition. This helped staff to provide people with care in line with current best practice guidelines.

Staff skills, knowledge and experience

- People were supported by staff who had ongoing training. One person told us, "They are certainly well trained in what to do." A relative we spoke with said, "The staff are absolutely superb; they have done a fabulous job. I would say they are all very well trained and have the skills and personalities to match. They know what my relative likes and cater well for them with everything."
- Staff told us the training they received was a good standard and equipped them to do their job well. Some staff had lead roles; for example, in end of life care or medicines management and they had additional learning opportunities to develop their knowledge. This included non-clinical staff being trained by nurses to complete some clinical work under their supervision. Those staff told us they enjoyed the additional responsibility and felt it was a valuable role.
- There were clear arrangements in place for nurses to maintain and update their registration and opportunities to evidence their continual professional development.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- One person told us, "The meals are very good. You get two selections for dinner and tea and anything within reason for breakfast. If I don't like something they will offer me a choice of something else." Another person said, "Meals are lovely and you get a choice. I don't like meat dishes and they know this and cater for me with something else of my choice and swap it around."
- Staff were attentive during mealtimes. When people required support to eat, this was given patiently with gentle encouragement.
- Special diets were catered for; including for people who had been recommended softer meals to manage a risk of choking. The cook had a good knowledge of individual needs and there were clear systems in place for them to be updated about any changes.
- Records showed when people were at risk of dehydration, they were regularly offered and supported with

drinks. Their intake was monitored to ensure they met their daily recommended minimum amount.

- Each communal area had a small kitchenette and a basket of snacks was provided for each floor in case people were hungry overnight.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- Each person at the home had a named nurse who was responsible for assessing and monitoring their health. They ensured that care plans were kept up to date and made referrals to other professionals when required; for example, speech and language therapists or occupational therapists.
- People told us they had regular visits from their doctor when required and they were confident that any concerns would be actioned promptly.
- In addition, people told us they had private arrangements in place for additional therapies if they wanted them; for example, physiotherapy or acupuncture.

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

- People were involved in decisions about the premises and environment. There was a homely environment and people had decorated their rooms with their own belongings.
- There was signage throughout the home to assist people who were living with dementia to orientate themselves.
- Bathrooms had adapted equipment to support people with using the facilities safely.
- The home was well maintained and regular checks were carried out to ensure all areas were safe and enabled people to freely move around the home.

Ensuring consent to care and treatment in line with law and guidance

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

- Staff consistently obtained consent from people during the inspection. Before they supported people they always asked if it was ok.
- When people were unable to make their own decisions, staff told us how they consulted with families and other professionals to ensure that their best interests were considered.
- DoLS authorisations were in place when some people had restrictions in place that they couldn't consent to and we saw further applications were in progress. Staff understood the DoLS to ensure that they were meeting the requirements of the MCA.
- There were capacity assessments in place to support the decision making.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- □ There was a very strong person focussed culture in the home because all staff took pride in delivering exceptional care to people.
- □ The provider had ensured that there were highly skilled motivated staff who had the time to provide intense individual support to people when they needed it. One member of staff supported one person for seventeen minutes to take their medicines. Due to the person's health conditions and physical disabilities they found it difficult to swallow. The member of staff remained entirely focussed on them, gently reassuring them and offering breaks and drinks to assist. This attention meant that the person remained calm and could receive the important medicines they needed within the necessary timeframe.
- □ Staff were always available to people to offer comfort and meet their needs and also to pre-empt discomfort. People were continually offered drinks, blankets, personal care, and support to engage in activities. One person told us, "There is always someone coming in to offer a drink and check on me; yes, always plenty of care staff and nurses here."
- □ Some people were living with complex health conditions which required close monitoring and support. Staff spoke to us about them in the kindest terms. They explained how they understood and responded to any signs of discomfort in a personal and individualised way.
- □ Without exception, the people we spoke with told us they felt very well cared for and valued in their home. One person said, "All of the staff here are very good, nothing wrong about any of them. They are so caring and nothing is too much trouble for them. They make time to come and talk to me and it's like family." Another person said, "The standard of care is excellent. I can't fault anything here at all. I really feel as they really do value and want me here." A third person said, "It is so lovely here. The care is wonderful and to be honest I don't care if I stop here now until they carry me out!"
- □ This enthusiasm for the care that the staff provided was reinforced by relatives. One relative told us, "I have been overwhelmed by all of them. The whole of the staff team. They are all so compassionate and caring here. It is so homely here and very vibrant."
- □ A healthcare professional also told us, "The staff treat everyone like they are part of the family."
- □ Staff went the extra mile to care and support people. One person told us that staff understood they were scared to use the lift on their own. They said, "If I go in the lift the staff will come with me to ensure my safety and well-being." One person had moved into the home the previous day. When their relative visited a staff member put their work away and went to them to reassure them and talk them through the person's time since they had last seen them. They ensured they knew their way round and escorted them to their relative, ensuring they had the opportunity to ask any questions.
- □ Thought had been put into every aspect of the home to ensure people received the best care possible; for example, plates were kept in a warmer in the kitchenettes so that people had their meals on warm plates.

- People's histories were understood and staff used this knowledge to personalise their support. For example, one person was provided with the same table they would have used in their profession and one member of staff told us that this had helped them to settle.
- People were supported to follow their choice of religion. In the PIR the provider told us, 'The homes chaplain arranges for representatives from local denominations to provide worship of various faiths within the home. This provider differs from other care providers in offering a Chaplaincy service in all its care homes, as we believe the spiritual wellbeing of our residents is as important as their physical and mental wellbeing.'

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

- People were treated with the upmost respect and the ethos and values of all staff working in the home was to uphold their dignity and enable them to lead as independent a life as possible.
- People told us that staff understood how to respect their privacy when they were supporting them with personal care. One person said, "I have a bath in the bathroom or shower in en suite. They close the door and get a towel to go around me when coming out. I do need help to bathe. This is all fine." Another person said, "The staff show the upmost respect."
- One healthcare professional told us, "All staff respect people's privacy and will always knock before entering a room. They will always speak to the person even if they are unable to respond."
- People's relationships with their families and friends were prioritised and recognised as being central to living a fulfilled life. One person told us, "My family visit me anytime; there are no restrictions as to when they can come. I do have a big family too." A relative said, "They have told me I am more than welcome to come to see my relative at anytime I wish."
- When we asked staff about the values of the home they told us how important people's autonomy and independence were. We saw this in the adaptations used throughout the home to assist them to retain skills. For example, at a mealtime one person was subtly supported to eat independently when a staff member moved their plate clockwise so they pushed their spoon against the lip of the plate rather than food falling off. Each person who required adaptations to eat had an individual approach which included different utensils, raised tables and giving people cushions or foot rests to improve their position.
- There were further examples of people's disabilities being considered and innovative adaptations implemented to assist them to retain independence. One member of staff told us that one person with limited mobility and a visual impairment had been supported to use a Voice controlled computer speaker. They said, "It has opened up a new world for them. They can telephone their family and put appointments on it through voice control; it is fantastic." In the PIR the provider explained that when it was purchased it was not compatible with the homes Wi-Fi system so the IT department adjusted the settings enabling it to work within the home. This showed us that the provider adapted to ensure that technologies which could assist people with their lives could be embedded.
- One member of staff described the values of the home to us. They said they were a combination of the organisation, the staff team and most importantly people and their families working together to put people first. They told us they had been there for over twenty five years because the care was outstanding. A second member of staff who had a similar employment history in the home told us there was nowhere else they would rather work.

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

- The provider was exceptional at helping people to express their views so that staff and managers at all levels understood their views, preferences, wishes and choices. One person told us, "I am able to make my decisions about my care and able to get anyone in if I so require." Another person said, "The staff are fully aware of what I can do myself and if I want to do something they let me do it."
- Staff supported people to express their views through formal meetings and informal chats through a

keyworker system. In meetings there was real consultation about the running of the home; for example, monitoring call bell times and hearing people's feedback on staffing levels. They also discussed other things which were important to them; in one meeting they agreed that everyone would have a Christmas wish card.

- When people were less able to verbalise their wishes, the provider had implemented reviews and quality checks which were formed from observation of staff interaction with people. This helped to ensure that everybody's needs and wishes were taken into account.
- In addition to the main residents' forum, other systems had been established to ensure staff understood people's decisions. For example, a 'Resident of the day' which was an initiative that aimed to understand what was important to each person and to review in depth what would make a difference to them. As well as reviewing their care, other staff were involved including housekeepers or maintenance staff so that the person's care and environment was reviewed in a holistic approach.
- Staff welcomed input from advocates and people's relatives to assist them to understand what their choices might be when they were less able to communicate this. All the relatives we spoke with told us that they were listened to and felt included in planning their loved one's care.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care from staff who had an exceptional understanding of the needs and preferences.

- □ The care and support people received from very skilled staff helped them to achieve their goals. One person we spoke with said, "The staff are extremely good. When I came here from hospital I couldn't move at all but they have got me walking slowly now with assistance which is a great leap forward. They are very well skilled and trained I cannot fault any of them."

- □ Staff understood what was important to people and recognised their diverse needs and any protected characteristics when working with them. One person we spoke with told us, "I could not move my hands when I came here but they have worked on me and I can now move my hands and feed myself." The person explained how important it was to them to regain this independence when they needed full support for other disabilities.

- □ Some people were no longer able to communicate or share their wishes due to their health condition. Their families or other important people had been included in planning all their care. Staff were meticulous in recording their health situation to ensure that information was shared in accessible forms so that they received good joined up care. For example, photographs were taken regularly so that any deterioration could be monitored. Observations of their health status were frequent; for example, people had their oxygen levels measured before and after a procedure to ensure that it was successful because they were unable to say.

- □ The provider ensured that some staff received additional training so that people could have this exceptional and detailed support in their home rather than relying on external professionals to visit. Staff we spoke with told us that they felt valued to be given additional responsibility and that they were more than happy to do it because they recognised the positive impact it had for people.

- □ One healthcare professional told us, "The staff are exceptionally knowledgeable about people and if they don't know the answer to a query they will ask someone who will. If I ask them to do provide specific support to people I know it will get done, or else they will feedback to me the reason why they were unable to carry it out."

- □ The in-depth knowledge of people and their life histories were used to plan a diverse range of activities and entertainment for people. The provider employed a member of staff to provide music therapy who visited this home one day a week. This member of staff told us, "I particularly focus on people who may be low in mood or those who don't want to engage in group work." We observed them supporting one person who had additional disabilities. They were pleased to see the member of staff and keen to get started on their work together. Other staff explained the positive impact this had for the person and they had enjoyed it so much that the staff organised for them to have a drum kit for Christmas so they could continue

developing their skills.

- □ There was a craft activity in the morning which was supported by two volunteers. One volunteer told us they had been coming for twenty years because they enjoyed it so much and felt so welcomed. The second was a retired member of staff who told us they appreciated the opportunity to remain involved with the people who lived in the home. This demonstrated to us the importance of the home to people in the community.
- □ Another volunteer visited the home with their dog as part of the Pets as Therapy programme. They told us that their relative had been cared for at the home and how they were both supported through their death. They wanted to give something back and had undergone the training with their dog so that they could provide practical and therapeutic support to people. Again, we saw them warmly welcomed and that people responded to the interaction. Staff told us, and we saw, that one person who chose not to spend much time with other people particularly enjoyed these visits and interacted with the dog.
- □ There were also regular religious services within the home which people told us were important to them. Again, the provider had considered their diverse needs and provided personalised care. One person felt they were not able to join in fully with religious services due to their visual impairment. Therefore, staff printed them hymns on large A3 paper so that they could read clearly and join in singing.
- □ All the people we spoke with told us how much they enjoyed the activities and how important they were to them. One person said, "Activities are good we did cards this morning. We have singers that come and have some this afternoon. I like to join in and keep active and they encourage this." Another person said, "They have so much going on here like this morning I am making cards. I like all the activities and the activities lady goes out of her way to get us all involved and do what we like." A relative told us, "It is just so vibrant here with something going on all the time. You just feel part of something here when you visit, it is so good."
- □ On the day of our inspection visit we saw a range of activities to meet differing individual needs; these included, music therapy, pets as therapy, crafts and an entertainer in the afternoon. We saw further creative sessions planned which included ceramics, knit and natter group and exercise sessions. However, the activities organiser also said, "A lot of the time people just want someone to talk to and I leave time free to adapt to people and be able to give them one to one attention if they want it."
- □ People had care plans in place which were very detailed and regularly reviewed. The area support manager told us that staff often came to work on their non-working days to complete assessments and get to know new people who had moved into the home. One member of staff was doing this on the day of inspection. They explained to us how they were reviewing plans sent from the hospital to manage a condition the person had. The member of staff did not agree with the recommended course of treatment and was seeking professional guidance to review the assessment. This demonstrated to us an extremely thorough and responsive assessment process.
- □ People's communication needs were assessed and it was clear how information should be shared with them. There was information displayed in the home in pictures and symbols so that those people who were no longer able to read could also understand it. This showed us that the provider understood and met the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.
- □ The provider also demonstrated an understanding of the importance of protecting people's human rights in assessing their diverse needs. For example, in the PIR they told us, 'We have become increasingly aware of the challenges that people of the LGBT communities potentially face moving into a care environment. Information produced from the Alzheimer's society is available for individuals on LGBT. Informative discussions have been held with all staff on equality and diversity awareness that include LGBT people and these are recorded.'

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to. However, everyone we spoke with told us they had no concerns or reasons to complain.
- One person told us, "I have no complaints at all and definitely happy here."
- One member of staff explained to us how any concerns were recorded and resolved. They advised that sometimes this entailed advocating on behalf of the people they supported if relative's expectations were different; for example, about what time the person should get up.
- There was a complaints procedure in place and a clear accountability for reporting any received to the provider. Any complaints received were recorded in line with this.

#### End of life care and support

- The staff in the home were passionate about providing people with individualised care that they chose at the end of their lives. Some staff had recently completed training in supporting people at the end of their lives. They told us this equipped them with the skills to support people to manage their pain in the way they chose. It also included developing expertise in supporting people and their families to record their wishes.
- In the PIR the provider had told us how committed they were to this. They said they were dedicated to creating a culture which was open about death and dying. The provider's Chaplaincy service won the third sector care award for its work on end of life care. In the PIR the provider told us the programme and resources have been shared with organisations nationally and internationally to promote excellence in end of life care.
- Staff were very compassionate when discussing care of people at the end of their lives and those deceased. One staff member told us, "We cry happy tears here but sad as well when people we love die. We know that we supported them at such an important time though and feel honoured to be able to."



# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There were quality audits in place to measure the success of the service and to continue to develop it. For example, there were medication audits monthly which had actions for improvement recorded.
- There were also experiential audits. The area support manager explained that part of their role was to observe care and make recommendations. For example, they observed the dining experience and advised staff how to make improvements in relation to people's dignity.
- The provider had regular oversight of the home, through support visits and reporting through a quality improvement system. There was also a 'Time critical report' which was used to highlight anything of higher risk to the provider. For example, the registered manager would report any head injuries or health and safety accidents through this to ensure they received support and guidance from the provider.
- We reviewed the systems and found that the service scored a consistently high percentage across all measures; for example, care plan audits and clinical needs reviews.
- External audits also led to immediate improvements; for example, the local authority quality monitoring team had made recommendations about care plans and recording which had been implemented.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. They had also displayed their previous inspection rating in line with our requirements.

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

- All staff understood their roles and responsibilities and there were clear lines of delegation. Some staff held responsibility for certain roles such as medicines management and they were clear about this and told us how they had been supported to utilise previous experience to develop the role.
- People and relatives spoke very positively about the leadership of the home. One person said, "It is so lovely here. Very well organised and well led." All the people we spoke with knew the registered manager well and found them approachable. One relative said, "The manager and deputy are hands on; staff are all excellent and we could not wish for better for our relative."
- Staff also praised the support they received from the registered manager. One member of staff told us, "The registered manager is a qualified nurse and so they really understand what is needed. They are really approachable and look after us all." Another said, "I love working here. We are one big family."
- This was re-iterated by a healthcare professional who told us, "I enjoy working at Briar Hill because I know there is mutual respect and there are open channels of communication. Briar Hill represents good care, good nursing and a happy, calm environment. They retain their staff which to me speaks volumes about

management."

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

- ☐ There were regular meetings with people who lived at the home and their relatives and opportunities to feedback through surveys.
- ☐ Staff felt supported through regular supervisions and appraisals. Team meetings were productive and staff felt confident their views and opinions mattered and were listened to.

Working in partnership with others

- ☐ There were strong relationships with local health and social care professionals, schools, churches and social groups. This included promoting the use of and supporting volunteers in the home.