

Greensleeves Homes Trust

The Briars

Inspection report

35 Broadway
Sandown
Isle Of Wight
PO36 9BD

Tel: 01983403777

Website: www.greensleeves.org.uk

Date of inspection visit:
08 May 2017

Date of publication:
12 July 2017

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

This inspection took place on 8 May 2017 and was unannounced. The Briars is part of a charitable trust that provides care and accommodation for older people. The home provides accommodation for up to 38 people. The home provides specialist care to people living with varying degrees of cognitive impairment and some people had complex needs.

There was a registered manager in place. 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.

People received exceptionally personalised care from staff who knew people well. Every staff member demonstrated a shared commitment to putting people at the heart of the service and enhancing their quality of life in any way they could. People, families and professionals praised the person-centred approach taken by staff and described how it had improved the physical and emotional well-being of people living at The Briars.

People were supported by staff who were highly caring and compassionate. Staff knew people and their backgrounds well and used this knowledge to communicate effectively with people and reassure them when they became anxious. Staff worked tirelessly to meet people's holistic needs, including supporting people in their own time with particular activities that were important to them.

People were treated with the utmost respect at all times. Staff protected their privacy, involved them in decisions about their care and promoted their independence. They also supported people to build and maintain relationships with one another and with those important to them.

There were enough staff deployed at all times. Recruitment procedures helped ensure only suitable staff were employed. Staff protected people from the risk of harm and supported them to receive their medicines safely. Care was provided in a safe and dementia friendly environment.

Staff were highly skilled. They received appropriate support and training to equip them in their roles. They supported people to make choices and decisions and followed legislation designed to protect people's rights.

People praised the quality of the meals, which formed an important part of the day for people. Staff supported people to eat and drink enough and to access healthcare services when needed.

People and their families felt the home was well-led. There was a clear management structure in place. All staff understood their roles, were highly motivated and worked well as a team. There was a robust quality assurance process in place to continually improve the service, including effective oversight by the provider.

There was an open and transparent culture in the home. Relatives could visit at any time and were made welcome. Positive links had been developed with external organisations which benefitted people.

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.

People felt the home was safe and staff knew how to protect people from the risk of abuse.

Risks to people were assessed and control measures put in place to mitigate the risks.

People received their medicines safely, at the right time and in the right way to meet their needs.

There were enough staff to meet people's needs and recruiting practices helped ensure only suitable staff were employed.

Is the service effective?

Good ●

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People received effective care from staff who were suitably trained and supported in their roles.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists when needed.

Is the service caring?

Outstanding ☆

The service was very caring.

There was a strong person-centred culture based on a creative initiative. Every staff member demonstrated a commitment to treating people with exceptional kindness and compassion.

Staff went the extra mile by going out of their way to do things for people in their own time. They knew people well and used this knowledge to communicate effectively and build meaningful, caring relationships which people value.

Is the service responsive?

The service was exceptionally responsive to the needs of people and their families.

Staff followed an innovative philosophy designed to enhance the quality of people's lives through the provision of meaningful activities. These had been highly beneficial for people, had promoted their well-being and significantly enhanced their lives.

Staff consistently demonstrated a sound understanding of the needs of people living with dementia. They put people at the heart of the service and empowered them to make as many decisions and choices as possible using creative approaches.

Care plans contained comprehensive information and were reviewed regularly. Staff responded promptly when people's needs changed.

Staff sought and acted on feedback from people to continually improve the service.

Outstanding 

Is the service well-led?

The service was well-led.

People enjoyed living at the home and felt it was run well. They were cared for by staff who were motivated and committed to providing a safe, high quality service.

There was a clear management structure in place. Staff were happy in their work and felt supported by management.

Quality assurance processes were robust; they included effective oversight and support from the provider.

There was an open and transparent culture. Visitors were welcomed and staff enjoyed positive working relationships with other professionals. Links had been developed with external organisations to the benefit of people living at the home.

Good 

The Briars

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 8 May 2017 and was unannounced. It was conducted by one inspector and an expert by experience in the care of older people. 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. We reviewed the PIR, previous inspection reports and 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.

We spoke with 10 people living at the home, four family members, a visiting doctor and two community nurses. We also spoke with the registered manager, the deputy manager, six care staff, the chef, a housekeeper and two activity staff members.

We looked at care plans and associated records for five people and records relating to the management of the service. These included staff duty records, staff training and recruitment files, records of complaints, accidents and incidents, and quality assurance records. We also observed care and support being delivered in communal areas.

The home was last inspected in April 2015, when we identified no concerns.

Is the service safe?

Our findings

People told us they felt safe at The Briars. Comments included: "I feel absolutely safe as there is always someone around"; "I feel safe here. It's better than being at home where you worry about everything. I have a call button and use it"; and "I feel safe here because I have my own room and don't have to do anything". These comments were echoed by family members, one of whom told us, "I feel [my relative] is safe here. This is definitely the right place for him."

Staff had received safeguarding training and knew how to protect people from the risk of abuse. They were confident that managers would respond to any concerns raised and their actions were supported by robust policies and procedures. One person was at potential risk from a person living with dementia who was prone to enter their room. We saw they had been given a key to their room, so they could keep the door locked as a security measure. 'Safeguarding' had also been discussed at the most recent 'residents meeting' where people were encouraged to raise concerns.

There were enough staff deployed to support people's needs, with staff assigned to each area of the home. The registered manager had made a decision to fully utilise their available staffing budget set by the provider. When staffing vacancies occurred, the budget was used to employ a small number of agency staff to supplement the regular staff. This meant staff were able to spend time with people and support them in an unhurried way. One person told us, "Staff are always around and help me with what I need."

Appropriate recruitment procedures were in place and followed. These included pre-employment reference checks and checks with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed these processes were followed before they started working at the home.

People were supported to receive their medicines safely. There were appropriate arrangements in place for obtaining, storing, administering and disposing of medicines. Staff had been trained to administer medicines and had their competence assessed regularly by one of the managers. Information was available to guide staff when administering 'as required' medicines, such as pain relief and sedatives, to help ensure these were given in a consistent way. Staff also had access to a nationally recognised pain assessment tool to help them identify when people needed pain relief. Medication administration records (MAR) confirmed that people had received their medicines as prescribed.

Risks to people were assessed and control measures put in place to mitigate the risks. For example, some people were at risk of falling and had been given walking aids. Staff made sure these were accessible and prompted people to use them. Equipment was also used to monitor people's movements and alert staff if a person had moved to an unsafe position. Where people had experienced falls, their risk assessments were reviewed. As a result of one review, we saw the furniture in a person's bedroom had been moved around to reduce the number of hazards.

Other people were at risk of pressure injuries and the level of risk had been assessed using a nationally

recognised tool. Where this indicated people were at high risk, appropriate measures had been taken, including providing them with pressure-relieving cushions and mattresses. The mattresses had to be set to the individual weight of each person and there was a clear process in place to check the mattresses remained at the right settings at all times.

There were clear emergency procedures in place. Staff knew what action to take if the fire alarm sounded. They completed regular fire drills and had been trained in the use of evacuation equipment. People had personal evacuation plans in place detailing the support they would need in an emergency and staff had been trained to administer first aid.

Is the service effective?

Our findings

People's needs were met by staff who were skilled and suitably trained. One person told us, "I get very good care." A family member said, "[Staff] are well trained and have a good understanding of dementia. It's peace of mind for us knowing she is so well cared for." This was confirmed by a visiting doctor who told us "It's a good home. People receive good care and staff understand dementia well."

Records showed staff received regular training in all relevant subjects, including dementia. New staff completed an effective induction into their role and experienced staff were encouraged to obtain vocational qualifications. Staff induction included an introduction to the Eden Alternative. This is a philosophy the service follows. It is a way of providing care that puts people at the centre of decision making about the way they want to live their lives. Additional training in this approach to care, including intensive three day courses, was also delivered to staff to enhance their understanding of how it related to the people they supported.

The registered manager checked staff knowledge by a range of means, including an innovative quiz covering different topics each month. All participants were entered into a draw where they could win prizes and this acted as a motivation for staff to take part and test their knowledge.

Staff demonstrated an understanding of the training they had received and how to apply it. For example, when a person living with dementia asked if their son was visiting today, the staff member replied, "[Son's name] comes on Thursdays. It's Monday today, so you've got Tuesday, Wednesday and Thursday, three days and then he'll be here." This response helped the person understand how long it would be until the visit and showed the staff member understood how to support the person's cognitive impairment.

Staff protected people's rights by following the Mental Capacity Act 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Where people had capacity to make decisions, we saw they had signed their care plans to indicate their agreement with them. Where they lacked capacity, staff had completed MCA assessments and documented decisions they had made in people's best interests, after consulting with family members and healthcare professionals.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements. Some people had electronic fobs that allowed them to come and go as they pleased. However, other people were not safe to leave the building unaccompanied and we saw DoLS applications had been submitted to the local authority for them. Staff understood their responsibilities and knew how to keep people safe in the least restrictive way. For example,

they described how if people became anxious and wished to leave the home, they would accompany them for a walk until they became calm and chose to return.

People praised the quality and variety of food. One person said, "I am a self-confessed fussy eater, but get a choice of food and I will ask for something I like." A family member told us, "[My relative] thinks she is in a hotel, living it up. She's had a full English breakfast every day since moving in. The chef is great and makes special soups with cream in and [high calorie] smoothies."

Meals formed an important part of people's day at The Briars and this was reflected in the catering arrangements. Each person had a nutritional care plan detailing their needs and preferences. The menu had then been set around these and stated the reason why certain items had been included. For example, the menu for the day of the inspection said the smoked haddock was [a named person's] favourite and the dessert had been requested by [another named person].

Staff were attentive to people at meal times and offered support in a dignified way. Some people just needed occasional reminders to eat, while other people received full support on a one-to-one basis. One person did not eat their main meal, so was offered a sandwich instead. When they did not eat this, the staff member tempted them with crisps which they put into the sandwich and the person ate. The staff member had persevered, without fuss and succeeded in getting the person to eat. Drinks machines were available in the lounges and people were encouraged to drink often. In addition, people were offered regular hot drinks.

People told us they could access external health professionals when required. One person told us "A doctor comes round every Tuesday and if I need the doctor I just tell one of the carers." We spoke with three visiting health professionals during our visit. They told us people were well cared for; they said staff made appropriate referrals to their services and followed their advice.

The provider had created an environment that was supportive of people living with dementia. This included good lighting levels, bright colour schemes and clear signage. Since the last inspection, we saw the entrance door had been painted over as part of a large mural covering the whole wall, so could not be recognised as a door. This had helped people become more settled in the home and less anxious. The registered manager told us the mural was changed with each season to help orientate people to the time of year. They added, "It takes the pressure off people wanting to answer the door or trying to leave." This was confirmed by a family member who told us, "The door arrangement is much better now; it stops people wanting to leave." The stairs had also been partitioned off with a brightly painted covering that was also changed several times a year. This added interest to the environment and distracted people from using the stairs, which posed a risk. Two people said they felt there was a lack of signage in some areas of the home, although our observations showed that other people were able to navigate their way around the home and could find their rooms and the bathrooms.

Is the service caring?

Our findings

At our last inspection, in April 2015, we rated this key question as 'outstanding'. At this inspection, we found the service has sustained this level of performance and continued to provide highly caring and compassionate support to people.

Comments from people included: "Staff are helpful, if they are not, they go" and "Everything feels very homely". Comments from family member included, "I've got nothing but praise [for the staff]. They have endless patience. You can hear the care in their voices, they never let it slip" and "[My relative] can be very hard and very awkward [because of their cognitive impairment], but they [staff] are very good with him at those times; they have so much patience".

Without exception, all interactions we observed between people and staff were positive and supportive. Staff demonstrated that they knew people well; for example, when a person became distressed about a family member, the staff member quietly explained, "She's a [name of occupation], like you were and she's still at work." The staff member then sat with the person until they had become calm. Staff took time to acknowledge people whenever they met and constantly checked if people needed support, such as blankets, snacks or drinks. They recognised when people needed extra time and reassurance and stopped what they were doing to provide it. For example, we heard a person tell a staff member, "There are blue tits coming in and out of the box [in the home's garden]." The staff member took the opportunity to sit with the person and have a chat about the birds, which the person clearly enjoyed.

When a person wanted to change their jumper, a staff member sat and had a conversation with them, talking through the options. They then asked the person, "Do you want to come with me to go and get one and to give your legs a stretch?" The person agreed and went with the staff member, which combined the function of getting a jumper with the chance to exercise and maintain their mobility. On the way back, the person was prompted to use the bathroom "while you're up" which also promoted their continence.

Staff also used touch appropriately to reassure people when they became distressed. While playing a board game with one person, we saw the staff member was holding the hand of another, which, from the person's body language, clearly gave them a lot of comfort. When another person started to become anxious about a family member, the staff member comforted them and said, "Let's get the number for your [relative] and we can give her a ring to put your mind at rest."

The staff approach to care, using the principles of The Eden Alternative, aimed to improve the well-being of people by creating positive environments and promoting caring relationships. Its values and ethos were clear in the way every staff member worked and interacted with people, putting them at the centre of everything that happened in the home. A care staff member told us, "I passionately believe in the Eden project. It's about person-centred care and helping people lead meaningful lives." Ancillary staff were equally committed; for example, the chef made time to speak with people at mealtimes to make sure they were happy with their meals. A housekeeper told us, "It's their home, they do what they want. If they don't want me to clean [their room], I don't. It's important to make it feel like home for them."

Every staff member we spoke with demonstrated a shared commitment to providing caring and compassionate support to people. A staff member said of a person receiving end of life care: "We have known [the person] for two years and it's very sad to see her as she is now." The person's family member recognised and appreciated the level of compassion displayed by staff. They told us, "All the staff are very attached to [my relative] and are as concerned about her welfare as we are."

Information about people's lives and backgrounds was recorded in detail in people's care plans and staff used this knowledge to communicate effectively. In addition, people had chosen to include brief information on plaques outside their rooms of things that were important to them, such as family members, hobbies and interests. This helped staff and visitors promote meaningful conversations when they met people or entered their rooms. A family member told us, "The plaque outside the door is really useful and helps staff understand [my relative's] needs."

Staff also went out of their way to do things for people in their own time, such as running errands, shopping or bringing their pets and their children in for people to see and interact with. One staff member allowed a person to push their young child in their pushchair (under close supervision) which they said gave the person "a lot of pleasure". This showed real commitment to the people they supported.

Staff supported people to build and maintain relationships. In particular, they made mealtimes a social occasion where people could meet. One person told us, "I like to stay in my room, but go down and have lunch with my friends." Another person said, "I go out with my family, but it feels homely here and I sit with my friends." When a staff member saw a person sat on their own at lunchtime, they asked if they would like to join another table with two other people. They agreed and joined in a conversation about their names. A member of staff told us about the unusual condiments on the table in the shape of a king, a queen, a post box and a telephone box. They explained that they had been introduced as conversation openers for people talk about.

People were encouraged to remain as independent as possible in line with their abilities. Relatives told us staff often asked people what they wished to do for themselves to make sure their independence was supported and promoted. Our observations confirmed this. For example, at breakfast a staff member sat with a person and prompted them to start eating. Once they saw the person was managing, the staff member withdrew to let them continue independently. The chef described how they encouraged people to use a part of the kitchen to make their own drinks. They said, "If it's too risky for people to make hot drinks from scratch, we still allow them to put the [tea] bag in the cup and add the milk and sugar." Other people helped with chores around the home, such as folding napkins, drying cutlery or vacuuming. The provider had purchased two cordless vacuums to allow people to vacuum safely. These activities gave people a sense of purpose and ownership of the home.

People living with dementia were supported in a way that met their communication needs. Staff made sure they were facing the person, engaged with them at their eye level and gave the person their full attention. They used short, clear sentences and gave people time to process information and respond. They also showed a high level of patience, responding to repeated questions as if it was the first time the person had asked it. Menus were also provided in picture format to help people choose their meals.

We observed that people were treated with the utmost respect at all times. 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. Staff knocked and waited for a response before entering people's rooms, even when the doors were already open. 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 staff member and whether one or two staff were needed to help them mobilise.

People were supported to meet their spiritual and religious needs. Representatives of two local churches visited the home regularly and the registered manager was aware of how to contact other religious leaders if required. The family of one person had asked for a priest to be called if the person became very unwell and we were told this had been done.

When people moved to the home, they (and their families where appropriate) were involved in assessing and planning the care and support they received. A family member told us, "We initially discussed [my relative's] care plan and we saw it at the time [it was written]. I know they [staff] review it from time to time and inform us if anything changes." The registered manager told us they involved people in decisions about their medicines, including when they assessed a staff member's competence to administer them. They sought the views of people who received the medicines to help understand their experience.

People had also been invited to take part in staff selection procedures. The registered manager told us nobody had volunteered for this, but they had used feedback from people to help identify the values that people wanted staff to demonstrate in their work. These were "a warm, happy, smiley disposition". The deputy manager told us, "Qualifications are useful, but we're looking for happy, enthusiastic [staff] to look after our residents. If they've got the right demeanour, they are trainable and that's more important." The deputy manager described how they assessed these characteristics during the recruitment process to help ensure staff possessed the desired qualities. It was clear from speaking with people and relatives that this approach to selection had been successful. They all told us they "loved" the warmth of the staff and held them in the highest possible esteem.

Is the service responsive?

Our findings

Everyone we spoke with told us The Briars provided exceptional, highly personalised care and support to people. Comments from people included, "If I need something I just speak to one of the staff"; "Very impressed, wonderful"; "I choose when I want to go to bed; I can stay up if I want to and get up when I want to" and "I can't grumble about care. I just tell carers if there is something I don't like".

All staff we spoke with showed a shared commitment to putting people at the heart of the service. They worked tirelessly to meet the holistic needs of people in a personalised way, in accordance with their preferences and wishes. A family member told us, "They [staff] are all different, but they meet everyone's individual needs. They know what [my relative] wants when he wants it. Like I went to get him a blackcurrant [juice] and found staff were already on the way to him with it."

Staff used the principles of the Eden Alternative to support people to live their lives to the full. This was part of the everyday culture of the service and resulted in the ability of staff to be spontaneous to people's requests. For example to go out for a walk, to talk, or to just spend time together. In addition, activity staff used the philosophy to ensure all the elements of people's well-being were met through tailor-made activities that meet people's individual interests. These were discussed in monthly care meetings where the registered manager challenged staff to go beyond the everyday requirements of care and find innovative ways to enhance people's lives. For example, at the most recent meeting, staff discussed a person who they discovered had been a florist and particularly enjoyed arranging the fresh flowers that were brought to the home once a week. As this activity was short lived, they decided to buy some silk flowers that the person could arrange and re-arrange as often as they wished throughout the day. Staff told us this had brought the person "great joy" and had visibly reduced their level of anxiety.

Family members told us about the huge improvements in their loved ones' physical, emotional and psychological well-being since living at The Briars. For example, one family member said, "[My relative] had become withdrawn and staff spent a lot of time engaging with her as an individual to find out what she responded to and involved her in activities she enjoyed. It was all very personalised. She started to enjoy bingo and the sing-song and using the garden. To see how [staff] have responded to her needs has been fantastic. It has really improved her quality of life."

The service had received an award from Healthwatch (Isle of Wight) in recognition of "a team who have worked to ensure that the people they support have maximum control over their lives and who value `outcomes` rather than `outputs`." Written feedback from a representative of Healthwatch said, "The three judges were very impressed with the following: The close links the home had forged with a local primary school, with school children supporting people within the home to develop special areas in the garden where they can relax and reminisce. Family, friends, children and pets are encouraged to visit the home and people can skype their loved ones even if they live around the corner."

We confirmed that staff had maintained their links with the local school. This had involved pupils and people living at the home collaborating in the joint running a gardening club at the home where children

would visit approximately every two weeks as well as working on projects for the home at school. These included painting stones and animals to brighten up the garden for people. This had proved beneficial to all involved and the club had won an award for their work in the 'Sandown in Bloom' competition. The registered manager told us there was now a queue of pupils wanting to take part in the gardening club. They added, "The residents just love to see [the children], you see their eyes light up." The home also ran an Easter egg hunt in the garden, which proved equally popular with the children and the people living at the home. A family member told us, "The children are allowed to play in the garden and they are going to put a play area outside the conservatory for [my relative] to see the children. It's lovely for visits."

One person enjoyed going for "brisk walks" with activity staff, as they had enjoyed walking when they had previously lived in their own home. Staff reported that this had improved the person's emotional and physical well-being. The person also expressed an interest in swimming, so this had also been accommodated. Two members of staff accompanied the person to the pool, including one staff member who attended in their own time to swim with the person while the other waited on the side to assist. The person told us, "I love my swimming and it makes a difference to me."

Another person disclosed to staff that they really missed their dog, so a staff member arranged to regularly take the person with them when they walked their dog. The staff member told us that interacting with the dog and throwing balls for it had given the person great pleasure and improved their emotional well-being. A further person had special memories of the local lifeboat station, so staff often took them to see it and to enjoy tea at a nearby cafe.

Other comments from people about the activities they enjoyed included: "I walk down to Sandown once a fortnight and we go to charity shops with [the activities staff member]. Three of us go, one in a wheelchair"; "I like to have a bit of fun, and I do"; "I read and sew and knit"; and "We can pick and choose what we want to do in activities; we play Ludo and bingo."

A family member told us, "When you come in the morning, [my relative] is always playing cards or doing something with staff. They make sure he watches the sport on telly; and when the rugby is on they bring him drinks and snacks like he would have had at a match. It's fantastic."

A person with significant coordination difficulties took part in a game of catch. They were coached to put their hands together and there was clear delight on the faces of those taking part when the person did this successfully and caught the ball.

The service's creative approach to activity provision had successfully enhanced the lives of people living at the home by empowering them to have more control. The deputy manager told us, "If you feel you are trapped and have had everything taken away from you [when you move into a care home], it's awful. But if you start to feel you have some control and can start doing what you want, then it makes you feel more positive." They described how this had had a positive impact on two people in particular. One person had been subject of a Deprivation of Liberty Safeguards authorisation at a previous placement, but had made so much progress that this was no longer needed and they were able to access the community independently. Another person who used to become agitated and lie down on the floor was now more settled and had become involved with a scheme to introduce a small allotment area with a greenhouse to grow produce.

Assessments of people's care needs were completed by one of the managers before people moved to the home. This information was then used to develop appropriate care plans in conjunction with the person. People's care plans were well organised and provided comprehensive information to enable staff to deliver care and support in a personalised way. They were centred on the needs of each person and took account of their medical history, their skills and abilities, their preferred lifestyle, daily routines and how the person

wished to receive each aspect of their care and support.

A process was in place to ensure care plans were reviewed every month or sooner if people's needs changed. The person and, where appropriate their relative, was consulted during the process. Care records confirmed that people had received care and support in accordance with their individual needs. For example, charts kept for a person being cared for in bed showed they had been checked hourly, supported to reposition regularly and had received personal care and mouth care when needed.

Staff responded promptly when people's health needs changed. Care plans contained clear information for staff about the action they should take in various situations. For example, one person had a diagnosis of diabetes; their care plan detailed the specific action staff should take if monitoring of blood sugar levels showed these were higher or lower than usual for the person. When people became agitated, they were given extra support in accordance with pre-arranged plans, including the use of distraction techniques and being supported to a quiet area to relax; sedatives were only used sparingly when other strategies had not worked.

Staff consistently demonstrated a sound understanding of the individual support needs of people living at the home, including those living with dementia. They knew how each person preferred to receive care and support. For example, they knew which people needed to be encouraged to drink; the support each person needed with their continence; and when people liked to get up and go to bed. They recognised that some people's mobility varied considerably from day to day and were able to assess and accommodate the level of support they needed at a particular time. For example, we saw staff encourage a person to mobilise from a lounge chair on their own, but when they were unable to do this, they supported the person using specialist equipment. A staff member told us, "Every one person is different and has different preferences. You need to know these and about their lives to understand them."

Staff were clear about the importance of empowering people to make as many of their own decisions and choices as possible. For example, when a staff member saw two people walking independently, they asked, "Do you want to go to the garden lounge and I'll show you where you can sit together?" The staff member took their time, showing them the area and offering them a choice of seats. They didn't leave until both people were happy and settled. We heard another person being given the option of changing bedrooms. The staff member asked them, "Would you prefer the downstairs room, which is cooler, or the upstairs room?" They reminded the person that the upstairs rooms were warmer and the person didn't like being too hot. They added, "I will show you the rooms again and we will choose together." The chef had come up with a novel way of helping people to choose cakes at teatime. Rather than asking people which cake they wanted, they served a variety of different cakes on an old-fashioned cake stand. People were attracted to these and could see each of the options clearly. The chef told us this had helped identify which cakes people liked best, so they knew which ones to bake.

People told us they felt able to raise concerns or complaints with any staff member and that any issue was "always dealt with". We saw many examples of where staff had responded to concerns or feedback from people. For example, some people had complained about the quality of the sausages, so the chef had run a sausage tasting evening for people to try a range of different sausages. The sausage with the most votes was then put on the home's menu. A family member contacted the registered manager to report that their relative did not like the colour of their room. The person was particular about colours as her husband had been a painter decorator. Staff worked with the person and their relative to choose a new colour and the room was re-decorated. The registered manager told us, "[The person} loves her new painted room and the family have given positive feedback." Other people had asked for belly dancers to perform at the home's open day and this too was arranged. To notify people of changes they had made, staff created brightly

coloured posters entitled 'You said, we did' to inform people how their feedback had been used. These included information about a fireworks party that had been requested and been arranged.

Is the service well-led?

Our findings

People said they were happy living at The Briars and felt it was run well. A family member told us, "The management seems good. They always say hello and answer the phone; and they always know how [my relative] is." Another family member said, "I would have no hesitation recommending [the home] highly to anyone."

People were cared for by staff who were motivated and committed to providing a safe, high quality service for people. The provider demonstrated their appreciation of the hard work of staff through a series of awards for long service or outstanding service. For example, the activities staff had won an 'accolade award' for enhancing the lives of people living at the home and a senior staff member was awarded the home's 'carer of the year' award.

There was a clear management structure in place consisting of the provider's management team, the registered manager, the deputy manager and senior care staff. All staff understood their roles, were highly motivated and worked well as a team. They praised the management, who they described as "supportive" and "approachable". Comments from staff included: "I feel valued and appreciated"; "I love it here. I feel supported and it's a happy team"; "[The registered manager and deputy manager] are brilliant and the seniors always thank you at the end of a shift. It makes me feel valued" and "I am very happy with the seniors and our manager. If I have a problem I can always ask someone and we are encouraged to go to the manager". Staff also told us they felt listened to. For example, they had suggested improvements to the way they recorded the care they delivered to people and these had been adopted. After feedback to management that working in plain clothes rather than uniforms was causing confusion for people, the registered manager agreed that staff could revert to wearing uniforms.

The provider had a clear vision, based on the principles of the Eden Alternative, to provide personalised care in a way that enhanced people's lives. Staff were first made aware of this vision of the service during their induction and the philosophy was reinforced through team meetings and staff supervision. When we spoke with staff, it was clear they understood this ethos and strove to apply it in all their interactions with people.

There was a robust quality assurance process in place which included audits of areas such as care plans, medicines, accidents and incidents. Audit results were fed into monthly monitoring meetings with the provider's operations manager where they were monitored and discussed. Where necessary, improvement plans were then developed and overseen through the meetings programme. Additional oversight was undertaken by the provider's trustees who visited the home on a regular basis to monitor and assess the quality of service provided.

The registered manager told us they had access to advice and support from the provider's management team, which in turn had links with national training academies and trade bodies that circulated information about best practice. In addition, the managers of all of the provider's services shared information and guidance which was used to improve standards of care.

There was an open and transparent culture within the home. The previous inspection report and rating were displayed in the hall and the home's rating had been published on its website. The provider notified CQC of all significant events. Visitors were welcomed at any time and were accommodated so they could be present during the latter stages of their relative's lives. A duty of candour policy had been developed, and was being followed, to help ensure staff acted in an open and honest way when accidents occurred. External professionals told us they enjoyed positive working relationships with staff.

Links had been developed with external organisations to the benefit of people. For example, staff helped run the local Alzheimer's café where they got to know people living in the community. As their needs became more complex, people were sometimes invited to attend the day care service at the home. One person's needs had increased further and they had moved to the home full time. The registered manager told us the transition was very smooth because they had got to know the person and the person had got to know the home over a period of time.