TLC Care(UK) Limited

Briarcroft Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Briarcroft Care Home is registered to provide care for up to 20 people. People living at the home were older people, the majority of whom were living with dementia. At the time of the inspection there were 17 people living there.

This inspection was unannounced and took place on 14 and 15 December 2017. The last comprehensive inspection of the service was in August 2016. At this inspection we found breaches of regulations related to person centred care, dignity and respect, the protection of people's legal rights, safe care and treatment, premises and equipment and quality monitoring. We rated the home as 'Requires Improvement' in all five key questions. We took enforcement action in relation to the quality monitoring breach, by serving a warning notice on the provider. This required the provider to improve quality monitoring processes by 7 November 2016, due to the serious and major impact on the safety and quality of services people received. We issued requirements for the other five breaches of regulations. Following the inspection in August 2016 we met with the provider who gave assurances of their commitment to improving the quality and safety of the care and support provided to people.

We carried out an unannounced focused inspection on 13 January 2017 to check that improvements to meet legal requirements planned by the provider after our August 2016 inspection had been made. The team inspected the service against one of the five questions we ask about services, "Is the service well led?" We some found improvements had been made. The provider had developed a service improvement plan, with the support of the local authority's quality and improvement team, and begun a programme of improvements within the home. However, we found there were other areas that required improvement and some of the decisions made by the manager did not promote safety or protect people's rights. We identified breaches of regulation related to safe care and treatment and safeguarding service users from abuse. Following this inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question, "Is the service well led?" to at least good.

At this inspection in December 2017 we found significant improvements had been made and the key question, "Is the service well led?" was now rated good. There was a new manager who registered with the Care Quality Commission to manage the service on 11 August 2017. Like registered providers, registered managers 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, relatives, staff and external health and social care professionals spoke highly of the registered manager and the positive changes that had been made at Briarcroft in the short time they had been in post.

The registered manager and provider promoted the ethos of honesty and admitted when things had gone wrong. They had acknowledged the areas in which the service needed to develop and improve, and, working closely with the local authority quality and improvement team, had been proactive in making this happen.

There were quality assurance systems in place to help assess the safety and quality of the service, and identify any areas which might require improvement. The findings of the audits informed a service improvement plan, with clearly defined actions, responsibilities and timescales. The views of people, their relatives, and staff were actively sought to ensure the service was run in the way they would like it to be.

People told us they felt safe and there were sufficient numbers of staff deployed to meet their needs. Regular health and safety checks were undertaken at the service. There were effective infection prevention processes in place, the home was now compliant with fire regulations and a programme of refurbishment was in progress which meant people were now protected from risks posed by the environment. There were systems in place to ensure risk assessments, care plans and reviews were comprehensive, current, and supported staff to provide safe care while promoting independence. People were protected from the risk of abuse through the provision of policies, procedures and staff training, and an effective recruitment process. People received their medicines safely.

The registered manager had been working hard to develop a person-centred service and their values were shared across the staff team. Staff promoted people's independence and treated them with dignity and respect. They were supported to make choices about their day to day lives, for example how they wanted their care to be provided and how they wanted to spend their time. People and their relatives contributed to the drawing up and reviewing of care plans which meant they reflected people's individual preferences. One member of staff told us, "I didn't know what person centred meant before the registered manager came here. We used to get them all up at the same time, now we get them up when they want to get up." Staff understood the importance of meaningful communication in helping people to make choices and express their views, and were mindful of the need to ensure information was given to people in accessible formats when required. For example, people were able to give their views of the service in a service user questionnaire which contained pictures as well as words. Staff adapted their communication methods dependent upon people's needs, using body language or simple questions and information for people with cognitive difficulties.

There was a committed staff team at the home which was well supported by managers and the providers. An induction and training programme was in place which enabled them to do their jobs effectively, and they received regular supervision, both formal and informal. Ongoing professional development was encouraged for all staff members. The registered manager was proactive in keeping their own knowledge and skills up to date, attending workshops and events, and sharing ideas about best practice with the manager and staff of a nearby residential home. This meant people received effective care and support from staff with the experience, skills and knowledge to meet their needs.

We checked to see whether people's human rights were now protected under the Mental Capacity Act 2005 (MCA). We found people's rights were protected because the registered manager and staff had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS) and had applied the principles to their practice.

People had sufficient to eat and drink and received a balanced diet. People's individual dietary needs were assessed and the service was committed to meeting any dietary requirements related to health or culture. Where there were concerns about a person's nutritional intake advice had been sought from relevant health professionals who had provided guidance.

People were supported to maintain good health and had access to health and social care services. People were referred appropriately and guidance followed. A relative commented, "They are really good at involving health professionals, and quick to get somebody to come and assess".

Improvements had been made in relation to the adaptation of the environment to support people living with dementia. For example clear signs and pictures helped people to orientate themselves and move independently around the home.

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 were protected from risks posed by the environment, which included the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected by staff that understood and managed risk. People were supported to have as much control and independence as possible.

People were protected from avoidable harm and abuse.

People had their medicines managed safely.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs

Is the service effective?

Good

The service was effective.

People received support from staff that knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People's eating and drinking needs were known and supported.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with

respect.

Staff supported people to improve their lives by promoting their independence and wellbeing.

People were supported in their decisions and given information and explanations in an accessible format if required.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support, which was responsive to their changing needs. Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People were involved in the planning of their care and their views and wishes were listened to and acted on. People's end of life preferences were known and followed.

People had opportunities to take part in a range of activities and social events according to their individual interests and preferences. Equality and diversity was respected and people's individuality supported.

People and their relatives knew how to make a complaint and raise any concerns. People had no concerns.

Is the service well-led?

Good

The service was well led.

The management team provided strong leadership and led by example.

Quality assurance systems drove improvement and raised standards of care.

The provider and registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared by the staff team.

Staff were motivated and inspired to develop and provide quality care. They felt listened to.

Briarcroft 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.

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

This inspection took place on 14 and 15 December 2017, and was unannounced on the first day. The inspection team consisted of an adult social care 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.

Prior to the inspection we reviewed information we held about the service, including notifications, previous inspection reports, safeguarding and quality assurance reports. A notification is information about specific events, which the service is required to send us by law. We looked at the information in the Provider Information Return (PIR) completed by the previous registered manager prior to the inspection. 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 looked at a range of records related to the running of the service. These included staff rotas, four supervision and training records, medicine records, meeting records and quality monitoring audits. We also looked at four care records for people living at Briarcroft Care Home.

We spoke with five people and one visitor to ask their views about the service, and with three relatives by telephone following the inspection. We spoke with six staff. This included the registered manager, deputy manager, senior care staff and cook. We had feedback from four health and social care professionals who supported people at Briarcroft Care Home.

Good

Is the service safe?

Our findings

At the inspection in August 2016 there were concerns about people's safety because risks associated with the environment, fire, medicines management and infection were not always being identified or managed well. We found two breaches of regulations related to safe care and treatment, and premises and equipment. We made a recommendation that staffing levels were kept under review.

At this inspection in December 2017 we looked to see whether improvements had been made and found that the service was now safe. People told us they felt safe. Comments included, "There's always somebody who is there for you", "I feel more safe to know someone is around at night. If I have stomach trouble I tell them as well" and "I get on with them. I trust these staff." This view was shared by relatives who told us, "They seem very good, caring. I feel my [family member] is being looked after and it's lovely and warm" and, "I have no apprehension about [family member] being there. I know they are being looked after".

People were now protected from risks posed by the environment. Regular health and safety checks were undertaken, electrical equipment was tested for safety, and legionella and temperature checks were undertaken on the water and water outlets. A member of staff told us, "Everybody is more aware of making sure everybody stays safe". They said risk assessments were carried out on anything that might be a hazard for the people living in the home, such as wet floors or a cable from the vacuum cleaner. A programme of refurbishment was in progress. This included all bedrooms being redecorated and new furniture provided, new carpets and dining room furniture. Rails had been fitted at the entrance to the home to assist people going up and down the steps. The front and back gardens had been attended to, and measures taken to make them safe, such as fencing and non-slip paint applied to the decking area. A handyman was employed to carry out repairs and maintain the premises.

People were protected from risks associated with fire, and the home was now compliant with fire regulations. Measures had been taken to improve fire safety, such as fire doors being checked for door closures and door stops to ensure they were effective. Staff had received training which included training in the use of the evacuation chair, regular fire drills were carried out and the fire alarm was tested weekly. People's needs were considered in the event of an emergency situation such as a fire, for example their mobility and the number of staff they would need to support them to exit the building safely.

Since our inspection in August 2016 the provider had made improvements to the medicine management at the service which meant people now received their medicines safely. A member of staff told us, "We've got really good systems in place. It was a nightmare before." There was a newly refurbished room for the safe and hygienic storage of medicines. An effective system was in place for the administration of medicines. This was straightforward and minimised the risk of errors. Staff were observed during our visit administering medicines in a safe way. They had a good understanding of the medicines they were giving out to people. There was a system in place to monitor the receipt and disposal of people's medicines and a procedure to monitor the daily temperature of the medicine fridge and medicine storage area. Medicines at the service were locked away in accordance with the relevant legislation. Some medicines require additional security and recording and these were stored and administered safely. Medicine administration records were

accurately completed. There were regular medicine audits carried out to monitor that medicines were being safely administered and where any errors or gaps in recording had been identified, action had been taken to minimise the risk of recurrence.

People were now protected from the risks of cross infection. Staff took the necessary precautions when undertaking personal care, for example wearing protective clothing such as gloves and aprons. They had maintained effective infection control processes when caring for people during periods of sickness. The home was clean and smelled fresh during the inspection.

The registered manager told us staff had previously been reluctant to raise concerns about the quality and safety of the support being provided. They told us they had emphasised the importance of whistleblowing telling staff, "If you see anything wrong with a client and you tell me and I do nothing, you have to report it because you have a duty of care". This was confirmed by a member of staff who told us, "From day one the registered manager said, "If you have any issues go to CQC". Staff had completed safeguarding training. They were aware of the service's whistleblowing policy and told us they would now feel confident to use it. They knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns.

Risks of abuse to people were minimised because the registered manager ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. The DBS checks people's criminal history and their suitability to work with vulnerable people.

People were kept safe by sufficient numbers of staff. Staff had time to sit down and spend with people, and interacted with them in a calm, unhurried way. People told us staff responded promptly to requests for help and when they rang the call bell. Comments included, "Yes, they are brilliant [at responding promptly]" and, "They are always available."

Risk assessments had been carried out related to a range of areas including falls, nutrition, catheter and pressure area care. They identified the level of risk and the actions needed to minimise them, while promoting people's independence. For example, "Aim to promote safety and well-being. Encourage [person's name] to maintain their level of independence and ability as long as they are able, assisting with the use of appropriate moving and handling equipment". This guidance enabled staff to support people's decisions so they had as much control and independence as possible while ensuring their safety at all times.

Staff had a good understanding of complex risks related to behaviours, working closely with professionals to support people and keep them safe. The registered manager said, "The staff are all really good. They can all distract the clients and bring them down". A health professional told us, "The manager and staff worked closely with myself, GP and mental health team to support [a person living at the service]. Their feedback into the person's needs and the problems were detailed and most helpful."

Good

Is the service effective?

Our findings

When we inspected in August 2016 people's rights were not being protected under the Mental Capacity Act 2005 (MCA). We found a breach of regulation related to the need for consent. 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 made on their behalf must be in their best interests and as least restrictive as possible. However, we found there was no documentation in place to support a best interest decision making process, where people lacked the capacity to make an informed decision.

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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the last inspection in August 2016 several people were eligible for assessment under DoLS but had not been referred.

We checked whether the service was now working within the principles of the MCA, and whether applications had been made for people to be cared for under DoLS where appropriate. We found that people's human and legal rights were now protected. The registered manager had a good understanding of the processes required to ensure decisions were made in the best interests of people. Throughout the inspection we heard staff regularly seeking people's consent to care and providing explanations for interventions. One person confirmed, "I manage [my personal care] myself, but there's always somebody there to help you on the way. They always ask permission." Care plans provided clear guidance to staff, for example, "Ensure that [person's name] is encouraged to make decisions and offered choice related to their hygiene routine whenever possible. Explain the intended intervention and gain their consent." Care records showed where care was being given in people's best interests and where other's had the legal authority to make decisions on a person's behalf. Where more complex decision making was required multi-disciplinary discussions were held. Independent Mental Capacity Advocates (IMCAs) were available to support people's decision making where required. People had now been referred for assessment under DoLS as required.

At the inspection in August 2016 we found the premises did not always reflect good practice in design for people with dementia, and made a recommendation that the provider consulted with a reputable source on the adaptation of the environment to support people living with dementia. At this inspection we found improvements had been made. For example, the names people chose to be known by were on their bedroom doors to make it easier for them to find their room. Signs with pictures pointed the way to the lounge, dining room and toilets. Patterned carpets can be confusing for people living with dementia and increase the risk of falls, so these were being replaced with plain ones. These measures made it easier for people to orientate themselves and move independently around the home.

People received effective care and support from staff with the experience, skills and knowledge to meet their needs. This was confirmed in written comments from relatives which said, "Your care was exemplary and as a family we couldn't have wished for better", "[Family member] has said to me on several occasions that

they are well looked after. They are very content and need nothing" and "You are good at meeting the needs of each individual and creating a very caring, homely and responsive environment".
Staff told us that previously there had been some training, but not everything required. They said, "Since this registered manager has been here they have put all training in place" and, "We are getting really good support now". When staff came to work at the home they received a thorough induction. This incorporated the national skills for care certificate, which is a detailed, nationally recognised training programme and qualification for newly recruited staff. Staff also shadowed more experienced members of the team as part of their induction. A training programme was in place which included safeguarding, MCA and DoLS, fire safety, person centred care, infection prevention, health and safety and dementia. Specialist training was arranged as required to meet people's individual needs, for example related to pressure area care, continence management, and end of life care. The registered manager held the training at the home to make it easy for staff to attend. They told us, "Staff are thirsty for the training. They are so keen to learn. They are really enjoying it."

Previously staff did not receive individual supervision. Now they had formal, documented supervision approximately every two months. Topics discussed included; whistleblowing, transparency in the way you work, safeguarding, care planning, confidentiality and training needs. Staff told us they found supervision helpful and an opportunity to discuss any concerns or issues. The registered manager and senior staff operated an "open door" policy, and staff told us they found them approachable and supportive.

We observed practice during part of the lunch time period. Lunchtime was a sociable experience. Staff provided calm reassurance and support to people who needed it. People were not rushed, but encouraged to take as long as they needed to finish their meal. Equipment was provided to help people to eat independently, like plate guards.

The registered manager told us there had previously been no choice of meals for people, whereas now people were offered choices for all meals. Staff showed people the menu and explained the choices to those who needed additional support to understand it. The cook told us people could sometimes not remember what they had ordered, so they made extra of each meal in case people changed their minds. People spoke positively about the food provided and choices available. Comments included, "There's a choice. They are very, very good. There are a couple of choices… I can choose something else [if they didn't like what was being offered], there's no problem" and, "Someone asks me what I want to eat. They are very good in that respect. You say what you want, as long as you don't kick up too much of a fuss, it's acceptable. People all have different choices of what they want to eat."

People's individual dietary needs were assessed and the service was committed to meeting any dietary requirements related to health or culture. Where there were concerns about a person's nutritional intake advice had been sought from relevant health professionals who had provided guidance. The cook described how they prepared thickened fluids or pureed food for people at risk of choking. They told us that when food was pureed they presented each food separately on the plate, ensuring there was a selection of colours and textures to make it more appetising for people.

People told us they were supported to maintain good health and had access to healthcare services. A relative commented, "They are really good at involving health professionals, and quick to get somebody to come and assess". The service worked closely with other agencies to ensure people's needs were met and their involvement was documented in people's records. Health and social care professionals spoke highly of the registered manager and the changes made at the home. One professional told us, "The registered manager and their team have always contacted myself if they have any concerns about people and they have escalated these appropriately and promptly. They are open to discussions and act on requested

changes quickly, whether this be with paperwork or approach to meeting care needs. I have also had the registered manager call me on several occasions to ask for a referral to different professionals and discussions about the appropriateness of these referrals. The home has welcomed any support offered with regards to training and care plan improvements."

Good

Is the service caring?

Our findings

When we inspected in August 2016 we found staff did not always treat people in a respectful and dignified manner. They were not always supported to make choices. People's personal care was not always maintained to a high standard, or their rooms or belongings well cared for. We found a breach of the regulation related to dignity and respect. At this inspection in December 2017 we found improvements had been made.

The registered manager told us they had been working hard to develop a person-centred service. They said, "We got rid of the uniforms. We're part of a family, rather than 'I'm staff so I've got a uniform on'. It benefits the clients. We put on a dressing gown and walk around with them at bed time. It orientates them. We go into their world; we don't drag them into our world. They all get treated as the individuals they are. If they want to go to bed at 10, they go at 10. It's their individual choice". These values had been shared across the staff team, and this was evident in our conversations with staff and people's descriptions of the care they received. One member of staff commented, "I didn't know what person centred meant before the registered manager came here. We used to get them all up at the same time, now we get them up when they want to get up. There is no set routine. One person likes to have a lie in and go to bed late, they said to me, "That's what I want, I love a lie in!"

The home was clean and warm, and the atmosphere happy, relaxed and welcoming. All staff we met with and observed were kind and caring in their interactions with people. People were singing along to Christmas music playing in the background. There was a Christmas tree, and decorations on the walls in the lounge which had been made by the people living there. People responded very positively to staff and there was lots of laughter and friendly banter. One person told us, "There's lots of laughing and funny things going on. It's the only place you can have a laugh. I like singing and music. Everybody is friendly. I am happy here." Written feedback from relatives said "You have a lovely group of very caring staff" and commented that the service was good at," treating your clients as individuals and showing them love and sharing light hearted laughter".

Staff were committed to promoting people's independence, whatever their starting point, and enabling them to make choices. They understood the importance of effective communication in facilitating this, giving examples of how they communicated with people who were unable to verbally communicate. They explained how they used hand gestures, facial expressions, pictures and written word to support understanding. For example one member of staff described how they supported a person to be more independent with their personal care; "I will ask them, "Can you wash your face?" I will give them a flannel, and a lot of prompting, or give them a toothbrush and mime cleaning their teeth."

Staff promoted people's independence by supporting them to achieve their potential. For example, one person enjoyed spending their time writing stories. A supply of books had been provided for them to write in, and a newsletter was being developed at the service in which the stories would be published. Another person had been cared for in bed following a fall some time ago. Staff had found they were moving their legs while being transferred in a hoist, and had worked with them so that eventually they were able to mobilise

independently again.

Staff respected people's dignity and privacy and all personal care was provided in private. Care plans documented whether people preferred male or female carers. People told us staff always knocked on the door before entering and asked their permission before providing support. We saw a member of staff sensitively supporting a person in the lounge after an episode of incontinence. They discreetly asked them if they would, "Come and have a little walk with me", and walked back to their bedroom with them to change. Staff meeting minutes showed that staff were reminded to respect people's rooms and belongings. "Please take pride in our client's bedrooms. Leave them tidy and make sure the bed is made. Check clothing in the wardrobes belongs to the client, if not let the laundry person know and ask them to make sure the right items go to right bedrooms."

Staff understood the need for confidentiality, the safe storage of people's records, and knew not to share information without people's consent or unnecessarily.

Relatives told us the service supported people to keep in touch with their families. They were made to feel welcome when they visited and kept informed about the welfare of their family member. One couple, who lived in different residential homes, were supported to have daily telephone contact and the service organised a special meal for them on their wedding anniversary.

Good

Is the service responsive?

Our findings

At the inspection in August 2016 we found the information in care plans was not always dated, clear or consistent. Care plans did not always include information about people's preferences regarding their care or plans for activities to reduce the risk of social isolation. There was little information about how to support people living with dementia, or guidance for staff about how to minimise risks related to distress or behaviours that challenge. There was no evidence that people or their representatives had been involved in drawing up care plans or that they agreed with them. We found breaches of the regulations related to governance and person centred care. At this inspection in December 2017 we found improvements had been made.

Since the inspection in August 2016 all care plans had been reviewed and updated, and included a recent photograph of the person. Care plans were now individualised and provided clear guidance and direction for staff about how to meet a person's needs. They included information about how to understand and support people living with dementia and how to communicate with people if they had cognitive or sensory difficulties. The care plans were personalised and written using people's preferred name. They were clear about what the person could do for themselves and what they needed support with, which promoted their independence. They reflected people's preferences, for example how they liked to be supported with personal care, their choice of clothing or the music they enjoyed. The registered manager was using a tool developed by the Alzheimer's Society called 'This is Me', to record people's history, background and preferences. This enabled staff to provide care tailored specifically to their individual needs. People's care records were reviewed at least monthly to ensure they remained up to date, with the involvement of people and their representatives every six months.

The registered manager advised referrals to the service came from health professionals and the local authority. They gathered as much information as possible prior to admission, about the person's support needs, background and preferences. This information was used to inform risk assessments and develop care plans, and to ensure all the necessary equipment was in place to support a safe transition into the home. If people had protected characteristics under the Equality Act the registered manager assured us the provider's policies ensured people were treated equally and fairly. Obtaining information could be challenging when people living with dementia had no family to represent them. In these situations staff were mindful of the need to document people's interests and preferences as they became aware of them to ensure the information was shared across the staff team.

People had opportunities to take part in a range of activities and social events according to their individual interests and preferences. The activities on offer supported people to look forward to their day and remain active. On the afternoon of the inspection people were enjoying a lively game of bingo in the lounge, with one to one support for those who needed it to participate. People who were unable to participate in activities and who were cared for in bed had stimulation in their room. The registered manager told us there had previously been an organised activities programme, which was unsuccessful because people preferred to choose what they wanted to do on a daily basis.

People spoke positively about the activities provided. One person commented, "There's entertainment, wireless and television, plenty of amusement if you want it. You can have anything you like in your room; otherwise you can come in here if there's some decent show. There's pretty much something for everyone to do, keep them occupied." Another person pointed at the Christmas decorations on the wall and told us, "We done all those." They added that they enjoyed writing, reading the paper, singing and playing the piano. "In the summer they take us down the green. We walk down in a wheelchair." People told us they enjoyed spending time in the garden in the summer. The secure, enclosed garden was accessible from the conservatory and the lounge. There was a grassed area and decking, with plans to buy new garden furniture for people to sit out.

The registered manager told us they were committed to ensuring that people's individual spiritual needs were identified and met. A minister visited the home weekly to give communion, in accordance with the beliefs of the people living there at the time of the inspection. One person told us they would also like to attend church. The registered manager advised they would arrange this.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was proactive in identifying and meeting the information and communication needs of people living with dementia and/or experiencing sensory loss. For example, people were able to give their views of the service and the support provided in a service user questionnaire which contained pictures as well as words. This made it easier for people to understand what was being asked and communicate their views when they sat down with staff to complete it. There was clear guidance in care plans about the equipment people needed to support communication, like spectacles and hearing aids, and evidence of referrals and regular reviews by audiology and opticians. Care plans reminded staff how to work with people who had difficulties with verbal communication. For example, "Consider actions to overcome potential barriers to communication, using both verbal and non-verbal means. Provide [person's name] with sufficient time and opportunities to communicate with staff and other service users, respecting that in some situations this length of time may be longer than others." We saw staff working in this way, and one member of staff told us, "If I asked [person's name] if they wanted a cup of tea, just because they say "yes", it doesn't mean they do. You have to know their body language".

There was an effective and responsive complaints process in place. There had been no formal complaints since the registered manager had been in post. People, who were able, and their relatives, told us they had no concerns or complaints and if they did were confident the registered manager office would resolve these. One person commented, "Frankly, I have not had too much to complain about. There are quite a lot of staff, you get to know them quite well… You see them [the registered manager and senior] every day." On the first day of the inspection one person we spoke with expressed concern about their own well-being. We shared this information with the registered manager, with the person's consent. By the second day of the inspection the registered manager had discussed the concerns with the person and referred them to the relevant health professional. This response meant the person received the support they needed in a timely way.

People's end of life wishes were recorded in their care records which meant staff and professionals would know what the person's wishes were and could ensure they were respected. Families helped people to provide and document this information if required. The care plan of one person contained a record of the discussion and decision about what they wanted to happen at the end of their lives, completed with the support of the registered manager. This showed that people's wishes were still ascertained and documented even when they had no family to advocate for them.

Good

Is the service well-led?

Our findings

At the inspection in August 2016 we identified a number of areas that required improvement in relation to how the home was managed. Quality assurance systems were not robust which led to ineffective care planning. A failure to monitor the quality and safety of equipment and the environment put people at risk. We issued a warning notice to the provider to make improvements.

At the inspection in January 2017 we some found improvements had been made. A service improvement plan had been developed, with the support of the local authority's quality and improvement team, detailing the actions the provider and manager were taking and timescales for completion. A programme of environmental improvements was in progress. Equipment had been serviced or replaced as necessary. However, we found some of the decisions made by the manager did not promote safety or protect people's rights. In addition, although a computerised care planning system had been introduced, people's preferences about how they wished to be supported were not recorded. We found breaches of the regulations related to safe care and treatment and safeguarding service users from abuse and improper treatment. We made a recommendation that the home ensures people's preferences in how they are cared for be identified and recorded.

At this inspection in December 2017 we found further improvements had been made. There were effective quality assurance systems in place to monitor care and plan on going improvements. This included audits and checks to monitor the safety and quality of care, looking at areas such as the safety of the environment, medication, risk assessments, care plans, accidents and incidents and complaints and compliments. The views of people, their relatives, and staff were actively sought to ensure the service was run in the way they would like it to be. The care plans had been rewritten with the support of family members where possible and now contained information about people's preferences and how they wished to be supported. Paper care plans had been reintroduced, because staff had previously not been able to access the care plans on the computerised care planning system. One staff member told us, "I didn't have access to care plans before. There was no training, no induction, no shadowing. It's gobsmacking I was working that way. Now I've learnt so much about the residents and ways of working."

The provider and registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager and provider had acknowledged the areas in which the service needed to develop and improve, and been proactive in making this happen. The deputy manager told us, "I knew it was going to be hard work, and at the beginning thought, "How are we going to fix it all?" We had to prioritise the major stuff first, and now everything else is coming into place. We've achieved a lot in the time we've been here, and we are 85 percent there. We have done such a lot. It's been like starting a new home, but with 19 people already living there."

Feedback from people and their relatives, staff, health and social care professionals, and the local authority's quality and improvement team confirmed that this was now a well led service. Relatives said,

"Things have improved a lot since July. The fabric of the place wasn't too good before. Now [family members] room has been done. They are as happy as they could be anywhere" and, "We feel the level of care has greatly improved over the last 12 months. Staff are much more attentive to all the residents. The property is also getting a makeover which is long overdue". Comments from social care professionals included, "I am delighted to see the improvements within this service in such a short space of time, since [manager's name] became manager. I continue to look forward to continued improvements from the manager and their hard working team" and, "It has been a pleasure to work with [manager's name] and their team at Briarcroft and they should be commended on the improvements that have been made in a relatively short time since [manager's name] has been in post".

The registered manager was available throughout our inspection. They were very visible in the home and they knew the people who lived there very well. People and staff spoke highly of them. One member of staff told us, "Since [manager's name] has been here they've done a fantastic job putting everything to rights. They are like a breath of fresh air. So calm. When you say something to them they deal with it. Everybody is much happier. Another member of staff said,
"[Manager's name] is open. They want everybody to know everything. You can go to them and talk to them and you know they will act". The registered manager told us they had been working on building staff morale and team building. They were proud of the home and proud to be part of the staff team. They said, "It's a lovely home. I would like this to be a home from home where people are part of the family. For us to be one big happy family…I want it to be somewhere that clients want to wake up in. The staff care deeply for the clients and all have the patience of a saint. I love my job. This may have been the hardest five months of my life, but it's been a challenge!"

The registered manager told us the providers were very supportive, and had never refused any requests they had made related to improvements to the service. They visited regularly and were proactive in monitoring the quality of the service. They told us, "They know the clients, take a keen interest. They will chat to staff and say hello to everybody."

The staffing structure promoted effective monitoring and accountability and meant staff now received regular recorded supervision and support. The deputy manager provided staff supervision, and, alongside the lead senior, completed the quality and safety audits. This allowed the registered manager and senior staff to identify any gaps or areas for improvement, and ensure care staff had the support and training they needed to be effective in their role. Regular staff meetings provided an opportunity for all staff to be updated about any changes or developments at the service and to put forward their ideas about how things might be improved or done differently. Staff were also supported to continue their professional development. A member of staff told us, "We know we can be open. We can make suggestions. We're able to speak up. I'm learning all the time. I love it. I love working with [management team] and senior staff. They are all teaching me all the time."

The registered manager worked in partnership with other agencies when required, for example the primary healthcare service, older people's mental health specialists, the local hospital and social workers. The registered manager and senior staff attended forums where best practice was discussed, for example workshops on the mental capacity act and deprivation of liberty safeguards and a 'making sense of dementia' event. They were working closely with another residential home in the area to share ideas and collaborate on the provision of staff training.