Care Quality Commission

Greensleeves Homes Trust

The Briars

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 23 and 27 April 2015 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, all of whom were living with dementia. There were 37 people living at the home when we visited.

At our previous inspection on 7 and 8 August 2014, we identified breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Incidents of conflict between people were not recorded appropriately and insufficient information was recorded in people's care plans. We set compliance actions and the provider sent us an action plan stating they would be meeting the requirements of the regulations by 28 February 2015.

At this inspection we found effective action had been taken and the provider was meeting the requirements of all regulations.

People felt safe and staff had received training in safeguarding adults and knew how to identify, prevent

Summary of findings

and report abuse. Incidents of potential conflict between people were dealt with effectively and recorded appropriately. Risks to people were regularly reviewed and managed effectively.

People were supported to receive their medicines safely from suitably trained and competent staff. There were enough staff to meet people's needs. They were organised and attended to people quickly. Relevant checks were conducted before staff started working at The Briars to make sure staff they were of good character and had the necessary skills.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people.

People praised the quality and variety of food. Meals formed an important part of people's day and was reflected in the flexible catering arrangements. A choice of fresh and nutritious meals was available each day, staff encouraged people to drink regularly and provided appropriate support. People had prompt access to healthcare services and the home were able to seek advice directly from some specialists.

Staff were motivated to work to a high standard and were supported through one-to-one sessions of supervision and yearly appraisals. Each staff member had a learning and development plan and were up to date with all essential training.

Best practice guidance had been followed to create an environment suitable for people living with dementia. This included good lighting levels, bright colour schemes and pictures placed at appropriate heights. Additional work was planned to further enhance some areas of the home.

People were cared for with kindness, compassion and sensitivity. We observed numerous positive interactions between people and staff, who went out of their way to do things for people in their own time. Staff knew about the people's lives and backgrounds. They used this knowledge to communicate effectively in a way that met the communication needs of people living with dementia.

People (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. They were encouraged to remain as independent as possible. Their privacy was protected, including by the use of symbols on bedroom doors which provided discreet information about their individual needs.

Care plans provided comprehensive information about how people wished to receive care and support. These helped ensure people received personalised care in a way that met their individual needs. Staff recognised that people's mobility, health and mood could change on a daily basis and took this into account.

People were supported and encouraged to make choices and had access to a wide range of activities tailored to their specific interests. Residents meetings and surveys allowed people to provide feedback and influence the way the home was run.

People liked living at the home and felt it was well-led. There was an open and transparent culture with strong links to the community. A robust and effective quality assurance system in place and action was taken when improvements were identified. The ethos of the provider and staff was one of continuous improvement. Staff at The Briars were supported appropriately by the provider who monitored and shared best practice between all their homes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. Staff knew how to identify, prevent and report abuse. Risks were managed appropriately and medicines were managed safely.

There were enough staff to meet people's needs at all times. The process used to recruit staff was safe and helped ensure staff were suitable for their role.

Good

Is the service effective?
The service was effective. Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People received a choice of fresh and nutritious meals and were supported appropriately to eat and drink enough. Staff were suitably trained and received appropriate supervision.

People could access healthcare services when needed. Guidance had been followed to ensure the environment was suitable for people living with dementia.

Good

Is the service caring?
The service was caring. People were cared for with kindness and compassion. Staff went out of their way to do things for people in their own time. They knew people well and used this knowledge to communicate effectively.

People were involved in planning their care. They were encouraged to remain as independent as possible. Their privacy was protected appropriately.

Outstanding

Is the service responsive?
The service was responsive. People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were regularly reviewed.

People had access to a wide range of activities. The provider sought and acted on feedback from people. An effective complaints procedure was in place.

Good

Is the service well-led?
The service was well-led. There was an established management team in place. Staff were well motivated and understood their roles.

There was an open and transparent culture with strong links to the community.

The quality assurance system was effective and drove continuous improvement.

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 23 and 27 April 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience in dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with eight people living at the home and six friends or family members. We also spoke with the registered manager, the deputy manager, six care staff, an activities coordinator, the cook and the housekeeper. We looked at care plans and associated records for five people, staff duty records, three recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also received feedback from a community nurse.

Good

Is the service safe?

Our findings

At our previous inspection on 7 and 8 August 2014, we identified that incidents of conflict between people were not recorded appropriately. We set a compliance action and the provider sent us an action plan stating they would be meeting the requirements of the regulations by 28 February 2015.

At this inspection people told us they felt safe. One person said, "Staff are always at hand." A family member told us their relative was "much safer here than at home because she is not on her own".

The provider had appropriate policies in place to protect people from abuse. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse, and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Incidents of potential conflict between people were dealt with effectively. For example, we observed one person blocking another person's route. A member of staff saw the situation and resolved it quickly by supporting the person to pass. Where people had displayed aggressive behaviour towards others, records were made in a way that allowed staff to analyse the root causes and identify which responses supported and protected people most effectively. This information was then used to update people's care plans to minimise the risk of a similar situation arising again.

Other risks were also managed effectively. These included the risk of people developing pressure injuries. Monitoring charts showed people were repositioned regularly and pressure relieving mattresses and cushions were provided to reduce the risk of pressure injuries developing. Equipment to reduce the risk of falls was in people's reach at all times and staff encouraged people to use it correctly. Where people had fallen, comprehensive assessments were completed of all known risk factors and additional measures put in place to protect them where necessary. These included reviewing people's medicines, using movement sensors to identify when people moved to an unsafe position, lowering people's beds and referring people to the specialist falls service. Staff had been trained to support people to move safely and we observed equipment, such as hoists and standing aids being used in accordance with best practice guidance. A community nurse told us staff were quick to seek advice if they had any concerns about people and followed all advice given.

Environmental risks were assessed and managed appropriately. For example, people had access to part of the kitchen to enable them to speak with kitchen staff and collect food and drinks, but not to cookers and equipment which could cause them harm. The registered manager had secured a budget for structural changes to be made to the stairs to improve people's safety and works had been scheduled to start soon.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. One person had been receiving their medicines by staff hiding them in the person's food. This was clearly documented with clear guidelines from their GP to make sure it was achieved safety and was in the person's best interest. This decision was reviewed regularly, in accordance with best practice guidance. Medicine audits were carried out monthly by the service and every six months by the pharmacy and any remedial actions were completed promptly. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. Staff were aware of how and when to administer medicines to be given on an 'as required' basis to relieve anxiety or agitation. However, recorded information about this was limited and the deputy manager told us this was being addressed.

There were enough staff to meet people's needs at all times. Staff were organised, understood their roles and people were attended to quickly. This was confirmed by a family member who said, "There are always staff around, you can always find someone to talk to". Staffing levels were determined by the registered manager on the basis of people's needs and taking account feedback from people, relatives and staff. They were planning to increase staffing levels further, in light of recent feedback from staff. They were clear about the need to have staff with a mixed skill set on each shift and provided additional training to achieve this. Absence and sickness was covered by a small

Good

Is the service safe?

bank of staff who often worked at The Briars or by permanent staff working additional hours. Therefore, people were cared for by staff who knew them and understood their needs.

Records showed the process used to recruit staff was safe and helped ensure staff were suitable for their role. The provider carried out relevant checks to make sure staff were of good character with the relevant skills and experience needed to support people appropriately. The provider used a traffic light system on their recruitment files so it was clear when the relevant checks had been completed. A staff member was not permitted to start work until all the recruitment stages had turned to green. This reduced the risk of staff being employed before all relevant checks had been completed.

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

Good

Is the service effective?

Our findings

At our previous inspection on 7 and 8 August 2014, we identified there was insufficient information recorded in people's care plans about their ability to make decisions. We set a compliance action and the provider sent us an action plan stating they would be meeting the requirements of the regulations by 28 February 2015.

At this inspection, we found people's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people living with dementia. Before providing care, they sought consent from people using simple questions and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person. Where people had been assessed as lacking capacity, best interest decisions about each element of their care had been made and documented, following consultation with family members and other professionals.

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. DoLS authorisations were in place for five people and further applications were being processed by the local authority. Staff were aware of the support people who were subject to DoLS needed to keep them safe and protect their rights

People praised the quality and variety of food. One person said, "I am very fussy about food, I think it is good, everything is nice". A family member said, "The food here is lovely, nothing is too much trouble." Another told us the food was "like a five star hotel".

Meals formed an important part of people's day and was reflected in the catering arrangements. The hours the kitchen was staffed had been increased, so people had more flexibility over when and what they ate. For some people, the main meal of the day was a cooked breakfast, for others it was lunch or the evening meal. A choice of fresh and nutritious meals was available each day. In addition, we observed people being given food, snacks, sandwiches and ice creams throughout the day, to suit their individual choices. Catering staff were aware of people who required a special diet and knew how to fortify meals to increase their calorific content when the need for this was identified and detailed in people's care plans. Brightly coloured beakers and plates were used by some people. These helped make food look more attractive to people living with dementia, so encouraged them to eat well. Dining tables were laid with serviettes, cutlery, condiments, and fresh flowers which helped create a positive meal time experience for people.

Drinks were available to people throughout the day including from glass fronted fridges which drew people's attention and were well used. People received appropriate support to eat and drink enough through occasional prompting or on a one-to-one basis where needed. One person living with dementia was reluctant to eat their meal, although encouragement and support was offered by a member of staff. After a short break, a different member of staff attended to support the person and had more success. When asked, the staff member told us "The swap was done to get a better response from a change of personalities." This demonstrated good team work and an understanding of the importance for people of maintaining a good nutritional intake.

People were cared for by staff who were motivated to work to a high standard and were supported appropriately in their role. A family member said of their relative, "She's looked after by dedicated staff who do a great job. They really know what works for her." Another family member told us their relative was "really well looked after. They lost weight when they were in hospital, but has put most of it back on.

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. They were up to date with all of the provider's essential training, which was refreshed regularly. In addition a high proportion of staff had completed, or were undertaking, vocational qualifications in health and social care. Staff used their training, knowledge and skills to provide effective care and support to people. New staff to

Good

Is the service effective?

The Briars completed a comprehensive induction programme before they were permitted to work unsupervised. Arrangements had been put in place for new staff to complete the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care.

Staff were happy in their work and were supported appropriately. They described managers as “approachable” and “supportive”. One staff member told us “I enjoy working here very much. I consider it my second home”. All staff received frequent one- to-one sessions of supervision with a senior member of staff and yearly appraisals. Each staff member had a learning and development plan which was tailored to their specific needs and monitored effectively.

People were supported to access healthcare services. For example, people’s weight and body mass indices (BMI) were recorded and, where people started losing weight, appropriate action was taken, such as monitoring their nutritional intake and fortifying their meals. The Briars was taking part in a pilot to enable staff to refer people directly to speech and language therapists and to seek advice directly from a dietician when needed. Records showed people were seen regularly by GPs, dentists, opticians and chiropodists.

Guidance from the National Institute for Health and Care Excellence (NICE) had been followed in the design of the home. Good lighting levels, bright colour schemes and pictures placed at appropriate heights were used to create an environment suitable for people living with dementia. Lounges were split into discrete areas which provide a variety of seating areas for people to choose from and chairs were arranged in clusters to promote conversation. Additional work was planned to further enhance the environment and this had been schedule to take place at night time, so as to minimise disruption or confusion to people living at the home. A relaxing atmosphere had been created in the room of a person receiving end of life care. Lights had been dimmed, soft music was playing and a projector was being used to create the effect of twinkling stars. Staff told us this had helped calm the person, who appeared relaxed and comfortable.

Outstanding ☆

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us "They know who I am and it's always a case of 'what can we do for you?'." A family member said "Staff are lovely; a lot have been here a long time and are clearly happy in their work. They've got a lot of patience and are really caring. Even when we brought [the person] a pot plant, staff tended it to keep it alive; and they do it all willingly." Another family member told us staff dealt with people "sensitively".

We observed positive interactions between people and staff, including spontaneous singing and dancing together. Staff took time to acknowledge people when passing them in corridors. They recognised when people needed time and reassurance and stopped what they were doing to provide it and share experiences. 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 in for people to see and stroke. Some staff also came in on their days off to support people to eat at lunchtime or to help with events that had been arranged. This showed real commitment to the people they supported.

Staff knew about people's lives and backgrounds. These were recorded in detail in people's care plans and staff used this knowledge to communicate effectively. The first language of two people was not English and a staff member was fluent in these people's first languages. When they became anxious, the staff member was able to provide support that was highly effective. When that staff member was not on duty, other staff described other ways they were able to reassure these people without needing to speak their first languages, using visual prompts and touch where appropriate. These methods were recorded in people's care plans, which helped ensure they were used consistently. People living with dementia were spoken with in a way that met their communication needs. Short, clear sentences were used and people were given time to process information and respond.

When people moved to the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. Comments in care plans showed this process was on-going and family members were kept up to date with any changes to their relative's needs. A family member said, "The whole induction procedure was very relaxed. The care plan was completed before [the person} arrived."

People were encouraged to remain as independent as possible in line with their abilities. Relatives told us staff often asked what people wished to do for themselves to make sure their independence was supported and promoted. Our observations confirmed this. For example, one person was trying to reposition their chair. A staff member offered to help them but the person said they wanted to do it themselves. The staff member stood back and allowed the person to move their chair, while being available if they needed any assistance. Another staff member offered to cut up a person's meal for them. The person replied, "No I haven't reached that stage yet." They both laughed at the comment and the person was given the independence to cut up their own meal.

Staff knew how people liked to take their medicines and care plans confirmed this information. They took time to explain what each medicine was for; for example, we heard a staff member tell one person "it is calcium, it is good for your bones, you just need to chew it". Doctors had given permission for two people to receive their medicines covertly, hidden in their food, as this was in their best interests. However, through good communication and patience, staff had encouraged the people to accept their medicines openly and had not had to hide them in their food. Another person had expressed a wish to take all their medicines in the morning, contrary to their prescription. Staff made arrangements for this to happen, after consulting with the GP and the pharmacy.

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

The service took part in an initiative to improve the well-being of older people. The initiative is based on 10

Outstanding ☆

Is the service caring?

principles aimed at "eliminating loneliness, helplessness and boredom by creating positive environments, promoting caring relationships and encouraging meaningful activities". The registered manager told us they were using the initiative to build relationships with people through shared experiences. Whilst not all staff were well-informed about the initiative, its values and ethos were clear in the way staff worked and spoke with people, putting them at the centre of everything that happened in the home. A survey of people and their families conducted by the provider showed people thought staff were "patient", "caring", "calm" and "welcoming".

Good

Is the service responsive?

Our findings

At our previous inspection on 7 and 8 August 2014, we identified insufficient information was recorded in people's care plans to ensure people received care in a personalised way. We set a compliance action and the provider sent us an action plan stating they would be meeting the requirements of the regulations by 28 February 2015.

At this inspection we found people received personalised care from staff who understood and met their needs well. One person said, "I have a nice en-suite room. I get up and go to bed on my own, with occasional help." A family member said, "Everything was ready when [the person] arrived and staff have readily adjusted items since [their] arrival, taking on information that I have given them." Another family member told us "The manager came and visited us at home; I thought it was very person centred." A third family member said, "The care here is far superior to anything we've known before. [The person] is looked after by dedicated staff who have done a great job."

Care plans provided comprehensive information about how people wished to receive care and support. For example, they gave detailed instructions about how they liked to receive personal care, how they liked to dress and where they preferred to spend their day. For people who displayed behaviour that challenged others, guidance had been developed with mental health professionals to help ensure their anxiety was kept to a minimum. Although staff had been trained to use "ethical care and control", this had not been necessary as staff had been able to support people effectively without physical intervention. Advice to staff when supporting a person who had a visual impairment was very clear and stressed the need to sit in front of the person, slightly lower than eye level and gently lift their chin, so they can see you, as this can assist with communication." We saw staff followed these instructions when supporting this person.

Care plans also recognised that people's mobility, health and mood could change on a daily basis, so encouraged staff to be led by the person's choices and ability at the time. For one person who generally preferred to shower, but could become "irritable", their care plan advised staff to consider offering a wash instead, "if this was more appropriate to the person's mood, behaviour and health". Staff said the care plans provided all the information they needed to care for people appropriately and had improved significantly since the last inspection. For another person who was not always able to express themselves, their care plan advised staff to "Always ask [the person] first, even though they lack capacity to make decisions. Make decisions based on their preferences [as recorded elsewhere in the care plan]." This showed staff were responsive to people and helped ensure they received care and support in line with their individual wishes.

Continence care plans had been developed since our last inspection and provided detailed information on how each person should be supported and their continence promoted. A pain assessment tool had also been introduced to help staff identify when people were in pain and to monitor the effectiveness of any pain relief given.

Reviews of care were conducted regularly by senior key workers. A key worker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. As people's needs changed, their care plans were developed to ensure they remained up to date and reflected people's current needs. People and their relatives were consulted as part of the review process and their views were recorded. Records of daily care confirmed people received care in a personalised way in accordance with their individual needs and the wishes they had expressed.

People were supported and encouraged to make choices and told us they had full control over how and where they spent the day, when they got up, where they sat and what they ate. Their personal histories, interests and hobbies were recorded in care plans and these were used to tailor activities to meet their individual preferences. For example, one person was given a game with cogs and wheels that provided mental stimulation which they enjoyed. Other people took part in a session of baking. They were encouraged to work together by helping each other put on aprons and sharing each stage of the activity. This helped build positive relationships between them. Other people asked and were allowed to help with chores around, 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.

On the first day of our inspection it was St. George's Day. Staff had made a theme of this by dressing the home and themselves in the colours of St George and serving

Good

Is the service responsive?

traditional English breakfast. When people spent time in the lounges, staff encouraged them to take part in board games, jigsaws, painting or reading. In the afternoon, staff encouraged people to take part in an exercise activity. Many people clearly enjoyed this, and even those that chose not to join in were amused and entertained by watching those that did. A family member told us the registered manager had suggested putting them on the home's insurance so they could use the minibus to take their relative to the beach. They said, "It would be lovely for [the person] and would give us a buzz too. I thought it was a lovely idea." Activity recording had improved and confirmed that people's welfare needs were met consistently.

Minutes of 'residents' meetings' showed people and their families were encouraged to influence, and provide feedback about, the way the home was run. As a result, cheese and biscuits had been added to the menu, and a cheese and wine afternoon had been planned. Prior to the redecoration of the dining room, people had been involved in choosing colours and materials by being shown colour swatches and magazine pictures. The arrangement of dining tables had recently been changed as people said they preferred to eat in a number of small areas rather than in one large dining area. The provider also conducted regular questionnaire surveys of people and their families. Picture cards had been used to help people understand the questions and some people had been given support from staff to complete the survey. Responses were analysed and showed people's "quality of life", as defined by the survey, had improved over the past year. Where improvements had been identified, an action plan was developed, for example to improve arrangements for laundering people's clothing. The overall feedback was positive and showed people were satisfied with the way the home was run, describing it as a "safe, warm, caring environment".

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. People and family members felt senior staff were approachable and that any concerns or complaints would be listened to and addressed effectively. Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy. One complaint had been made since our last inspection, relating to staff response to a person who called for assistance. A thorough investigation had led to the staff members concerned receiving additional supervision and the complainant had been informed of the outcome.

Good

Is the service well-led?

Our findings

At our previous inspection on 7 and 8 August 2014, we identified breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Incidents of conflict between people were not recorded appropriately and insufficient information was recorded in people's care plans. We set compliance actions and the provider sent us an action plan stating they would be meeting the requirements of the regulations by 28 February 2015.

At this inspection we found the registered manager had taken effective action to address all concerns identified at the previous inspection. Improvements had been made and the provider was meeting the requirements of all regulations.

People liked living at the home and felt it was well-led. A family member told us "Someone needs a pat on the back. What they're doing here is marvellous." Another family member said of the home "It's well-led without a doubt. It's done in a gentle way without you even knowing it. [The registered manager] speaks to [the staff] and it just gets done."

People were cared for by staff who were well motivated and led by an established management team. The registered manager and the deputy manager had worked at The Briars for more than 20 years. There was a clear management structure in place and all staff understood their roles. They praised the management and said they were encouraged to raise any issues or concerns. One member of staff said "It really is an open door policy and I can go to the manager or deputy manager with anything." Another staff member told us "The advice the manager gives the team is very good. You get a feeling that all the team is pulling together." Other comments by staff, and minutes of staff meetings, showed they were valued, consulted and thanked for their hard work.

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

There was an open and transparent culture within the home. The previous inspection report and rating was displayed in the hall and the home's rating had been published on its website. Visitors were welcomed, there were good working relationships with external professionals and the provider notified CQC of all significant events. There was a whistle blowing policy in place, which staff were aware of. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. There were links to the community through local churches, charitable groups and a local school. On the second day of our inspection children arrived to undertake some planting in the home's garden as part of a project involving them and people living at the home. Numerous other projects had also been completed which had brought the two groups together for mutual benefit. Staff were also involved in running a dementia café which they supported people and their families to attend. Visitors, people and staff described the atmosphere of the home as "welcoming, homely and caring".

Auditing of all aspects of the service, including care planning, medicines, infection control and staff training was conducted regularly and was effective. Where changes were needed, action plans were developed and changes made. These were monitored to ensure they were completed promptly. Following our last inspection, the registered manager had changed the way care plans were reviewed and audited. They had introduced a structured process and a check list for senior staff to follow, which had led to improvements in the quality of care plans. In addition the registered manager and the deputy manager spent time working with staff and observing care being delivered to ensure staff were working effectively. They had identified an over- recording of some unnecessary information by staff, which had been addressed. As a result, staff were able to spend more time with people.

Senior representatives of the provider visited The Briars each month and were actively involved in monitoring and supporting the performance of the home. They produced regular reports about the progress being made towards the goals that had been identified. The registered manager was aware of key strengths and areas for improvement. They produced a development plan each year, for which a budget was approved and reported on its progress during the monthly visits to make sure it was on track. At the same

Good

Is the service well-led?

time, the provider's representative assessed the quality of service against key indicators to check it was operating effectively. The ethos of the provider and staff was one of continuous improvement.

The provider had developed a risk register. This involved managers from each of the provider's services identifying potential risks to people or the service and putting measures in place to manage the risks appropriately. By involving staff from all the provider's homes, they were able to capture risks that individual managers may not have considered and shared ideas about how they could be managed effectively. This had identified a heightened risk relating to the safety of stairs at The Briars and had led to a plan being developed to reduce the risk.