TLC Care(UK) Limited

Briarcroft Care Home

Inspection report

Dawlish Road
Teignmouth
Devon
TQ14 8TG
Tel: 01626 774681
Website: www.briarcroftcarehome.co.uk

Date of inspection visit: 8, 10 and 13 July 2015
Date of publication: 22/09/2015

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

Overall summary

Briarcroft is a care home which provides accommodation for up to 20 older people who may be living with dementia. This inspection was unannounced and took place on 8, 10 and 13 July 2015. One adult social care inspector conducted this inspection. At the time of the inspection there were 19 people living in the service and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risks associated with medicines. Each person had a detailed care plan which identified risks to the person's welfare and safety. Clear steps were taken to minimise risks where these had been identified. Care plans and risk assessments had been

Summary of findings

regularly reviewed and updated when needs had changed. Appropriate checks had been undertaken in relation to staff and their ability to work with vulnerable people.

Staff received appropriate training to enable them to deliver good quality care to people which was based on best practice. People were supported to eat and drink sufficient amounts to avoid possible dehydration and malnutrition. The food provided to people was of good quality and ensured people received a balanced diet tailored to their preferences. People were appropriately referred to outside services and healthcare professionals and their advice was used to update people's care planning and risk assessments. People were supported to make decisions and choices and appropriate steps were taken in relation to the Mental Capacity Act (2005).

People were cared for by friendly, caring and patient staff who worked hard to improve the quality of life of people who lived in the home. Staff were encouraged to spend time with people and get to know their histories and their preferences. People expressed fondness towards the staff and spoke very highly of them. People were treated with dignity and respect.

Each person had a personalised care plan which had been created with them and their relatives. Care plans contained detailed information about their preferences, likes, dislikes and routines. Personalised risk assessments had been created with a view of supporting people to make the choices that mattered to them. People were asked for their opinions and encouraged to give feedback. Steps were taken to involve people and avoid them becoming isolated.

The service promoted an open and person centred culture. Staff were supported to provide feedback and take part in further training and qualifications. People were encouraged to visit the home unannounced in order to gain an accurate view of the care provided throughout the day. Appropriate quality monitoring and safety assessments were carried out.

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?

People were protected from the risks associated with medicines.

Risks to individuals were identified and steps were put in place to minimise these risks.

There were sufficient numbers of staff to support people and meet their needs.

Good

Is the service effective?

Staff received appropriate training and support to deliver high quality care.

Staff received supervision and appraisals.

Consent to care and treatment was sought in line with legislation and guidance.

People were supported to eat and drink enough to maintain a balanced diet.

Good

Is the service caring?

People were cared for by staff who valued them and treated them with respect and dignity.

Staff were encouraged to spend time with people and get to know them well.

People were involved in all aspects of their care.

Good

Is the service responsive?

People's needs were clearly identified in their individual care plans.

People benefitted from activities on offer and staff worked to minimise the risk of people becoming isolated.

People's wellbeing was prioritised and personalised risk assessments were created to enable people to make choices.

Good

Is the service well-led?

People benefitted from approachable management who gained people's feedback and acted on it.

The service promoted an open, empowering and person centred culture.

Environmental risk assessments were carried out on a regular basis as were regular assessments of people's care.

Good

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 8, 10 and 13 July 2015 and was unannounced. This inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us. During the inspection we spoke with the registered manager and four members of care staff. We also spoke with one healthcare professional who regularly worked with the home.

We spoke with six people who lived at Briarcroft and one relative who visited during the inspection. Some of the people who lived at the home were not able to share their experiences with us as they were living with significant levels of dementia. We used the Short Observational Framework for Inspection, or SOFI, on one occasion during the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not communicate verbally with us.

We looked in detail at the care provided to four people, including looking at their care files, medicine records and other records. We looked at the recruitment and training files for four staff members and other records in relation to the operation of the home such as risk assessments, policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe at the home, one person said "I feel safe, it's lovely here" and another person said "If I had a fall they would help, they're wonderful staff".

Safeguarding training for staff was up to date and there was clear guidance available for staff relating to abuse and the process for reporting concerns. Safeguarding training was on a rolling programme and staff had received an update the week prior to our inspection. All four members of staff we spoke were clear about their responsibilities around safeguarding and who to report their concerns to. One member of staff said "People are well cared for here, people are protected. We take a lot of care with people and we treat all the people the way I would have treated my relatives. All the staff feel the same".

People were protected from the risk of unsuitable staff because the service had appropriate recruitment systems in place. Appropriate steps had been taken to ensure staff were of good character, had appropriate skills, knowledge and qualifications to carry out their role.

Individualised care plans were kept up to date for each person. Each care plan contained up to date risk assessments for people. These contained clear guidance for staff on ways to minimise the identified risks. There was clear guidance relating to the number of staff members required to assist people with each task and what precise steps they should follow in order to reduce risks to people. Where people's needs had changed new risk assessments had been created to respond to these changing needs. For example, a risk assessment had been created in order to respond to a person having shown signs of aggression towards staff. There were risk assessments relating to people's mobility, risk of falls, skin integrity, and nutrition amongst others. There were specific risk assessments relating to people's activities and there was a balance between managing risks and supporting people's freedom and social activities.

Accidents and incidents had been analysed and action plans had been created to respond to these. People's care plans had been reviewed and updated following incidents. For example, new procedures had been put in place around a person's smoking following a lighter being found in their bedroom and this posing a fire risk to themselves.

Personal evacuation plans had been created for every person and were easily accessible. These had been reviewed regularly. The home undertook regular risk assessments of the environment. A fire risk assessment was carried out monthly for the building and once a year for individual bedrooms. Once a year individual room environment risk assessments were carried out, including appliances and equipment. Monthly risk assessments were carried out of the home as well as regular electrical tests.

There was a system which alerted staff when a person stepped out of their bed and was activated when people entered or left their rooms. Staff told us this enabled them to be able to offer the appropriate support to people throughout the day and night in relation to their safety.

People were protected against the risks associated with medicines. There was a policy and procedure available relating to the control, storage, disposal, recording and administration of medicines. Boots pharmacy conducted visits once a year. The record for the most recent visit was dated March 2015, there was clear evidence that all actions had been completed and that advice had been sought about improving practices. Specific staff were trained in administering medicines. They had completed training with Boots pharmacy and their competency had been assessed prior to being allowed to administer medicines within the home. One member of staff had been appointed as the manager in charge of medicines. This member of staff conducted medicines audits and regularly checked the Medication Administration Records (MAR). We observed a medicine round during our inspection. People were provided with water to take their medicines; they were given their medicines one at a time and were told what the medicine was for. MAR sheets contained a number of gaps where staff had not signed to indicate whether the medicine had been administered or not. We reviewed the stock balances for those medicines and found the balances indicated people had received their prescribed medicines. On the third day of our inspection the manager in charge of medicines told us that staff responsible for these gaps had been spoken to and were under more regular observation in order to ensure records were completed correctly. They also stated MAR sheets would be reviewed more regularly in order to identify errors as soon as possible. People we spoke with told us they had no concerns about their medicines. One person said "They do medication properly".

Good

Is the service safe?

The registered manager ensured there were sufficient numbers of suitable staff to support people. People told us staff spent time getting to know them and speaking with them. One person said “They’re wonderful staff, they wouldn’t treat you better if you were a queen”. Staff told us they were busy but still found the time to build relationships with people and give them some personalised attention. Staff spoke highly of their colleagues and said the staff group worked very well as a team, they told us with confidence that the quality of care people received was very good. Throughout our inspection we saw staff attending to people in a calm and caring way. People were assisted to walk at their own pace, eat at their own pace and were provided with activities and one to one attention.

Good

Is the service effective?

Our findings

People received effective care from staff who had the right knowledge and skills to carry out their roles and responsibilities. Staff told us they received lots of training and felt competent in their roles. One member of staff said "They'll give us any training that we need". Staff told us they had been through a thorough induction when they had started at the home and had shadowed more experienced staff before working on their own. One member of staff said "I went through a thorough induction. I shadowed, that was useful and I was confident enough to do it when I started doing it on my own". People expressed confidence in the staff and their abilities and said the staff were "Marvellous", "Good" and "Wonderful". The registered manager obtained relevant training for staff and encouraged staff to seek advice from external healthcare professionals in order to base their delivery of care on current best practice.

Staff received regular supervisions and yearly appraisals to monitor their practice and provide them with support. This ensured that people were being supported by staff who were receiving guidance and support and who followed best practice. During these meetings staff were asked for their feedback and were offered further training and development opportunities.

Some people living at Briarcroft did not have the mental capacity to make some decisions. Staff understood people's rights under the Mental Capacity Act 2005 (MCA) and in relation to depriving people of their liberty. The registered manager had conducted thorough assessments of people's mental capacity and reviewed these regularly. Risk assessments detailed choices the person could make and there was clear guidance instructing staff to enable people to make these. People were supported to make decisions about any aspect of their care whether they had mental capacity or not. A number of different methods were used to gain people's consent and offer choices, including using a white board to write down options for a person who suffered with hearing difficulties. Staff stressed that they always asked people for their wishes and their consent, whether they were able to articulate these or not. One staff member said "I always ask people for their permission, if they say no then I won't do it. I would never force them. They might have dementia but they still have a voice". People were offered choices in a way they could understand and the choices were respected. Appropriate applications had been made with regard to the Deprivation of Liberty Safeguards (DoLS), which is where an application can be made to lawfully deprive a person of their liberty in their best interest or for their safety, and where the person lacks capacity. One person had not been recognised as requiring a DoLS application by the registered manager. This person was under constant observation by staff because of identified risks to their safety and they did not leave the home on their own, when this was identified by the inspector the registered manager completed the application without delay.

People spoke highly of the food and said "I have a really good breakfast, I enjoy it, the food is very good", "We have good meals, we can't complain" and "The food is excellent. If you don't like it they'll give you something else". People's dietary needs were met. Staff told us they knew people's likes and dislikes around food and drinks. People confirmed this and said "They know what I like" and "We all have our choice". Care plans contained records of people's likes and dislikes, dietary needs, weight charts and risk assessments relating to nutritional needs. These had all been regularly reviewed and contained clear guidance for staff to ensure these needs were met and any issues identified. Where there had been concerns relating to people's risks around nutrition outside healthcare professionals had been contacted and their advice had been used to update the person's care plan.

The registered manager told us people had a choice of meals throughout the day and night and were offered lots of choices. Meals and cakes were freshly made every day and the food looked appetising and was well presented on different dishes depending on people's abilities. We observed people eating breakfast at different times throughout the morning as people awoke at the time they chose. There were many different options and specific items had been ordered for people, free of charge, in order to meet their preferences. We observed staff assisting people who required help with eating. This was done in a caring, calm and effective way.

People were regularly referred to external services and other healthcare professionals. People had been seen by GPs, district nurses, opticians, nutritionists, dentists, speech and language therapists and local mental health teams. Where advice had been given this had been used to update people's care plans and risk assessments. We spoke with an external service and with the registered manager

Good

Is the service effective?

about difficulties relating to some of these exchanges of information. On occasion there were miscommunications and misunderstandings of the advice provided. The registered manager and the external agency stated they would be putting measures in place to ensure the advice shared was appropriately recorded and verified prior to it being implemented.

Good

Is the service caring?

Our findings

People told us they were happy living in the home. People said “It’s lovely here”, “You couldn’t wish for anything better”, “I wouldn’t move out of here for anything” and “We’re all happy here.” Staff told us they cared for people and did their best to make them happy. Staff said “We try to make people feel content, like they’re wanted and they’re not lonely every day”, “We take a lot of care with people”, “I treat people the way I would have treated my relative, all the staff feel the same”, “They’re always laughing and smiling” and “The residents are happy and really well looked after, we are caring”.

People spoke highly of the staff and their caring nature. People said “All the staff are caring and very friendly”, “They’re very caring and gentle, they’re marvellous they are” and “They treat us all with respect”.

We heard one person speaking with the registered manager. The person said “I know you care about me. My heart is in yours and yours is in mine. I trust you”. Staff were observed to provide people with reassuring and caring physical contact throughout our visit.

People’s care plans contained detailed information and guidance for staff in relation to caring for people in a way that would improve their quality of life. There were detailed ‘life goals’ for people which included information such as ‘staff to offer assistance, be kind and patient’. There were clear details about people’s emotional needs and how staff were to support people to maintain relationships with loved ones, enable to people to make decisions and be as independent as possible and engage in stimulating conversation about topics that interested them. Care plans contained detailed information about people’s histories, their favourite activities, fond recollections, places they had lived, jobs they had and things people wanted staff to know about them.

Risk assessments had been created with people’s safety but also their wellbeing and dignity in mind. We saw risk assessment which involved staff ensuring a person did not have a lighter or matches on them when they returned from trips out. There was a note for staff to ensure this was done in a tactful manner and in private in order to maintain the person’s dignity.

People were treated with dignity and respect. Staff described how they ensured people’s dignity and privacy was maintained when they were receiving personal care and how they ensured they always spoke with people, explained what they were doing and asked for permission. Staff clearly described how they gained people’s opinions when they were unable to vocalise and what facial expressions they looked out for.

Good

Is the service responsive?

Our findings

People received personalised care that responded to their needs. People had been asked for their preferences around routines, activities, food and drink. People told us staff asked them for their preferences and gave them choices. They told us these were respected by staff. The registered manager told us they aimed to make the home person centred and we found that it was. They told us people got up at whatever time they wanted. The registered manager said "If they want to get up in the middle of the night and have a cup of tea and a piece of cake they can. If they want to go to bed at seven or at one in the morning that's fine because it's up to them". During our inspection we saw that people were having breakfast at different times and were being supported in an individual way. There was clear guidance to staff within people's care plans relating to the best communication methods required to speak with people and how to encourage them to be involved in their care.

There was evidence that when people refused certain aspects of their care staff had respected their decision, had returned some time later to offer again, had explained the risks associated with the refusal and had recorded these actions.

People and their relatives had been involved in creating and reviewing their care plans. People and their relatives had signed documents throughout the care plan and there were records of conversations had with people about specific topics.

Care plans were regularly reviewed and contained information about changing needs and the steps taken to act on these and review care planning and risk assessments. Staff told us they read the care plans regularly and found them to contain a sufficient amount of information for them to carry out their role appropriately. One member of staff said "I think the care plans are good. I read them quite often, at least once a week. There is enough information in there".

Personalised risk assessments were in place for people and these were reviewed regularly. Clear actions had been taken to minimise risks where identified. Clear thought had been put in to identifying risks to people in relation to their personal preferences and routines. One person chose to wear a particular type of shoe which was assessed as being a risk to them. Staff had spoken to the person about these shoes but the person had stated they were their favourite. In response to this clear risk assessments had been put in place to enable the person to wear their favourite shoes whilst minimising risks to their safety. People's choices were respected and enabled.

People's wellbeing had been prioritised in care plans, including their emotional wellbeing. There was guidance for staff on how to prevent people becoming lonely or isolated. Staff were encouraged to spend time with people, talk about topics that people could engage in, know the subjects and people who were important to them and involve them in activities. Staff gave us examples of actions they had taken to make people feel less lonely and make them feel involved and cared for. Staff were passionate about people needing to feel wanted and loved and the steps they took to ensure this.

The registered manager said staff were instructed to spend time with people and use different ways to involve them. The registered manager told us about some innovative steps they had taken in order to involve one person in daily activities when they refused in order to avoid them becoming isolated.

During our inspection various activities took place. People were encouraged to join in with activities. We heard people laughing and staff being enthusiastic, encouraging people and congratulating them on their achievements. On our second visit day people in the lounge were asked whether they wanted to watch television or whether they wanted to listen to music. They stated they wanted to listen to music and this was arranged. One person told us they loved listening to music and they told us staff always played music they liked as they had expressed what they didn't like to listen to.

People told us they felt very comfortable sharing their feedback and complaints with the staff. One person said "They're very good at listening to you. I would complain if I needed to". One relative said "When I have mentioned things they've put it right. They've told me if I'm not happy I should say something. They've made me feel comfortable to raise concerns".

Surveys had been sent out to people and their relatives asking for feedback about the home and the care people received. Where responses to the surveys contained

Good

Is the service responsive?

negative feedback these were followed up by staff in order to rectify the issues identified. One relative we spoke with told us their comments had been responded to and issues raised had been rectified.

Good

Is the service well-led?

Our findings

The registered manager and staff felt strongly about wanting the home to be very person centred. People were involved in all aspects of their care and their opinions and choices were sought on a daily basis. The registered manager explained how clear steps were taken to involve people and their relatives in planning their care, from care plan review meetings and regular telephone contact. Staff attended regular supervisions where they were asked for their feedback. One member of staff said "I have opportunity to raise concerns but I haven't needed to". Future training and the ethos of the home were discussed at these meetings.

Staff demonstrated a culture of openness. When people enquired about the home for themselves or their relatives they were encouraged by the registered manager to visit the home without pre warning and on a number of occasions. They felt this demonstrated openness and their confidence in the care provided at any time of day. Staff expressed confidence in the management in responding to concerns and one member of staff said "The culture amongst staff is they would report things and feel confident raising concerns".

Staff we spoke with as well as the registered manager expressed a desire to learn from their mistakes and continually improve the service. They were quick to seek feedback and advice from outside services and healthcare professionals. Staff also told us they were supported to progress in their careers and were offered to take part in courses, given responsibilities and experience when they had asked for it. One member of staff said "The manager supports staff to progress".

Regular audits were carried out by the registered manager in relation to fire safety, environmental assessments, fire extinguishers, emergency procedures and gas safety. Where potential risks were identified these had been rectified without delay. Care plan and risk assessment audits were also carried out regularly. The registered manager conducted monthly reviews of people's care in order to ensure staff had up to date information and people were receiving a level of care which met their needs.

Staff were trained on a rolling programme in order for the registered manager to ensure staff were up to date. Staff confirmed they received regular training.

There was a clear management structure and a good network of experienced senior staff for others to gain advice from. Staff expressed confidence in the senior staff and the registered manager.