

Briarlea Care & Supported Living Limited

Briarlea Care Home

Inspection report

Badsey Road
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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

Briarlea Care Home provides accommodation and personal care for up to 26 older people. On the day of our inspection there were 23 people living at the home.

The inspection took place on the 16 November 2016 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and 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.

We carried out an unannounced comprehensive inspection of this service on 4 and 9 November 2016 when we found that they required improvement with how they supported people to make decisions. At this inspection we saw there had been improvements made. The registered manager had identified she needed further support and had arranged this with the social work team.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People told us they were supported in a safe way and had their medicines as prescribed. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them.

People told us staff knew how to support them. Relatives said staff were well trained. Staff had up to date knowledge and training to support people. People had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. They were supported to eat and drink well in a discreet and dignified way. People said they had access to health professionals, and there was a weekly visit from their GP. Relatives were confident their family member had the support they needed.

People said they were happy living at the home and supported by kind and caring staff. Relatives said they had no concerns about the care their family member received. They told us staff were caring and promoted people's independence. People living at the home were able to see their friends and relatives as they wanted. We saw staff treated people with dignity and respect whilst supporting their needs. They knew people well, and took people's preferences into account and respected them.

Relatives said they felt included in planning for the care their family member received and were always kept up to date with any concerns. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. The registered manager had arrangements in place to ensure people were listened to and action could be taken if required.

The registered manager promoted an inclusive approach to providing care for people living at the home. For

example people were encouraged to attend regular meetings, and to complete questionnaires to share their views about the quality of the service they received. We saw the registered manager to action to use the feedback received to improve the service people received.

The provider and registered manager had systems in place to monitor the quality of care provided.

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 supported by staff who understood how to meet their individual care needs safely. People benefitted from sufficient staff to meet their care needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective

People's needs were met by staff who were well trained. People enjoyed meals and were supported to maintain a healthy, balanced diet. People were confident staff had contacted health care professionals when they needed to.

Is the service caring?

Good ●

The service was caring

People were supported by staff who were caring and kind. People living at the home and relatives thought the staff treated them with dignity and respect. People were supported to maintain important relationships and were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive

People who lived at the home and relatives felt listened to. They were able to raise any concerns or comments with staff, the management team. People were able to engage in pastimes they enjoyed. People were regularly asked for their opinion on how they were supported.

Is the service well-led?

Good ●

The service was well-led

People were able to approach the registered manager and the provider at any time. People and their families benefited from an

open and inclusive culture. The registered manager had systems in place to monitor the quality of care provided.

Briarlea 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.

This inspection took place on 16 November 2016 and was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who lived at the home, and three relatives. We looked at how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of for people who lived at the home.

We spoke with the registered manager, and six staff. We also spoke to the quality assurance manager and vocational award assessor. We looked at three records about people's care. We also looked at staff rosters, complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which the registered manager and provider completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe because they were supported by staff who knew them well. One person said about staff, "There is always someone there when I need them, I always feel so safe here." We saw people were relaxed and confident when speaking with staff throughout the inspection.

Relatives we spoke with said they felt their family member was safe. One relative told us, "The care and attention [family member] gets is second to none." Another relative explained how well the staff knew their family member which reassured them of their family member's safety.

We spoke with staff about what actions they took to ensure people were protected from abuse. They said they would report any concerns to the registered manager and take further action if needed. Staff were aware that incidents of potential abuse or neglect should be reported to the local authority. They said they spent time talking with people to get to know them and their families. They were confident they would know if a person was distressed or worried about anything. One member of staff said, "We talk to people all the time and really know them well. We would always know if they were worried about anything." The registered manager was aware of their responsibility and had reported concerns to the correct authority in a timely way in the past. There were procedures in place to support staff to appropriately report any concerns about people's safety.

We observed staff receiving information about the people who lived at the home during meetings at the beginning of their shift. Staff explained how this supported them to be aware of any current concerns about each person's health and wellbeing. They said this contributed to the safe care of people, by sharing information with their colleagues. Staff told us they would raise any issues or concerns which may then lead to a review of a person's risk assessments or care planning. Staff told us immediate concerns would be discussed and they would take action straight away.

People we spoke with said they had their needs assessed and risks associated with their care and support identified. Staff said they always knew about people's risks and how to manage them. For example one person needed to be reminded to use their walking aid. We saw through the inspection staff continually reminded this person to use this piece of equipment so they could mobilise safely. Staff told us they regularly reviewed how people's risks were managed to ensure people were supported in a safe way.

People we spoke with told us there were consistently enough staff on duty to meet their needs. One person said, "There are always plenty of staff checking we are okay, I only have to press my bell and they are there." Staff told us there were sufficient staff on duty to meet the needs of people living at the home. One staff member said, "We have time to talk and really get to know people." We saw people and staff chatting, many of the staff had been employed for many years at the home and really knew people well.

Relatives we spoke with told us there were enough staff on duty to meet their family member's needs. One relative said they were confident there were always enough staff because they had visited at different times of the day and at weekends and had seen there was consistently staff available. Another relative told us,

"There are good staffing levels, always enough staff about." The registered manager told us staffing levels were determined by the level of support needed by people. People's needs were assessed when they arrived at the home and then monitored to ensure there were sufficient appropriately skilled staff available to meet these needs. Staff we spoke with said they were confident if they needed additional staff that this would be arranged. For example, one member of staff explained how extra staff worked when there was a trip arranged recently for people living at the home.

Newly recruited staff we spoke with said they did not work alone until they had completed the main part of their induction training and they were confident to do so. They had spent time being introduced to people and shadowed experienced staff. This gave people time to get to know them and for them to know about the people living at the home. Staff told us the appropriate pre-employment checks had been completed. These checks helped the registered manager make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported with their medicines. People we spoke with told us they had their medicines on time and were happy with staff supporting them to take their medicines. One person said, "I am confident with staff supporting me with my tablets." Relatives told us they were confident their family member had the medicines when they should and received appropriate support. All medicine records checked showed people received their medicines as prescribed by their doctor. We saw staff explain to people as they administered their medicines, what they were taking and sought their consent before they administered them. Staff were trained and assessed to be able to administer medicines. Staff were aware of what to look for as possible side effects of the medicines people were prescribed. There was suitable storage and disposal of medicines in place.

Is the service effective?

Our findings

At our last inspection in November 2015, we found improvement was needed with how people had been supported to make decisions about some aspects of their care in their best interests. We found that improvements had been made at this inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People we spoke with said staff consistently asked for their consent before supporting them. Staff we spoke with told us they were aware of a person's right to refuse their support and explained how they manage this to ensure people's rights were respected. Staff explained that most people living at the home did not need support when making decisions. The registered manager told us she required further learning to fully understand the requirements for this legislation. She had arranged for a member of the social work team to visit and support her with any capacity assessments that were required. The registered manager was aware of their responsibility to ensure decisions were made within this legislation. Staff said they had completed training about the Mental Capacity Act 2005 (MCA); staff we spoke had an understanding of what this meant for people living at the home.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff and the registered manager understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. We saw the registered manager had made applications to the local authority to ensure people were not restricted unlawfully. The registered manager had sought advice from the local authority when needed.

People we spoke with said staff knew how to support them. One person said about staff, "They always know what needs doing and how to help me." Relatives we spoke with told us staff were very knowledgeable about how to support their family member. One relative explained how staff had made a difference to their family member because they were knowledgeable about how to support them. They went on to say how this had improved their family member's well-being. We spoke with an assessor for staff vocational training. They explained that staff were supported to gain the key skills to support people effectively.

Staff told us they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing a more experienced member of staff. Staff said they met all the people initially to get to know them. One new member of staff explained how experienced

staff shared their best practice so they knew how to meet people's needs. They said this had improved their confidence and their practice when supporting people living at the home. They went on to say, they had received training in all areas of care delivery. Staff said they were supported to achieve their job related qualifications and they valued this opportunity.

All the staff we spoke with said they received regular training to keep them up to date with their skills when supporting people. Staff told us they felt well supported and had regular supervisions and opportunities to review their training needs. They were encouraged to complete training to improve their skills on a regular basis. The registered manager told us they had a rolling program in place to ensure all staff remained up to date.

People said they had a choice about the food they ate and the food was good. One person told us, "I can choose what I like, if I don't like anything they will make me something else." Another person said, "There is plenty of good fresh food." Relatives we spoke with said the food was always good and their family member had choice. Staff we spoke with said people were supported to maintain a healthy diet with both food and drink. We spoke with kitchen staff and they showed us how people's nutritional requirements were met. They were aware of people with special dietary needs and how they needed to meet them.

People told us they had access to their GP, their dentist and optician visited them at the home when needed. One person told us their GP was visiting them regularly to monitor an on-going health concern. Relatives told us their family member received support with their all aspects of their health care when they needed it. One relative said, "They [staff] always act straight away if they are worried about [family member] health." Staff we spoke with told us how important it was to monitor the health of each person. They explained how they had involved other health agencies as they were needed in response to people's needs. For example, we saw people had attended the dentist and opticians regularly.

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, "Here is my family," and, "When you come here it's your home." Another person told us, "Carers [staff] are brilliant, nothing is too much trouble." We saw staff supporting people living at the home in a caring way.

Relatives told us they were happy with their family members care. One relative said about staff, "They are excellent with [family member]." Another relative told us about the care their family member received, "They are second to none, ten out of ten." Relatives explained they felt involved and included in the care for their family member and felt welcome to visit the home.

One relative explained how their family member had improved since they had lived at the home. They told us how staff had stimulated their family member's memory with regular conversations and support. They said their family member was now more engaged and involved with their daily living. They told us about staff, "Nothing is too much trouble."

We observed all staff engaged with people in a friendly and understanding manner. For example, we saw a member of staff supporting one person to eat. They were patient and kind and supported this person to eat at their own pace. We saw staff chatted to people as they saw them and people responded positively to staff as they spoke to them.

People explained they had a choice in how they were supported by staff. For example one person said, "I can get up and go to bed when I like, [staff] are always about, I only have to ask and they will help." People we spoke with told us staff knew them well. One person told us, "They always know what I like and listen to me." Another person said, "I was unwell the other week, I had all my meals in my room until I felt well enough to be more social again."

We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example, they supported one person to mobilise safely, and with another person they prompted them to use their walking aid. People we spoke with said staff always called them by the name they preferred. People explained how they chose the clothes they wore and how they looked. One person went on to say how much they enjoyed their regular manicure from staff.; They explained this was important to them and improved their well-being. People told us their rooms were personalised and they had a choice of different communal rooms to spend time in.

People we spoke with said they were treated with dignity and respect. One person told us, "I do what I can; they [staff] only help when I need them to, and I feel respected." Relatives we spoke with said staff always maintained their family member's dignity and treated them with respect. One relative told us, "By always listening to [family member] I can see their [staff] respect for them." Staff said maintaining people's dignity was very important to them. Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and always listened to people's views.

Is the service responsive?

Our findings

People we spoke with explained they were involved in all aspects of their care planning. One person said, "I can do what I want to when I want to." Another person told us, "I can have a bath when I want one, it's lovely." Relatives said they were involved with sharing information with the agreement of their family member to ensure staff had all the relevant information about each person. We saw in care records staff recorded as much information as possible about each person living at the home, their interests, history and preferences. This involved people and their families sharing information about people's needs and wishes. We saw an assessment was completed before people arrived at the home to ensure they could meet people's needs. Staff told us they continually added to this information so they knew as much as possible about the person and their history.

We saw staff were familiar with people's likes and dislikes. For example, one person told us how staff always ensured they had the word search books they enjoyed. Another person explained how the registered manager helped them with internet shopping; they said how they enjoyed doing this with the registered manager. A further person told us how staff regularly took them shopping when they wanted to, and how this increased their feeling of independence to be able to choose what they wanted to buy.

People said they could choose to spend their day in their room, or the communal areas, wherever they liked. People we spoke with told us they were able to have breakfast later in the morning if they wanted to. Staff explained that people chose when they wanted to get up. One person said, "This is my home, I can have what I want in my room." One relative told us, "Communication is excellent, all [staff] understand [family member] really well."

People we spoke with said they chose whether they wanted to engage in organised social events or not. People told us these included having organised events such as the summer fair or a singer visit. One person told us how social events had improved, they explained how regular trips out had been arranged and they could choose if they went or not. They also told us there was a Christmas outing arranged for people to go out for a meal together. We spoke with the registered manager and she explained how she arranged for extra staff to be on duty to take people on these events and that people who went said they had enjoyed them. We saw organised activities during our inspection, which some people chose to be involved in.

People we spoke with said they had interesting things they liked to do. For example, one person explained how staff would do individual pampering sessions or craft activities, which they really enjoyed. They said, "I like quiet time too, like watching a film in my room." Another person explained how they enjoyed their hobbies such as knitting, which staff supported them with. Staff told us they were all involved in arranging interesting things for people to do.

People we spoke with told us there were regular meetings for people living at the home. One person explained how they attended these meetings to discuss things such as the menu and activities at the home. Another person said the meetings were useful and helped them feel like they had a say in what happened at

the home. A further person told us about the regular news-letter that shared information about events with people living at the home and their families.

People said they would speak to staff about any concerns, most of them said they had never wanted to raise any concerns or complaints. One person said they had raised an issue and the management team had resolved it straight away. Another person said, "I am happy with everything, but would be happy to speak to staff or the manager, or the owner." A further person told us, "Staff really listen, I could tell them anything and they would sort."

Relatives told us they were happy to raise any concerns with either the registered manager or staff. We saw there were complaints procedures available in accessible formats for people and their relatives. We saw there were no complaints recorded at the time of our inspection. People and their relatives said they felt listened to and were happy to discuss concerns if they had them with any of the staff team at the home.

Is the service well-led?

Our findings

People we spoke with said they knew the registered manager well and enjoyed talking to her. One person said about the care and support, "It's the very best." Relatives told us they were confident with the registered manager and staff at the home. One relative said, "I know I can speak to the manager and she will know what's going on."

The registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. Staff told us they had clearly defined roles and responsibilities and worked as part of a team. They told us having clear roles was really important so they all knew what they needed to do. One member of staff explained how this supported the staff to work as a team and support people really well.

We saw there was a culture of openness, with staff and the registered manager regularly seeking feedback from people living at the home. For example, regular questionnaires were completed by people living at the home. We saw these were in the process of being completed at the time of our inspection. All the responses we saw from people living at the home were positive. The provider would collate the information and use it to improve how people were supported. For example from previous questionnaires people had asked for more trips out. People we spoke with told us these were now in place and a regular occurrence at the home.

Staff told us they had access to the management team and the provider when they needed to. They told us they were well supported with the deputy manager living on site and available for instant support if there was an emergency out of hours. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the phone. Staff also told us they would raise any concerns with the registered manager or the deputy manager. They said they felt listened to and if they had an idea they could share it with the registered manager and she would listen. For example, they had made suggestions about where to take people to and these had been shared with people to make their choices.

Staff told us there were regular staff meetings which were part of an extended handover. The registered manager said this had eased the pressure of staff attending extra meetings and their work life balance. This also ensured that all staff received the information they needed and were given an opportunity to voice their opinions and these were accepted. Staff we spoke with said they felt these meetings were useful and they felt supported. They were aware of the whistle blowing policy and said they would be confident to use it if they needed to.

All the staff we spoke with said they had regular one to one time with the registered manager. They said this was very helpful in their development and they had the opportunity for further vocational qualifications. The staff we spoke with said they felt valued by the provider and the registered manager. One member of staff we spoke with said, "The team work here is brilliant." The registered manager told us that they had few changes in staffing because staff were well supported and listened to.

The registered manager and the provider completed regular audits to ensure people were supported with

quality care. These ensured any improvements were completed in a timely way. The registered manager took prompt action when we found two new people living at the home had no risk assessments completed to ensure they were supported safely. Staff we spoke with knew what each person's risks were and provided appropriate support. They had assessed the risks but not documented them. The registered manager ensured all risks were documented before the end of the inspection. She then reviewed staff practice and updated staff to ensure this system was in place for all new people living at the home.