

Briarlea Care & Supported Living Limited

Briarlea Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

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 4 and 9 November 2015 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.

People and their 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 told us they were able to maintain important relationships with family and friends. We saw 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 were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People and their relatives told us they had access to health professionals as soon as they were needed, and there was a weekly visit from their GP.

Summary of findings

Relatives said they felt included in planning for the care their relative received and were always kept up to date with any concerns. People living at the home were able to see their friends and relatives as they wanted. 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.

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. Staff had up to date knowledge and training to support people. 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.

The registered manager had not assessed people's ability to make specific decisions about their daily life. For example, if people were able to go outside on their own. We spoke with the registered manager and they had now started the process with support from the mental health team. Therefore we were unable to see if applications to the supervisory body were needed. This was to ensure any decisions to restrict somebody's liberty were made by people who had suitable authority to do so.

The registered manager promoted an inclusive approach to providing care for people living at the home. People who lived at the home and staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. The provider and registered manager had systems in place to monitor how the service was provided, to ensure people received quality care.

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

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.

Good



Is the service effective?

The service was not consistently effective

Some people needed support with decisions; however this had not been assessed to ensure people's best interests were protected in a lawful way. 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.

Requires improvement



Is the service caring?

The service was caring

People were involved in all aspects of how their care was provided. People living at the home and relatives thought the staff were caring and treated them with dignity and respect. People were supported to maintain important relationships.

Good



Is the service responsive?

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 and these would be resolved satisfactorily. People were supported to make everyday choices and engage in past times they enjoyed. People were regularly asked for their opinion on how they were supported.

Good



Is the service well-led?

The service is well-led

People were able to approach the registered manager and the provider at any time. People and their families benefited from a management team that regularly monitored the quality of care provided, and an open and inclusive culture.

Good



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 4 and 9 November 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience who had expertise in Dementia care.

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 10 people who lived at the home, and five 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, deputy manager and six staff. We also spoke to the provider and a member of the district nurse team that regularly supported people living at the home. We looked at five 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. One person said, "I can always call for help if I need it, even at night they (staff) come quickly." We saw people were confident and relaxed through their exchanges with staff.

Relatives we spoke with said they felt their family member was safe. One relative told us, "I know my (family member) is looked after here, I worry more about them when they are at home." Another relative said, "We've always found it very good, I haven't anything critical to say."

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. The registered manager was aware of what their responsibilities were and had reported concerns to the correct authority in a timely way in the past. Staff explained what action they would take and were aware that incidents of potential abuse or neglect should be reported to the local authority. Staff said they spent time talking with people to get to know them and their families. They told us they were confident that they would know if a person was distressed or worried about anything. One member of staff said, "We talk to people so if they're upset about anything they can talk to us, and we can try and sort it out." 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 handover. Staff told us this supported them to be aware of any current concerns about each person's health and wellbeing. Staff said they were able to contribute to the safe care of people by sharing information with their colleagues at handovers. They raised any issues or concerns which may have led 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 had their needs assessed and risks identified. Staff said they followed plans to reduce these identified risks, and they were regularly reviewed. For example we saw one person had a specific risk to their wellbeing and all staff we spoke with were aware of this risk and could describe the appropriate actions they would take if it was needed.

People and their relatives told us there were enough staff on duty to meet people's needs. One relative told us they

visited regularly at different times of the day and at weekends and there were enough staff on duty. We saw and staff told us there were enough 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. One person had only arrived at the home a few days before our visit, yet we saw staff already knew a lot about them and could discuss with them about their family. The person told us they felt comfortable and reassured because staff were interested in their wellbeing. The registered manager told us staffing levels were determined by the level of support needed by people. This was assessed when people arrived at the home then monitored to ensure there was sufficient appropriately skilled staff to meet the needs of the people living at the home. Staff told us of occasions when additional staffing had been arranged to support people when their needs changed.

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 read all the care plans for people and spent time being introduced to people and shadowed experienced staff. This was to give people time to get to know them and for them to know about the people living at the home. One member of staff told us about how supported they were when they started. They had not worked in care before and were given the time and support to feel confident when delivering care to people. 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 have a lot (medicines) staff bring them to me and watch me take them." Relatives told us they were confident their family members received the support they needed. All medicines checked showed people received their medicines as prescribed by their doctor. We saw staff supported people to take their medicines; they explained what they were taking and sought consent before they administered them. Staff were trained and assessed to be able to administer

Is the service safe?

medicines. The registered manager ensured all staff regularly administered medicines so skills and confidence would be kept up to date. Staff we spoke with felt this was a good idea because it increased their confidence. Staff were

aware of what to look for as possible side effects of the medicines people were prescribed. Staff told us and we saw suitable storage of medicines. There were suitable disposal arrangements for medicines in place.

Is the service effective?

Our findings

We looked at how the registered manager protected people who did not have capacity to give their consent. We saw the registered manager had not completed these assessments of people's capacity when they were needed. For example, staff told us that they would be concerned about the safety of some people if they were to leave the home on their own. We spoke with the registered manager and she was aware some people did not have the capacity to make certain decisions about their care and treatment. However, she had not completed the assessment process because she was waiting for further advice from the mental health team. This was because some of the people had conditions which meant that occasionally they would be able to make decisions but on others, they would not. The registered manager was aware of her responsibility to ensure people were supported to make decisions in a lawful way. On the second day of our inspection we saw that action had been taken. The assessments for the people that needed them, relating to their capacity around specific decisions, were being completed. However we concluded that overall, people had not always been supported in a lawful way to make decisions about some aspects of their care in their best interests. The registered manager said these would be completed in a timely way to ensure people had their human rights protected.

Staff explained they understood the importance of ensuring people agreed to the support they provided. They had received training and had a good knowledge of how this affected people they supported. They said they passed on any concerns about people's ability to make decisions to the registered manager.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff we spoke with understood about ensuring people had as few restrictions as possible. The registered manager understood the process and had in the past submitted an application to the local authority. However because the capacity assessments had not been completed we were unable to see if anybody living at the home was inappropriately restricted. The registered manager said she would discuss with the local authority for further advice when she had completed the assessments.

People told us staff knew how to meet their needs. One person said, "They (staff) know how to help me." Relatives we spoke with said staff knew how to care for their family member. One relative said, "They (staff) know what they are doing." We saw people were supported by staff that had received regular training and knew how to support people living at the home. The staff we spoke with were able to explain how their training increased their knowledge on how to support people living at the home. For example, a member of staff told us how their training around abuse made them more aware of what might happen so they could protect people. Staff told us their working practices were assessed to ensure people's safety and provide effective care. For example how to support people when they moved and administering medicines. Staff said they were supported to achieve their job related qualifications and they valued this opportunity.

Staff we spoke with said the registered manager always ensured their mandatory training was up to date. This was to ensure they had the skills to effectively support people who lived at the home. They explained they were encouraged by the registered manager to request additional training to improve their skills. Staff told us they were supported to complete the training they needed. One member of staff said, "My manager is always open to new training if there is something I want to do."

People said they had choice about the food they ate and that the food was good. One person said, "The meals are good, I have put on a stone since I have been here." Another said, "The food is good, it's great I have never left anything yet." We saw a member of staff encouraging one person to eat, "Just a small portion," the person agreed after some friendly banter. We saw when extra support was needed that staff did this in a discreet way, promoting people's independence as much as possible. Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff knew who needed extra support. We spent time with kitchen staff and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and how they needed to meet them.

People told us they had access to their GP, who visited weekly, and their dentist and optician visited them at the home when needed. One person told us staff had contacted their GP and they had received the medicine

Is the service effective?

they needed quickly. Relatives we spoke with said their family members received support with their health and wellbeing when they needed it. One relative said, "If they (staff) are worried they will tell us straight away." Staff we

spoke with told us how important it was to monitor the health of each person. The district nurse we spoke with told us that staff were very good and would always call for support quickly if people needed it.

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, “The staff are all lovely.” Another person told us about staff and other people living at the home, “I love it here, it’s great, and they are all friendly people. To me this is home.” We saw many caring conversations between staff and people living at the home.

Relatives told us they were happy with their family members care. One relative said, “The staff are very friendly.” Relatives told us they were welcome to visit at any time. Another relative told us, “You can always talk go somewhere quiet.” They told us they felt involved and included in the care for their family member and felt welcome to visit the home. We saw there was a bookcase labelled with ‘books for visiting children’ in the lounge. This helped people who lived at the home to maintain important relationships.

We noticed that all staff engaged with people in a friendly and understanding manner. For example, we saw a member of staff chatting to a person whilst they had their nails done; the conversation was a shared and enjoyable experience. We saw staff reached out to people when they passed them, either with a friendly word, or a reassuring touch. We saw the provider arrive with magazines for some people that reflected their interests. People we spoke with told us this happened regularly and they appreciated the gesture.

People told us they had choice in how they were supported by staff. They said staff knew them well. One person told us,

“I get myself up, and go to bed when I am ready.” Another person said, “They’ll (staff) do anything for you, its lovely.” We saw staff promote people’s independence, and respond to each person with knowledge of them as an individual. For example they walked with one person to support them, yet with another they just waited at a distance. We heard staff calling people by the names they preferred. People told us they were supported with their choices in how they looked. We saw that people’s rooms were personalised and people had a choice of different communal rooms to spend time in.

People that lived at the home told us there was a “residents committee” which involved volunteers from the people who lived at the home. This committee supported the management team to make decisions that would impact on people living at the home. For example, one person told us about a menu choice they had suggested that was now regularly included on the menu. Further decisions were around decor and furnishings at the home. People told us they felt included in decisions and that they felt this was their home.

People and their relatives told us they were treated with dignity and respect. Staff said maintaining people’s dignity was very important to them. We saw one member of staff support a person to share in a game people were playing. The staff member offered discreet support so the person could engage with other people living at the home. The staff member offered the support discreetly, explaining that they wanted to be part of the game too. We saw through smiles and laughter demonstrating the person enjoyed the game.

Is the service responsive?

Our findings

People told us they were involved in all aspects of their care planning. One person said, “We can do what we want.” Another person told us, “I can do most things myself, they (staff) only help with what I want.” Relatives said they were included in their family members care. We saw in care records that 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 from the start to the present. We saw that a full 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, we saw one member of staff talking to one person about a hobby they enjoyed. One person told us the provider, “He always brings me a knitting magazine because he knows I like them, and I do a lot of knitting.”

One person told us, “I can get up and go to bed when I want.” People said they could choose to spend their day in their room, or the communal areas, wherever they liked. We saw people were able to have breakfast later in the morning on if they wanted. Staff told us it was up to the person to decide when they wanted to get up. One person said, “There’s a homely atmosphere, you feel you’re at home and not in an establishment.” One relative told us, “[Family member] is quite happy here, it’s the company.”

We saw people chose whether they wanted to engage in organised social events or not. People told us these included having a singer visit, shopping at the in house shop and bingo. One person said, “Most of the time we do what we want ourselves, such as knitting or reading.” Another person said they had little to do and would like to do more things such as gardening. A further person told us, “Now I help prune the fruit trees,” they went onto say they instructed the maintenance person on how to prune the trees in the garden. The provider told us that their dedicated member of staff for scheduling activities had left recently. Therefore staff were supporting with activities. We

did see organised activities during our inspection, which some people chose to be involved in. However some people told us they would like to do more things they enjoyed. For example, one person said they had not been shopping for five years and would love to go out. We spoke with the provider and they said they would recruit to the activities co-ordinator role after Christmas. The registered manager had completed questionnaires with people who lived at the service, specifically around what people wanted to do during the day. They were in the process of reviewing the outcome of the questionnaires to ensure people had interesting things for them to do every day. The registered manager told us they would use the outcomes to support staff in providing pastimes that reflected people’s interests.

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, “I have no reason to complain but I’d go to the office.” Another person told us, “I’d go to the head one, she’s very good.” One person said there were regular meetings with staff, though the “residents committee,” to get ideas and hear people’s views, they told us, “I’m running the place.” We saw the minutes from these meetings were available on the notice board and in large print.

Relatives told us they were happy to raise any concerns with either the registered manager or staff. A relative told us about how they had raised one concern and it had been resolved quickly. We saw there were complaints procedures available in accessible formats for people and their relatives. People and their relatives said they felt listened to and were happy to discuss any concerns with any of the staff team at the home.

The registered manager regularly used questionnaires to gain feedback from people, relatives and professionals. For example, we saw all the comments from the professionals were positive, one comment was that they had always found staff helpful and considerate to ‘residents’ and visitors. The feedback supported the registered manager to monitor the quality of the care provided.

Is the service well-led?

Our findings

People we spoke with knew the registered manager and we saw people enjoyed talking to her. One person said, “This is the best place to be.” Relatives told us they were confident with the registered manager and staff at the home. One relative said, “The atmosphere’s so friendly.” The registered manager told us she felt like, “One of the family,” and the provider said of the people living at the home, “It’s their home, you want them to feel at home.”

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. We spoke with the deputy manager and they were also very knowledgeable about the people and the staff team they supported. They both had a clear understanding of their roles. Staff told us they had clearly defined roles and responsibilities and worked as part of a team. The registered manager told us how important they felt it was for people and staff to feel that this was their home and they were part of a family. We saw that this was the culture through the staff at the home. From what people shared with us and what the staff told us. For example, staff told us they were happy to approach the provider directly with any ideas for improvements and they would always be listened to.

Staff told us the registered manager, and the provider were always available when they needed to speak to them. The deputy manager lived on site and told us she would always support staff if there was any kind of 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, staff had found that if they did not administer medicines regularly they became less confident. The registered manager had now put in place a system that all staff would regularly administer medicines to increase their confidence.

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, “We all work as a team.” 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 management team completed regular audits to monitor how care was provided. For example the registered manager had an overview of accidents and incidents to ensure that concerns were identified and investigated. The provider regularly visited and monitored how care was provided and how people’s safety was protected. For example, the provider looked at how people’s care plans were completed, and the overall health and safety of the home. We saw the provider looked at an overview of all aspects of care provision, what was going well and what need improving. We saw that the area’s identified for improvement had been acted on and were subject to ongoing monitoring. However both the registered manager and the provider had not acted on completing capacity assessments to ensure decisions were legally made, and involving relevant people for any best interest decisions. They were aware that these were needed for some people; however they had needed further advice because these people had fluctuating capacity. They had started looking for further advice on how to complete these. After the first day of our visit they took immediate action and were completing the process in a timely way after advice from the mental health team.