

Four Seasons (No 11) Limited Brierfield House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We carried out an inspection of Brierfield House on 28 and 29 June 2016, the first day was unannounced.

Brierfield House is a purpose built care home located in a residential area on the outskirts of Brierfield, near Nelson. The home is registered to provide care and accommodation for up to 42 older people including people with a dementia. The accommodation is provided over two floors and is divided into two separate areas. A passenger lift is available for access between the floors. On the first floor there is a lounge, a dining area with kitchen facilities and a 'sensory room'. On the ground floor there is a reception area with seating, a lounge/dining room and a conservatory. There are bedrooms located on both floors. All bedrooms are single and have en-suite toilets. There is an enclosed garden to the rear of the premises with raised flower beds, garden furniture and a shelter for people who smoke. There are several car parking spaces to the front of the building. When we visited there were 37 people accommodated at the service.

At the time of the inspection the registered manager had left the service. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a new manager in post who had applied for registration with the commission. Following the inspection visit we noted the manager's registration had been completed on 12 July 2016.

At our last inspection on 15 May 2014, the provider was compliant with all of the standards that were reviewed at the time. At this inspection we found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to the provider not having ensured the premises and equipment were suitable and safe for people who used the service. You can see what action we told the provider to take at the back of the full version of the report.

There were some good processes in place to manage and store people's medicines safely. However, we found some improvements were needed in certain areas; therefore we have made a recommendation about the management of medicines.

There was an open and friendly atmosphere at the service. We found there were some good systems and arrangements in place to promote an efficient day to day running of the service.

People told us they felt safe at the service and they made positive comments about the care and support they experienced. They said "It's lovely here the staff look after you" and "My relative has improved since coming to Brierfield House." We observed people being supported and cared for by staff with kindness and compassion.

Recruitment practices made sure appropriate checks were carried out before staff started working at the service. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any

concerns. Staff confirmed they had received training on safeguarding and protection.

People's needs were being assessed and planned for before they moved into the service. Everyone had a care plan, which had been reviewed and updated on a monthly basis. Information was included regarding people's likes, dislikes and preferences, routines, how people communicated and any risks to their well-being.

People were supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

People spoken with indicated they were treated with kindness and compassion. Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions. People said their privacy and dignity was respected.

The service was working within the principles of the MCA (Mental Capacity Act 2005). During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences.

People were happy with the variety and quality of the meals provided at the service. Support was provided with dietary requirements in response to individual needs. We found various choices were on offer. Drinks were readily accessible and regularly offered.

People told us how they were keeping in contact with families and friends. Visiting arrangements were flexible. There were opportunities for people to engage in a range of suitable activities both inside and outside the home.

Systems were in place to ensure all staff received regular training, supervision and support. Staff spoken with understood their role in providing people with effective care and support.

People spoken with had an awareness of the service's complaints procedure and processes. They said they would be confident in raising concerns. We found records were kept of the complaints and the action taken.

Arrangements were in place to encourage people to express their views and be consulted, they had opportunities to give feedback about the service. There were systems in place to monitor the quality of the service and evidence to show improvements were made as a result of this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Processes were in place to maintain a safe environment for people who used the service. However we found some matters were in need of attention to promote people's well-being and safety.

We found there were some safe processes in place to support people with their medicines. However, some medicine management practices could be improved.

Staff recruitment included the relevant character checks. There were enough staff available to provide safe care and support. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Is the service effective?

Good ●

The service was effective.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary. People told us they enjoyed the meals, their preferred meal choices and dietary needs were known and catered for.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People made positive comments about the caring attitude and kindness of staff. During our visit we observed friendly, respectful and compassionate interactions between people using the service and staff.

People's dignity and personal privacy was respected. People

were supported to be as independent as possible.

Staff expressed an awareness of people's individual needs, backgrounds and personalities. People were supported to maintain contact with families and friends.

Is the service responsive?

Good ●

The service was responsive.

Arrangements were in place to find out about people's individual needs, abilities and preferences. Each person had a care plan that was personal to them which included information about the care and support they needed. Action was being taken to make people aware of their care plan and be more involved in care reviews.

Processes were in place to monitor, review and respond to people's changing needs and preferences.

People were supported to take part in a range of suitable activities. There were procedures in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Is the service well-led?

Good ●

The service was well-led.

We found there was an open and friendly atmosphere at Brierfield House. People made positive comments about the management and leadership arrangements at the service. There was a manager in post who had applied for registration with the commission.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home.

Staff were enthusiastic and positive about their work. They indicated there was good teamwork at the service and the managers were supportive and approachable.

Brierfield House

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 took place on 28 and 29 June 2016, the first day was unannounced. The inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a PIR (Provider Information Return). 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 also reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. In addition, we reviewed the information we held, including complaints, safeguarding information and previous inspection reports. We contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spent time with people who used the service. We had discussions with 10 people who used the service and three relatives. We also spoke briefly with a visiting community nurse.

We talked with a housekeeper, five care workers, a team leader, the deputy manager and the manager. We also spoke with the cook, kitchen assistant, laundry assistant, activity coordinator, visiting hairdresser, dementia care trainer, maintenance person and area manager.

We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, policies and procedures, complaints records and quality assurance records. During the inspection, we asked the manager to send us copies of the staff training plans and details of the service's contingency plans. We received the information on the agreed date.

Is the service safe?

Our findings

The people we spoke with indicated they felt safe at the service. Their comments included, "It makes me feel safe because I know there are always staff around" and "I have no worries now, I feel safe here." Relatives told us, "I have no worries about [my relative] when I leave her because I know the staff here help her whenever she needs it" and "This is a good place, I have no concerns about [my relative's] care."

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. We spoke with the maintenance person explained the process in place to identify and attend to matters requiring attention. We found health and safety checks were carried out on the premises on a regular basis. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety, fire extinguishers and call points. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out. There were accident and fire safety procedures available. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment.

However when we looked round the premises we found some matters required attention. We found one bathroom door was fitted with an inappropriate lock, which would not enable easy access in an emergency. Two further bathrooms did not have suitable locks fitted which meant people's rights to privacy could not be appropriately protected. We also found two assistance call point cords in showers had been tied up and were therefore not accessible to people who used the service or staff. We found the service to be clean and mostly free from unpleasant odours. However we did find one bedroom had a strong unacceptable smell. During the inspection we noted there was a consistent banging of doors due to ineffective closures, this meant the facilities did not protect people from unnecessary noise. One member of staff said, "The doors are really loud, imagine that all night it would drive you crackers." Action was taken during the inspection to make improvements and arrange for matters to be rectified. However, we would have expected these matters to have been identified and improved without our intervention. We noted health and safety risk assessments had not been completed on the enclosed garden area which was accessible to people who used the service. This meant processes were not in place to identify and mitigate risks to people accessing this area.

This meant the registered provider had not ensured the premises and equipment were suitable and safe for their intended purpose. This was a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service protected people from abuse and the risk of abuse. We noted information on keeping people safe and protected, was displayed in the entrance hallway. We discussed the safeguarding procedures with staff and manager. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff said they had received training and guidance on safeguarding and protecting adults. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. We discussed and

reviewed some of the previous safeguarding concerns with the manager. We were told of the action taken to ensure safeguarding and protection matters were appropriately managed and alerted to the local authority.

We reviewed how the service managed staffing levels and the deployment of staff. People spoken with said, "There is always a member of staff around who I can speak to, they are not rushed" and "There always seems to be plenty of staff here," and "At times the staff seem very busy and there does not seem enough of them." During the inspection we found there were sufficient staff on duty to meet people's needs. Care workers spoken with considered there were enough staff on duty at the service. We looked at the staff rotas, which indicated arrangements were in place to maintain consistent staffing levels. There were laundry, housekeeping and kitchen staff available each day. There was an activities coordinator, an administrator and a maintenance person. We found there was a structured process in place to monitor and review staff deployment at the service; this took into consideration people's dependency needs, the layout of the building and staff skills and abilities. The process did not routinely consider people's preferences. We noted that after eight o'clock in the evening there were only two staff deployed on both floors, which could influence people's bed time needs and choices; however the area manager agreed to review this matter.

We checked how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. We found brief records had been kept of the applicant's response to interview questions. The required character checks had been completed before staff worked at the service and these were recorded. The checks included an identification check, a health screening assessment, verification of any qualifications, clarification about any gaps in employment and obtaining written references from previous employers. A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The manager described how people who used the service were informally involved with recruitment process and we discussed ways of introducing a more structured approach. New staff worked a three month probationary period; this was kept under review to monitor their suitability in the role.

We looked at the way the service supported people with their medicines. People spoken with indicated they received their medicines safely and on time. One person told us, "Staff bring me my medication every day," another said, "I hate taking tablets but the staff are very patient with me." During the inspection we observed people being sensitively and safely supported with their medicines. We were told no one was self-administering their medicines. The service had a process in place to routinely assess, record and plan for people choosing to self-administer their own medicines when they moved into the service. However, we found people's involvement and preferences were not routinely reviewed. This implied there was an assumption people could not manage or be involved with their own medicines.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. All the records seen of medicines administered were complete and up to date. The electronic MAR (medicine administration records) provided clear and detailed information on the prescribed items, including a description of the medicines, dosage instructions, and a photograph of the person. Body map diagrams, for use with any topical creams were kept in people's rooms.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols are important to ensure staff are aware of the individual circumstances this type of medicine needed to be administered or offered. We did note one prescribed item was without a specific protocol or care plan. This meant staff were not properly instructed on offering a

medicine to promote the person's well-being. However the manager took action in respect of this matter during the inspection.

We found it was a policy of the service not to stock 'over-the-counter-remedies,' with all medicines being prescribed by the person's GP. The manager had ensured pain relief medicines were available for most people. However, a lack of other remedies meant people could experience some discomfort, by not having timely access to items for treating minor ailments.

We looked at the arrangements for the safe storage of medicines. We found medicines were being stored safely and securely. Room and fridge temperatures were monitored in order to maintain the appropriate storage conditions. There were electronic systems in place to check aspects of medicine management practices on an ongoing basis. The manager also carried out regular audits of medicine management practices. We noted the audits did not routinely consider key security or the involvement of people using the service with their medicines.

Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. Information leaflets were available for each of the prescribed items. Staff responsible for administering medicines had completed medicine management training; this had included a practical assessment of their skills and competence.

- We recommend that the service consider current The National Institute for Health and Care Excellence (NICE) guidance on medicines management and take action to review and update their practice accordingly.

We looked at how risks to people's individual safety and well-being were assessed and managed. Individual risks had been identified in people's care plans and kept under review. The risk assessments included, skin integrity, nutrition, risk of infection, choking, behaviours, falls and moving and handling. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. The assessments were reviewed monthly or earlier if there was a change in the level of risk. Records were kept of any accidents and incidents that had taken place at the service, including falls. Processes were in place to monitor any accidents and incidents so the information could be analysed for any patterns or trends. Referrals were made to relevant health and social care agencies as appropriate. Each person had a PEEP (personal emergency evacuation plan) in the event of emergency situations.

Is the service effective?

Our findings

The people we spoke with indicated satisfaction with the care and support they experienced at the service. One person told us, "I have lived in different care homes but this one is the best, it is just nice living here." A visitor said, "My mother lived here for three years. I could not fault staff for anything, they go above and beyond their job description."

We looked at how people were supported with their healthcare needs. Comments from people included, "When I became unwell I told the staff, they acted immediately called the doctor, then told me what they had done" and "Staff often ask me how I am." People's healthcare needs were included in the care planning process, monitored daily and considered as part of ongoing reviews. One person explained that when they were ill and in bed they didn't feel alone, "Because staff were constantly coming in to see me." People's medical histories were noted and records were kept of healthcare visits and appointments. This included GPs, district nurses, speech and language therapist and chiropodists. Care records also included a 'hospital passport' to share information should people require medical attention. The service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. The service was signed up to a system whereby they could access remote clinical consultations; this meant staff could access prompt professional advice at any time. We spoke briefly to a visiting community nurse who had no concerns with the service.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 and whether any conditions or authorisations to deprive a person of their liberty were being met. The service had policies and procedures which aimed to underpin an appropriate response to the MCA 2005 and DoLS. There was information to demonstrate appropriate action had been taken as necessary, to apply for DoLS authorisation by local authorities in accordance with the MCA code of practice. Records and discussion showed that staff had received training on this topic. Staff spoken with indicated an awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions.

Staff were aware of people's capacity to make choices and decisions about their lives and this was assessed and recorded in their care plans. People's consent and wishes had been obtained in areas such as photographs and management of medicines. During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions.

One member of staff told us, "We verbally involve people all the time." None of the people we spoke with were familiar with the content of their care plans. However the manager was able to demonstrate progress was being made with this. Information within the Provider Information Return (PIR) showed us that encouraging people to sign in agreement with care plans, had been identified as an area for improvement at the service.

We looked at how the service supported people with their nutritional needs. People made positive comments about the meals provided at the service. They told us, "I like the food here, no complaints", "There is enough on the plates," "They feed us well" and "I am satisfied with the food here." A member of staff said, "The food has improved, there is less waste. I think there is more variety."

Care records included information about people's dietary preferences, the support they needed and any risks associated with their nutritional needs. This information had been shared with kitchen staff who were aware of people's dietary needs, likes and dislikes. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including GP's and dieticians were liaised with as necessary.

We spoke with the cook on duty. The service had a four-week rotating menu system. The main meal was served in the evening. There were two main choices offered at each meal time, with further alternatives being available. There was dessert of the day and further sweets, such as ice cream and yoghurts were always on offer. Fresh produce was in use and each meal had a specific recipes for the cooks to follow. Specific diets could be catered, including pureed meals which were blended in separate portions. The menu was on display in the main entrance and dining areas. We observed people being asked for their choice of meals and amiably helped by staff with making their decisions.

We observed the meals service at lunch time in both dining areas. We noted the dining tables were set with table cloths, drinks, napkins and condiments. The meals looked plentiful and appetising. We noted people enjoying the mealtime as a social occasion. We observed examples of people being sensitively supported and encouraged by staff with their meals. One person told us, "They do not rush you; you can stay at the table for a long time." People could choose to eat their rooms or other areas, if they preferred. We observed staff offering people drinks throughout the day and we saw there were jugs of cold drinks available in the lounge areas.

We looked at how the service trained and supported their staff. Arrangements were in place for new staff to complete an initial 'in-house' induction training programme. This included an introduction to the organisation's policies and procedures and the provider's 'essential course compliance' training programme. The service's induction training had been further developed to incorporate the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. Staff spoken with told us about the training they had received. They confirmed that there was a rolling programme of mandatory training and development at the service. This included: moving and handling, first aid awareness, fire safety, food safety, infection control, safeguarding, the dementia care framework and equality and diversity.

Following the inspection visit the manager sent us an up to date training matrix. This included a range of additional training topics available to staff, such as palliative care, communication skills, diabetes, catheter care and activity and engagement training. This would further develop the staff teams knowledge and skills to provide effective care to the people. All staff spoken with told us their training was beneficial to their role. The service supported staff as appropriate, to attain recognised qualifications in health and social care. Carers had a Level 2 or Level 3 NVQ (National Vocational Qualification). The manager indicated new care

staff would be supported to attain the QCF (Quality and Credit Framework) diploma in health and social care.

Staff spoken with said they had received one to one supervision and ongoing support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Arrangements were also in place for staff to receive an appraisal of their work performance and review their training and development needs.

People spoken with were mostly satisfied with the accommodation and facilities available at Brierfield House. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. We found parts of the premises had been redecorated and refurbished. There were new floor coverings and furniture, and parts of the service had been redecorated. We noted the Provider Information Return (PIR) showed there was an ongoing action plan to make further improvements to the premises and facilities, in particular a more person centred environment for people with a dementia. The manager confirmed these matters were in hand.

Is the service caring?

Our findings

The people we spoke with made positive comments about the staff team and the care and support they received at the service. They felt the staff genuinely cared about their welfare. Their comments included, "The staff are friendly" and "It's lovely here the staff look after you." All the relatives spoken with described the service as 'homely and caring' they told us, "The staff here have good hearts" and "The whole family are pleased [our relative] is looked after well, we do not worry."

We found Brierfield House had a friendly and welcoming atmosphere. We continually witnessed staff engaging with people in a warm and friendly manner. There was a lot of laughter during course of the inspection which indicated beneficial positive relationships had been developed. One person told us, "Staff are always there, I feel comfortable asking them things," another commented, "They can tell if I you feel a bit fed up and they will come and talk to you."

Throughout the inspection we observed people were treated with respect by staff. We saw specific instances where staff showed kindness and compassion, when they supported people with their individual care and daily living needs. Relatives spoken with described their experiences of staff providing their family members with sensitive care and support. This had included offering people reassurance and encouragement with aspects of their care.

There was a 'keyworker' system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with gave examples of how they delivered person centred care and how they treated people with dignity and as individuals. They were aware of people's individual needs, routines, backgrounds and personalities. The service had introduced 'one page profiles' which included details of the person's, likes and dislikes, important memories, relationships and the best way to provide their care and support. One relative said, "I can tell staff know [my relative] very well, just by what they say to me about her."

We observed people's privacy was respected. Some people chose to spend time alone in their room and this choice was respected by the staff. People's bedroom doors were fitted with suitable locks to help promote privacy of personal space. Staff described how they upheld privacy within their work, by making sure doors were closed and keeping confidential written information safe. We observed staff knocking on doors and waiting for a reply before entering. We discussed with the manager and area manager, ways of further promoting privacy of space at a practical level. This would help empower people to maintain their rights to privacy in a communal setting.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One relative told us, "They have helped to keep [my relative] independent for as long as possible, they care about her. Staff explained how they promoted independence, by enabling and supporting people to do things for themselves. A staff member said, "If people can do things for themselves we encourage them."

There were no restrictions placed on visiting and relatives and friends were made welcome at the service. We observed relatives visiting throughout the days of our inspection and noted they were treated in a friendly and respectful way. One visitor said, "The staff make me feel welcome, they offer drinks. It's free and easy."

People were encouraged to express their views and opinions during daily conversations. One person told us, "The staff listen to me." Although some people we spoke with didn't recall attending any meetings we found residents/relatives forum meetings had been held and the manager indicated further meetings were being planned. Discussion meetings were useful for helping to keep people informed of proposed events, offering people the opportunity to be consulted and make shared decisions. Relatives spoken with were aware there were meetings held at Brierfield House. None had attended however; they indicated that if they needed to discuss anything they could do this on an informal basis with staff.

There were a number of notice boards and displays at the service, which provided information about forthcoming events, activities and other useful information. There was a guide to Brierfield House which included useful information about the services and facilities available. The provider's had also produced a 'welcome pack' which provided an overview of the standards of care, facilities and services people could expect to receive. The service had policies and procedures to underpin a caring ethos, including around the promotion of dignity, privacy and equality and diversity. The provider had an internet website which provided further information.

Is the service responsive?

Our findings

People spoken with indicated the service was responsive to their needs and preferences and they appreciated the support provided by staff. One person told us, "If I want something, staff respond quickly. Relatives said, "The staff are doing a good job" and "My relative has improved since coming to Brierfield House."

We looked at the way the service assessed and planned for people's needs, choices and abilities. The manager described the processes in place to assess people's needs and abilities before they used the service. The assessment involved gathering information from the person and other sources, such as families, social workers and health care professionals. We saw evidence that people's needs had been assessed prior to them using the service, to ensure that their needs could be met. An initial care plan was developed in response to their identified needs. Where possible people were encouraged to visit the service, to see the facilities available and meet with other people and staff. The manager said, "We invite people for meals and to join activities." This would help people to become familiar with the service before asking a decision to move in.

We reviewed how the service provided personalised care. We found each person had an individual care plan. The manager explained that the care plan process was being further developed to support a more person centred approach. We looked at three care plans and found they included background histories and personalised information about people's preferred routines, likes and dislikes. There were 'my journal' and 'my choices' documents which contained information on person specific matters such as, how best to support me, what's important to me, my important memories and relationships.

The care plans were split into sections in response to identified needs and preferences; they included instructions for staff on meeting needs. Staff spoken with explained their involvement with care planning and reviews. They indicated an awareness of the content of people's care plans. There were processes in place to monitor and communicate people's individual needs and abilities. Records were kept of people's daily living activities, their general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example, relating to specific behaviours and other identified needs. There were ongoing discussions on people needs and well-being, including regular staff 'handover' meetings. We saw the care plans had been reviewed and updated on a monthly basis or more frequently, in response to people's changing needs.

One staff member told us how they always involved people using the service verbally with the care planning process. Relatives spoken with felt they did not need to see a care plan. They said they were kept informed of their relatives care and treatment on a regular basis by staff. One relative said, "Staff will tell me how [my relative] is, if they do not know something, they always come back to me with an answer." Another commented, "They always let us know about things." Information within the Provider Information Return (PIR) showed us that involving people and their relatives with reviews had been identified as an area for improvement at the service.

People indicated they were mostly satisfied with the range of activities provided at Brierfield House. One person commented, "Staff take us out it is nice to get out," another said, "It's not a depressing place." The 'my journal' and 'my choices' documents had helped to identify people's individual interests and experiences. During the inspection a staff training event was held on the promotion of activities for people living with a dementia. This was to increase staff's knowledge and skills in engaging with people in a meaningful and beneficial way. There was a notice board in the entrance hallway which had information about the programme of daily activities. Another notice board included details of forthcoming events, such as regular church services, residents meetings and visiting entertainers. We spoke with an activities organiser who told us of the range of individual and group activities currently on offer. These included manicures, flower arranging, games and gardening. We found records had been kept of people's participation and engagement in activities.

We observed staff responding to people's needs during planned activities. These included jigsaws, balloon throwing and skittles. Staff adjusted their approach to the needs of each person. It was clear they knew people's likes and dislikes. We noted how staff changed their voice tone and manner when engaging in activities with people. Some people appeared more enthusiastic than others but all were gently encouraged to join in. There were 'rummage bags' containing various tactile items for people to engage with and take interest in. There was a 'sensory room' with visual lighting effects and aromatic fragrances.

We looked at how the service managed complaints. People we spoke with indicated they would feel confident if they had concerns, or wished to make a complaint. They repeatedly told us they would speak to staff if they had concerns. One relative said, "If there was a problem, something I did not like about the care I would feel comfortable in approaching staff about the concerns."

There was a summary of the complaints procedure in the guide to the service. This included the contact details of other agencies that may provide support with raising concerns. The complaints procedure was on display in the entrance hallway and provided directions on making a complaint and how it would be managed, including timescales for responses. The provider had also introduced an immediate feedback system. There was a 'touch screen' digital device/tablet which was Wi-Fi linked. This enabled people to share any concerns about the service instantly with the manager and area manager. The system was tracked and monitored to ensure matters were acknowledged and responded to as appropriate.

The service had policies and procedures for dealing with any complaints or concerns. There were processes in place to record, investigate and respond to complaints and concerns. There had been five complaints received at the service in the last 12 months. Records seen included the nature of the complaint, the investigation required and the action taken to resolve matters. The process included informing the complainant of the outcome of the investigation. This confirmed that the matters raised had been investigated and responded to. The manager explained complaints were evaluated for 'lessons learned' and action was taken to respond and proactively make improvements.

Is the service well-led?

Our findings

People spoken with had an awareness of the overall management arrangements at the service. They did not express any concerns about how the service was run. All the people who used the service and their relatives we spoke with knew who the manager was. Prior to the inspection we received information from the local authority contract monitoring team. They told us they had last visited to review the service in March 2016 and they currently had no concerns.

The manager had responsibility for the day to day operation of the service and had applied for registration with the Commission. The manager was experienced to manage the service and was proposing to undertake QCF (Quality and Credit Framework) diploma in health and social care level 4 and 5. Following the inspection visit we noted the manager's registration had been completed on 12 July 2016. The manager was supported and supervised by a regional manager who visited Brierfield House on a regular basis, to provide oversight on the day to day running of the service. The manager also had access to a range of support networks within the provider organisation.

Throughout the inspection the manager expressed commitment to the ongoing improvements at the service and explained some of the plans to further develop various systems and processes. There was a management team in place which included the manager, deputy manager and team leaders. The staff rota was arranged to ensure there was always a senior member of staff on duty to provide leadership and direction. There was also an administrator providing additional management support.

We found the manager had an 'open door' policy that supported ongoing communication, discussion and openness. Throughout the visit we saw that people who used the service, visitors and staff regularly approached the manager. We found there was a friendly and welcoming atmosphere at the service and staff morale was good. One staff member told us, "The manager is very approachable," another said, "There was low morale here at one time but is not like that now, everyone works together, supporting each other, [the new manager] has made a big difference since becoming manager."

We found staff were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities. There were clear lines of accountability and responsibility. Staff had been provided with job descriptions, contracts of employment which outlined their roles, responsibilities and duty of care. They had access to the service's policies, procedures and any updates were brought to their attention. The service's vision and philosophy of care was reflected within the services written material including, the statement of purpose and policies and procedures. We noted the service's vision and ethos statement was on display in entrance hallway.

The staff spoken with indicated team work and communication at the service was good. Various staff meetings were being held. We looked at the minutes of the last meeting and noted various work practice topics had been raised and discussed. One member of staff told us, "They listen to us, we have made suggestions and they have been followed up." Staff were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns.

The service encouraged regular feedback from people. There were the residents/relatives forum meetings and there was a suggestion box with comment slips in the entrance hallway. There was also the provider's 'touch screen' digital device/tablet, which enabled people to instantly share their personal experience, views and opinions of various aspects of the service. Processes were in place to analyse, collate and respond accordingly to all comments and suggestions. The system was also designed to identify any emerging trends, staff training needs and share learning and best practice across the provider's services.

The results of the last consultation had been presented as a 'you said' and 'we did' display. This showed how people had influenced improvements at the service, including an increase in activities. Staff also had opportunity to share their views annually via a national computer based staff survey within the organisation.

Brierfield House had previously attained the provider's internal dementia care 'silver' accreditation award and was working towards achieving their revised dementia care validation programme. The service had also attained the 'silver status' Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

There were ongoing audits and reviews of various processes, including care plans, risk assessments, infection prevention and control, medicine management, staffing levels and staff deployment, staff training, financial records and health and safety checks. The service had a 'rolling programme' of refurbishment and decoration. However this inspection showed some of the governance systems were in need of development, to more effectively identify and manage improvements for people's well-being, comfort and safety.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises and equipment were suitable and safe for their intended purpose. Regulation 15 (1)