

Mrs Anna Geraldine Ellis

# Briar House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an announced inspection that took place on the 10 January 2017. Our last inspection took place on 16 November 2015 when we found that the service was in breach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found the provider was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS); these safeguards ensure that any restrictions in place are legally authorised and in a person's best interests. At this inspection, we found that the required action had been taken in relation to the DoLS and the breach was met.

Briar House is a large semi-detached house, which is registered to provide accommodation and personal care for up to three people with a learning disability. There were two people living at the home at the time of our inspection both of whom had lived there for 19 years. One person who had limited communication skills was at home during our inspection.

The service had a registered manager in place. 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.

The registered manager was also the registered the provider who visited the home regularly and was available by telephone at other times. The person carrying out the day-to-day running of the service was the deputy manager who was also registered with us at a second home owned by the provider.

Staff had received training in safeguarding adults. They were able to tell us of the correct action they would take if they witnessed or suspected abuse. There were sufficient staff on duty to meet their needs.

Staff recruitment procedures were sufficiently robust to protect people who used the service from the risks of unsuitable staff being employed.

People's care records showed that risks to people's health and well-being had been identified. Systems were in place to deal with any emergency that could affect the provision of care such as utility failures. Personal evacuation plans were in place.

Systems were in place to ensure medicines were safely administered and people received their medicines as prescribed.

Staff had received the training they required to meet people's needs.

People's health needs were met and if a person had a medical appointment additional staff were arranged to support people to attend the appointment.

We saw that there was plenty of food available at the home for people to eat. We saw that staff offered choices to the person eating lunch.□

The premises was seen to be spacious, comfortable and homely. All areas of the home were seen to be clean and tidy.

The atmosphere at Briar House was calm, relaxed and friendly. Staff knew people's likes and dislikes very well and we saw positive interactions between people.

People's needs were documented in their care records. There was evidence that people had been involved in reviewing their care plans.

People were involved in individual activities within the home and also within the community. People were encouraged to maintain as much independence as possible.

No formal complaints had been received about the service and feedback from the local authority quality assurance team was positive.

Staff told us that they enjoyed working at Briar House and that the deputy manager and registered manager were approachable and supportive.

## 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.

Staff had received training in safeguarding adults and knew what action to take should they witnessed or suspected abuse.

Staff had been safely recruited and there were enough staff to meet people's needs.

Systems were in place to help ensure the safe administration of medicines

### Is the service effective?

Good ●

The service was effective.

We found procedures were in place to protect the rights of people who were unable to consent to their care in Briar House.

Staff had received the training they needed to help them support people safely and effectively.

Systems were in place to help ensure that people's health needs were met.

The service was effective.

We found procedures were in place to protect the rights of people who were unable to consent to their care in Briar House.

Staff had received the training they needed to help them support people safely and effectively.

Systems were in place to help ensure that people's health needs were met.

### Is the service caring?

Good ●

The service was caring

The atmosphere at the home was relaxed and friendly. Staff new people who lived at Briar House very well.

We observed positive interactions between staff and a person who used the service.

### Is the service responsive?

Good 

The service was responsive.

Care plans were regularly reviewed and updated to help ensure that the information reflected people's needs. People were involved in the review of their care and had a personalised care plan.

Activities were arranged within the home and the local community that supported what individuals liked to do.

### Is the service well-led?

Good 

The service was well led

The service had a manager who was also the provider, who was registered with us.

A staff member told us the managers were approachable and supportive and that they enjoyed working at Briar House.

# Briar 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 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 the 10 January 2017. The provider was given 24 hours' notice because the location was a small care home; we needed to be sure that someone would be in. An adult social care inspector carried out the inspection.

Before the inspection, we reviewed the information we held about the service. We contacted the local authority commissioning team to obtain their views about the provider. No concerns were raised about the service provided at Briar House.

During the inspection, we spoke with and observed one person who used the service, and spoke with the registered manager, the deputy manager and a support worker.

We looked at care records and medication records for people who used the service. We also looked round the property and at a range of records relating to how the service was managed, including staff records.

# Is the service safe?

## Our findings

The staff member told us they felt safe and comfortable to work at the home alone. They told us that they were clear about their responsibilities for safeguarding vulnerable adults. They confirmed that they had received training in their responsibilities for safeguarding adults and whistleblowing if they witnessed poor practice by colleagues. They knew they must report any concerns to the manager's or to other agencies such as the local authority safeguarding team and CQC. The staff member said, "I am confident that [Managers] would deal with any issues raised."

We checked to see that staff had been safely recruited. We reviewed a staff personnel file and saw this contained an application form, two references and confirmation of the person's identity. We noted that there was not a full employment history on the application form however, we were aware that the staff member had worked at the home for eighteen years. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw from the rotas that there was one member of staff on duty at all times. The deputy manager told us that they would provide cover at the home or arrange for additional staff to be on duty if a person who used the service had an appointment or an activity planned where staff needed to support them. The registered manager and the deputy manager were on call in case of an emergency. No agency staff were used at the home and members of the staff team had worked at the home for many years. This meant that people were being cared for by staff who knew them very well. A staff member said, "[People] have good continuity here they see me 5 or 6 days a week." The deputy manager said that familiar staff had helped the people feel safe and secure, as people did not like change.

We found people's records contained risk assessments that were reviewed monthly and updated when people's needs changed. These provided guidance for staff to minimise the risks.

We saw that valid certificates were in place for gas safety, electrical fittings and fitments and portable electrical appliances. No specialist equipment was being used by people at the time of this visit. We found that Personal Emergency Evacuation Plans were in place for all people who used the service. Records showed that regular checks were carried out on fire systems, gas and electrical items. This helped to ensure that people were kept safe.

We saw that the home was very clean and tidy throughout. The service had received a 5 rating from the national food hygiene rating scheme which meant they followed safe food storage and preparation practices. A cleaner was employed for two days per week. Disposable gloves and aprons were available for staff to use for personal care.

We looked at the administration of medicines in the home. We found that they were administered safely and people received their medicines as prescribed. We were told that neither person was responsible for self-

medicating.

We were told that a pharmacist had checked the arrangements for medicines in October 2016 and no concerns were raised.

There was a monitored dosage system (MDS) in place for the administration of medicines. Records were complete and up to date. A photograph of the person was held on the records for identification purposes. We saw that medicines received from the pharmacy were recorded in, and out if they had not been used.

At the time of our inspection no-one was being given controlled drugs (very strong medicines that may be misused) or receiving their medication covertly i.e. without their knowledge. There were no 'as required' medicines being used to support people to manage their behaviours. The deputy manager told us that homely remedies were rarely used. The deputy manager carried out an annual competency check on staff to help ensure they were administering medicines correctly.

# Is the service effective?

## Our findings

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 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 found that DoLS were in place and the appropriate health and social care professionals had been involved in the assessment process. We saw that where a person did not have any family or friends that an independent mental capacity advocate was involved to support the person to make the decision.

People had some behavioural support needs and these were well managed by the staff team who understood people's non-verbal communication. On one person's plan it stated that they became agitated and stressed if carers did not understand them and also if they became upset they liked to be left alone to come round themselves. The staff member said that we know the person is feeling unwell if they withdraw and they are able to indicate if they are in pain and where in relation to their body.

We looked at the arrangements to ensure staff received the necessary support and that they had the skills and knowledge necessary to carry out their roles safely and effectively. The staff training record showed that staff had undertaken a range of training which included, moving and handling, health and safety, first aid, fire safety, infection control, medication, food hygiene and dignity. All staff held a National Vocational Qualification (NVQ) Level 2 in care and one member of staff held an NVQ Level 3. This meant that staff were provided with the skills and knowledge to help them deliver safe care. We saw staff supervisions were held approximately every three months.

We looked at the systems in place for ensuring people's nutritional needs were met. We looked the provision of food and drink. We saw that there was plenty of food available at the home for people to eat. We observed lunchtime at the service and found it to be relaxed and unhurried. We saw that staff offered choices to the person eating lunch. People had access to food and drink, which included a person's favourite, bananas but they also enjoyed a weekly 'chippy' tea and the occasional takeaway.

We found that people's weight was being monitored regularly until recently. However, there were no concerns about people's weight. One person had diabetes and staff were aware of their dietary needs.

Records we looked at showed that people's health needs were clearly documented. Records of visits to health professionals, for example, doctors, dentists, podiatry, opticians and a psychiatrist, were maintained. This should help ensure that people receive the health care that they need. We saw that people had a 'traffic

light hospital passport' in place. These records helped to inform hospital staff about people's support needs should they need to be admitted to hospital.

## Is the service caring?

### Our findings

We saw that the home was spacious, well decorated, well maintained, comfortable and homely. We saw that adaptations had been put in place to support people who had become frail.

During the inspection, we observed frequent warm and friendly interactions between staff and the person who used the service. The atmosphere was calm and relaxed. The staff member told us that people had lived together for a long time and got on very well together.

The staff member said, "[People] are well cared for and it is a welcoming home." There was a very low turnover of staff. This helped staff to form meaningful and caring relationships with the people who used the service.

It was clear from talking to the deputy manager and the staff member that they knew people well which included detail routines, their likes and dislikes and the support they required from the staff team. Staff offered people choices wherever possible, for example, what they wanted to eat and what they wanted to wear.

Care records we saw included an individual 'All About Me' document. This was a personalised document, which was completed with the person who used the service.

Relationships with family and friends were encouraged. Where a person did not have any family arrangements had been made for an independent mental capacity advocate to support them.

We saw that care records were stored securely, which should help to ensure that people's right to confidentiality was maintained.

We were made aware that the needs of a person who had lived at Briar House for many years had changed and that this person had left the service. We were told that people who lived at Briar House and staff continued to visit them and made sure they received a Christmas present.

## Is the service responsive?

### Our findings

Care plans and risk assessments we checked were personalised and addressed all areas of need, including personal care. We saw that care records were reviewed monthly and updated when a person's needs had changed. We saw that people had been involved in developing their care plan and where possible signed the care plan to show their agreement with it.

Staff were also clear about people's strengths. For example, the staff member said that the person had a great personality, they had a good sense of humour, could make people laugh and liked praise.

A communication book was in place to inform staff of any changes in people's support needs. Staff also completed a verbal handover at each shift change. This should help ensure that staff were kept up to date with the needs of the people who used the service.

One person who used the service attended a day centre twice a week where they worked as a volunteer at a café. Other weekly activities were arranged by staff and centred on going to the local market, shopping, out for lunch or tea, trips out in the car and to Hollingworth Lake. Before Christmas people went on a trip to Blackpool Lights, they also attended a Christmas Party held at a nearby school and had Christmas dinner and evening buffet at the providers sister home. A staff member said, "We love going out" and the person smiled in agreement.

People also had their own individual interests such as knitting, reading, colouring, snap, board games and a range of television shows they enjoyed.

People were encouraged to maintain as much independence as they were able to. For example, people were involved in planning the weekly menu and shopping for food. Individual's preferences were catered for with an alternative choice being offered where a person did not like part of a meal. One person enjoyed doing household tasks as appropriate.

There was a complaints policy in place but no complaints had been received since our last inspection.

## Is the service well-led?

### Our findings

The service had a registered manager in place. The registered manager was also the registered provider who visited the home regularly and was available by telephone at other times. The person carrying out the day-to-day running of the service was the deputy manager who was also registered with us at a second home owned by the provider. Both were contactable by staff at the service at all times and the deputy manager visited the home once a week.

We spoke with the registered manager for an hour at the beginning of the inspection, as they were unwell on the day of the inspection. The deputy manager was present throughout the inspection. The staff member told us, "I have worked here for 10 years and I couldn't ask for better bosses."

The last quality assurance review was last undertaken in September 2015. The feedback about the service was seen to be positive.

We noted that the CQC had not received any notifications from the home in the last 12 months. The deputy manager told us that they knew the notification process and discussed the events that would need to be notified to the CQC and none were required.

Before our inspection, we contacted the local authority quality assurance team. They informed us that they had no concerns about the service.

Staff meetings were held twice a year. The last staff meeting was held on 11 July 2016 and we saw that one was planned to be held on 12 January 2017 to discuss the future of the home. The manager said, "We have provided stable continuity for 18 years and run the home with our hearts. It's like a family home."