

Baschurch Care Limited

Briery Lodge

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

This inspection was unannounced and took place on 13 April 2016.

Briery Lodge provides accommodation and care for up to seven people and the home was fully occupied when we carried out the inspection.

The home had a registered manager who was present for the inspection. 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.

People did not always receive their medicines as prescribed. Staff were nearby to support people when needed and people felt safe living in the home. Staff were aware of the signs of abuse and their responsibility of sharing this with the registered manager and other external agencies to protect people from further harm. Care practices and systems in place reduced the risk of harm to people.

People were cared for by staff who were trained and received one to one [supervision] sessions from the registered manager. Staff were aware of the Mental Capacity Act 2005 and when a Deprivation of Liberty Safeguard application should be applied for to protect people's human rights. People had access to healthcare services to ensure their physical and mental health needs were met. Staff were aware of people's dietary needs and the support they required to eat and drink sufficient amounts.

People were treated with kindness and were supported to be involved in planning their care. People's right to privacy and dignity was respected by the staff.

People were encouraged to have a say in how they received their care and support and were also assisted by staff to pursue their hobbies and interests. People felt confident to share their concerns with the registered manager or the staff and complaints were well managed.

People were encouraged to be involved in the running of the home and were supported to maintain links with their local community. There was a clear leadership in the home and people and staff knew who the registered manager was. Systems were in place to monitor the quality of service provided to people.

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 consistently safe.

People did not always receive their medicines as prescribed. Staff were nearby to assist people when needed and people felt safe living in the home. Staff knew how to protect people from abuse and care practices reduced the risk of harm to people.

Is the service effective?

Good 

The service was effective.

People were encouraged to make their own decisions and were supported by staff who were trained and had received one to one sessions. Staff were aware of people's dietary needs and they were supported to eat and drink sufficient amounts. People had access to healthcare services when needed.

Is the service caring?

Good 

The service was caring.

People were involved in planning their care and staff were kind and compassionate when supporting them. People's right to privacy and dignity was respected.

Is the service responsive?

Good 

The service was responsive.

People were involved in their assessment and their views were listened to and they were supported to pursue their interests. People were able to share their concerns with the registered manager or the staff and their complaints were listened to and acted on.

Is the service well-led?

Good 

The service was well-led.

People were encouraged to be involved in the running of the home. There was clear leadership in the home and checks were made to ensure people received a service that met their specific

needs.

Briery Lodge

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 13 April 2016 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we had about the provider to see if we had received any concerns or compliments about the home. We reviewed statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with four people who used the service, three care staff and the registered manager. We looked at two care plans and risk assessments, medication administration records, staff training records, accident reports and quality audits.

Is the service safe?

Our findings

People were at risk of not receiving their prescribed medicines as directed by the prescriber. Information identified on a medication administration record [MAR] showed that a person had been prescribed a medicine for the treatment of pain. The MAR showed that this medicine should be taken three times a day but the person had not received this medicine for ten days. Staff confirmed they had stopped the medicine without consulting the GP because the person was no longer in pain. The person was unable to tell us if their pain was managed. Another medicine prescribed for the same person for the treatment of reducing acid in the stomach had not been administered and staff were unable to explain why. This placed the person's health at risk.

We saw that a medicated cream prescribed for another person for the treatment of an inflammatory skin condition had not been administered. Staff said this cream was no longer required. They confirmed that the GP had not been consulted before the treatment was stopped. Another cream prescribed for the same person for the treatment of a skin infection had not been administered. Staff were unable to say why this cream had not been applied. The person was unable to tell us if they had received their prescribed treatment. On the day of the inspection a senior care worker contacted the GP for advice. The staff member said the GP was happy for these prescribed creams to be stopped.

One person was at risk of receiving a medicine that was unsuitable for use. The medicine package provided information about how the medicine should be stored. Monitoring systems in place were ineffective to ensure this medicine was stored correctly. We shared this information with the registered manager who assured us that action would be taken to address this so the person's treatment was not compromised.

One person told us there were enough staff on duty to care for them. Another person said, "Staff are always around to help me." The registered manager informed us that people were allocated various hours during the day to have one to one support. We saw that this level of staffing was provided. Staff told us there was not always enough staff on duty to care for people. We shared this information with the registered manager who said they were in the process of recruiting two care workers to ensure people's care and support needs were met. The provider's recruitment procedure ensured that safety checks were carried out before people commenced employment. Staff told us that before they started working at the home a Disclosure Barring Service [DBS] check was carried out and a request was made for references. This helped the provider to select suitable people to work in the home.

People told us they felt safe living in the home. One person told us, "I feel safe here because the staff are kind to me." Staff were aware of the signs of abuse and they said any concerns would be reported to the registered manager. Staff were also aware of other external agencies they could share this information with to protect people from further harm.

People were involved in developing their risk assessment that promoted their independence safely. One person told us about the support they required to mobilise whilst in the home and in the community. We saw that this information was contained in their risk assessment. Staff told us they had access to risk

assessments that supported their understanding about how to maintain people's safety. For example, risk assessments were in place that informed staff how to support people safely whilst transporting them in the car. Risk assessments were also in place about how to support the individual if they became unwell whilst undertaking activities within the community. Staff were aware of the importance of keeping the environment safe to reduce the risk of harm to people. For example, to ensure the floor was free from clutter to reduce the risk of trips and falls.

Accidents were recorded and monitored to identify trends and action was taken to avoid incidents happening again. One person had an accident and the registered manager had reviewed their risk assessment and care plan to reduce the risk of a reoccurrence. We spoke with two staff members who were aware of the support the person required to protect them from the risk of further harm.

Is the service effective?

Our findings

People told us they were happy with the care and support they received from staff. However, staff felt they didn't receive enough one to one sessions to support them in their role. One staff member said, "Not having one to one sessions means I cannot voice my opinion." Another staff member told us, "I don't know if I am doing my job properly." We shared this information with the registered manager who said staff did receive regular one to one sessions and they had also maintained a record of these sessions. The registered manager said that maybe staff required more support and this would be reviewed. The registered manager said that all new staff were provided with an induction. This was also confirmed by the staff we spoke with. One staff member said their induction included reading the provider's policies and procedures and working alongside an experienced staff member. Staff received regular on going training and the registered manager had maintained a record of what training staff had received. Staff training needs were reviewed and refresher training provided to ensure staff had the necessary skills to do their job. Staff told us they had received training in safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguards, equality and diversity and valuing people. The registered manager said that staff were provided with specific training relating to people's health condition. For example, diabetes and epilepsy. Staff also had access to specialist healthcare professionals for advice and support to enable them to meet people's needs.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us that a best interest decision was not in place for anyone living in the home but they were aware of when this would be needed.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People told us that staff did give them the opportunity to make decisions. One person told us it was their decision to join a health club and staff supported them to attend. Another person told us that staff always asked for their consent before they helped them with their personal care needs. The registered manager and the staff we spoke with were aware of the MCA. Staff confirmed they always asked for people's consent before providing them with support.

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). The registered manager was aware of when to apply for a DoLS authorisation to protect people's human rights. The registered manager said a DoLS application had been submitted to the local authority for a number of people. This was to prevent people leaving the home alone to ensure their safety. Staff told us if people wanted to go out they would go with them to ensure their safety and we saw this.

People were supported by staff when they were anxious and unsettled. One staff member said we use the

least restrictive method to support people when they are unsettled. A staff member said when people are anxious we would distract them from the situation that had upset them. However, if people are at risk of harming themselves or others staff were trained to use restraint to ensure people's safety.

People told us they had a choice of meals. One person told us they were involved in planning the menu and staff always asked them what they would like to eat. They said, "The food is brilliant." They told us they were able to have a drink when they wanted. We saw that people were able to make their breakfast and were able to eat their meal where they wanted to. Staff were aware of people's dietary needs with regards to their health condition, likes and dislikes. For example, where people required supplements to increase their calorie intake. They also knew the support the individual required to eat and drink sufficient amounts. Where concerns had been identified that people were not eating and drinking sufficient amounts, charts were put in place to monitor this. People had access to a speech and language therapist who provided support and advice about suitable meals to promote their health.

People were supported to access healthcare services to promote their health. One person told us they were able to see their GP when needed and also had access to a dentist and optician. They said, "The staff make the appointments for me." Care records contained information about when people attended healthcare appointments.

Is the service caring?

Our findings

People told us that staff were kind and looked after them well. We saw that staff were caring and were sympathetic to people's needs. Staff involved people in conversations and listened to their views. Staff took time to support people in a pace that was suitable for them. For example, we saw a staff member supporting a person with their mobility. The staff member walked at the person's pace and chatted with them throughout the process. We saw that the same person was unwell and staff were supportive and reassured them. We saw another staff member show concern about the person's wellbeing and took the time to chat with them in a calm and caring manner.

People were encouraged to be involved in planning their care. One person said, "Staff sit with me and discuss my care needs and the things I like to do." Another person told us they were aware of their care plan and staff always asked them if they were happy with the support they receive. We saw one person sitting with a staff member whilst they ate their breakfast. They discussed the activities they wanted to do and staff took the time to listen to them. Staff were aware of people's care needs and the levels of support the individual required. Staff told us they had access to care plans that supported their understanding about how to care for people. The care plans we looked at provided information about the person's diagnosed health condition and how to care for them.

People told us that staff respected their privacy and dignity. One person said there are times when they like to be alone and staff respected their choice. Another person told us they like to spend most of their time in their bedroom and staff always knocked on their door before entering their room. Staff were aware of the importance of promoting people's privacy and dignity. One staff member said, "I try to preserve people's dignity whilst supporting them with their personal care. We saw a staff member rearrange a person's clothing in a discreet way to maintain their dignity.

Is the service responsive?

Our findings

People told us they were involved in their assessment and had a say in how they received care and support. We saw that care plans were person centred and focused on people's specific needs. This supported staff's understanding about the level of support the person required to live a lifestyle of their choice. People told us that staff listened to them and they were able to do the things they liked. One person showed us their care plan and told us their keyworker always asked them about things they like to do. Care records were written in a pictorial format so people could understand them. One person told us they wanted to join a health club and staff helped them to do this. The same person told us that staff also supported them to attend the gym. They told us they went horse riding once a month and also enjoyed shopping for clothes. We saw this person sitting with a staff member discussing the things they wanted to do during the week.

On the day of the inspection four people attended the local village hall to do art and craft. We observed that staff chatted with people whilst they drew and painted pictures and showed an interest in what they were doing. A number of people had their own personal transport to enable them to access facilities within their local community. Staff were aware of the support people required to participate with activities within the community. People were allocated one to one staff support for specific hours during the day. This enabled them to partake in their chosen activity. One person told us they enjoyed swimming and with the support from staff they were able to go regularly. People told us they had access to a variety of leisure services within their local community. They said they were able to go shopping, for a meal and to the cinema. People were encouraged to engage in activities but one person told us they preferred to stay in their bedroom and staff respected their choice.

People were supported to maintain contact with their family and friends. One person showed us their care plan that informed staff about people important to them. The person told us that staff helped them to maintain contact with their family and friends. Another person said that staff often took them to visit their relative.

People told us they would share any concerns they had with staff or the registered manager who always listened to them and sorted things out. One person told us their keyworker was very supportive and helped them with any concerns they had. Another person said if they were unhappy they would talk to the staff or the registered manager who always listened to them. The registered manager had not received any recent complaints but explained that all complaints would be recorded and responded to in writing.

Is the service well-led?

Our findings

People told us that meetings were carried out and this gave them the opportunity to have a say in how the home was run. People said the registered manager and staff listened to them and one person told us, "I would recommend living here." Another person said that during these meetings they talked about menu planning and forthcoming social events. These meetings also kept people informed of changes to the home. For example, about new people moving into the home and proposed changes to the building. One person said, "I also have meetings with my keyworker." They told us their keyworker helped them do the things they like to do and to find out if they were happy with the care and support they receive. People told us they were happy with the support provided to them by the staff and the registered manager.

The people and staff members we spoke with knew who the registered manager was. We found that the registered manager had a good understanding of people's individual needs. They supported staff during staff meetings to provide a service that met people's specific needs. Staff meetings included discussions about safeguarding, fire safety, the mental capacity act and the deprivation of liberty safeguards. We found that staff had a good understanding on these topics to ensure people's needs were met. However, the staff we spoke with told us they were not always listened to. Staff told us they had requested an equipment to promote a person's wellbeing and this had not been acted on and the person remained at risk of not receiving the necessary support when needed. We shared this information with the registered manager who assured us that action would be taken to address this. After the inspection the registered manager told us they had obtained funds to purchase this equipment.

The registered manager undertook routine training to update their skills and was supported in their role by the regional manager. The registered manager knew when to send us a statutory notification about events that had occurred in the home. They were also aware of when to share information with the local authority to protect people from the risk of potential harm.

People were given an annual quality assurance questionnaire to complete. This gave them the opportunity to tell the provider about their experience of using the service. One person told us they were given a questionnaire to complete with 'smiley and sad faces.' The survey was provided in a format to promote people's understanding. This enabled them to point to indicate if they were happy or sad with specific areas of the service. Information from these surveys were collated and fed back to people during meetings. We saw that comments from these surveys were positive.

Checks were carried out to ensure people received a safe and effective service. For example, the management of medicines was audited. However, these were not robust to identify the shortfalls we found. The registered manager assured us this would be reviewed. Care plans were audited to ensure they contained up to date information to support staff's understanding about how to care for people. Infection, prevention and control audits were also carried out to ensure the standard of cleanliness within the home reduced the risk of cross infection.