

# J&S Healthcare Limited







## Brierfield Residential Home

### 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	

### Overall summary

Brierfield Residential Home provides accommodation and personal care for up to 26 older people who require 24 hour support and care. Most people are living with dementia.

There were 26 people living in the service when we inspected on 9 February 2015. This was an unannounced inspection.

There was a registered manager in post. 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 were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

# Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

There were sufficient numbers of staff who were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were protected.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good



### Is the service effective?

The service was effective.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good



### Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



### Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



### Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good



# Summary of findings

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

# Brierfield Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 February 2015 and was unannounced.

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The Expert by Experience had experience of older people and people living with dementia.

We looked at other information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with seven people who used the service and two people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the provider, the registered manager and six members of staff, including care staff, catering, domestic and activities staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us that they were safe living in the service. One person told us that they felt safe and that their belongings were safe. Another person said, "Yes I am safe, they [staff] all make sure I am." One person's relative commented that they felt that their relative was, "Very safe," living in the service.

Staff had received training in safeguarding adults from abuse which was regularly updated. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They were able to explain various types of abuse and knew how to report concerns. Staff told us that there was information in the office which guided them in how to raise a safeguarding referral if they were concerned about a person's safety. Staff also had an understanding of whistleblowing and told us that they would have no hesitation in reporting bad practice. One staff member said, "I would absolutely whistleblow without hesitation if saw anything wrong." Another staff member told us that they were sure that all staff would not hesitate to whistleblow if it was necessary.

Staff were attentive and checked that people were safe. For example, one person who was at risk of falling stood up and a staff member quickly went over to them to check that they were steady on their feet. They stood near to the person when they were standing. Another person was sitting down in the dining room and the way that they were lowering would have resulted in them not sitting fully on the chair. A staff member promptly saw this and asked the person if they could move the chair for the person to ensure that they did not fall.

People's care records included risk assessments which identified how the risks in their daily living, including using mobility equipment, accidents and falls, were minimised. Where incidents had happened there were systems in place to reduce the risks of them happening again. For example a risk assessment had been undertaken when it had been identified that there was a risk to people falling in an area of the service, this guided staff on how the risks to people were minimised.

Risks to people injuring themselves or others were limited because equipment, including the passenger lifts and hoists had been serviced so they were fit for purpose and

safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

Where people required support with behaviours that may be challenging to others or distress reactions, associated with dementia, there were care plans and risk assessments, where needed, in place which guided staff to support people in a consistent way that protected and promoted their safety, dignity and rights. One staff member told us, "We all know the residents so well we can recognise any potential problems and sort them before they escalate."

People told us that there was enough staff available to meet their needs. One person said, "The staff are always very helpful." Another person said, "All the staff are very good, they are all on the ball and I am lucky to be here." One person's relative told us that they visited at different times and, "It is always the same. Plenty of staff and a good atmosphere." We saw staff were attentive to people's needs and verbal and non-verbal requests for assistance were responded to promptly. There were no people left alone for long periods of time. Staff moved around the service and between people ensuring that all people had some interaction from staff.

Staff told us that they felt that there were enough staff to make sure that people were supported in a safe manner. One staff member commented, "We have a really good team who support each other and cover where necessary." The registered manager told us that the staffing levels were adjusted if people's needs increased and to make sure that the busier times of the day were adequately covered. The provider commented that they ensured staffing levels were sufficient to meet people's needs and almost all of the staff had worked in the service for many years. The staff rota and our observations confirmed the staffing levels which we had been told about.

Records and discussions with staff and the registered manager showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

## Is the service safe?

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, “I never have any problems with my medication, they [staff] bring them to me every day.” One person’s relative told us that their relative’s medicines, “Always come on time.”

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People’s medicines were kept safely but available to people when they were needed.

# Is the service effective?

## Our findings

People told us that the staff had the skills to meet their needs. One person said, “I have never found anyone who isn’t helpful and friendly.” One person’s relative commented that staff were, “All well trained and very caring.” Another person’s relative told us that they felt that the staff training was, “Excellent,” and “I have picked up lots of useful hints just by watching them with [person].”

Staff told us that they were provided with the training that they needed to meet people’s requirements and preferences effectively. A staff member and the provider said that the staff team had recently undertaken ‘dementia virtual tour’ training, which had resulted in them realising that a change of footwear would benefit a person. This was provided and the person now had less difficulty walking. This showed that the training was effective and that staff had used it to improve the care that they were providing to people. Another staff member told us that the core training was updated each year and that they had also received training which was specific to the people who used the service. This included recent training in supporting people with behaviours that challenge and diabetes.

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. The registered manager told us that when new staff started working in the service, they were provided with the core training and shadowed more experienced staff until they were confident and able to work alone.

We saw that the staff training was effective because staff communicated well with people, such as using reassuring touch and maintaining eye contact with people. Staff supported people to mobilise using equipment to maintain their independence effectively and appropriately. Staff were knowledgeable about their work role, people’s individual needs, including those living with dementia, and how they were met.

Staff told us that they felt supported in their role and had regular supervision and appraisal meetings. These provided staff with a forum to discuss the ways that they worked and to receive feedback on their work practice.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. One person said that they were, “Always asked for permission,” before staff assisted them and, “They always explain everything to you.” One person’s relative told us that their relative’s consent was always sought before any assistance was given and that the staff, “Know [person] very well,” and gave them plenty of choices as regards their day to day living. We saw that staff sought people’s consent before they provided any support or care, such as if they needed assistance with their meal and with their personal care needs.

Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) legislation and referrals to the local authority in accordance with new guidance were made to ensure that any restrictions on people, for their safety, were lawful. Staff also understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to this. Records confirmed that staff had received this training and had discussed it in staff meetings.

Care plans identified people’s capacity to make decisions. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These showed that relevant people, such as people’s relatives and other professionals had been involved, for example decisions associated with end of life care and where people lived. Where DoLS referrals had been made, these were kept under review to make sure that they were relevant and up to date. Records included documents which had been signed by people to consent, for example to have night checks, have their medicines administered by staff, having their photograph taken and the care provision as identified in their care plans.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said, “We have a pretty good cook. The meals always come out nice and hot, just how I like them.” One person’s relative told us that when their relative had refused to eat and drink that the, “Staff had gently encouraged [person] until [person] started again,” and this had not been a problem since.

We saw that where people who required assistance to eat and drink, this was done at their own pace and in a calm and encouraging way. Where people had not eaten their meal, staff offered encouragement and alternatives. We saw that people were provided with the support that they



## Is the service effective?

needed to eat their meal where and how they wanted to. For example, one person who was living with dementia was provided with their meal in a bowl to allow them to hold it in their hands and eat whilst they were walking around. When we asked the person if they were enjoying their meal, they smiled at us and showed us their bowl and contents then walked off eating. This told us that the staff had made arrangements for those who may not have eaten if they were expected to sit at the table to eat.

We spoke with the cook who was knowledgeable about people's specific and diverse needs relating to their dietary needs.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People's records showed that people's dietary needs were being assessed and met. Where issues had been identified, such as weight loss, health professionals, including a dietician, guidance and support had been sought and acted upon. We saw that staff were moving the weighing scales in the service, one staff member told us that there had been a discrepancy in a person's weight and they were checking if this was

because the scales had been on a different surface when the person had been weighed. They checked this person's weight and found that this had been the case. This told us that the staff took appropriate action when they had identified that a person may have lost weight before calling on support from health professionals.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person said that there were regular visits from a nurse and that staff, "Will always get you a doctor if you need one." One person's relative told us that their relative had a long term health issue and that the staff, "Are in constant communication with the doctor about this. They chase [doctor] up if they don't think they are doing enough about it." One staff member commented that all the people had their own doctor, "But the practice nurse comes in once a week so that any little problems are picked up early."

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

# Is the service caring?

## Our findings

People told us that the staff were caring and treated them with respect. One person said, “They do look after you well here.” Another person commented, “They do their very best. It is like a nice hotel and the staff are always very helpful. Everyone is very polite.” Another person told us, “All the staff are kind and nice, it is a good place to be.” One person’s relative commented, “Communication from them is great.”

Staff talked about people in an affectionate and compassionate manner. One staff member said, “This place is amazing. The staff are really caring, a real team.” Another staff member described the service as, “One big happy family.” We saw that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including smiling and chatting to them. People were clearly comfortable with the staff.

We saw that when a person, who was living with dementia, became distressed the staff acted promptly. They sat with the person and reassured them. This person responded well to staff and smiled, they held the staff member’s hand and said, “Oh you are lovely,” and the staff member responded, “So are you.” They were able to help this person because they knew them well and knew how to interact with them to help their mood. Staff interactions with people were calm and encouraging. We asked one staff member about how they supported people when they were distressed and they said, “Depends on who the

resident is and what would be appropriate to help them.” This was confirmed in people’s records which identified the individual support that they required to support them with their anxiety and distress.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. One person commented, “I can please myself what I do, read the newspaper, be in my room, or go out in the garden.” People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person said that they preferred to have a bath and that the staff assisted them, “In a very jovial way, they never make me feel embarrassed. They are all lovely, I can talk to them about anything.” Another person told us that they were independent, this was respected by staff and that staff supported them if they needed assistance. They added, “It gives the reassurance that there is always someone there should I need them.”

We saw that staff respected people’s privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

People’s records identified the areas of their care that people could attend to independently and how this should be respected.

# Is the service responsive?

## Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person commented, “They talk to me about what I need.” One person’s relative said, “Staff really know [person] well, that is the great thing about it being a small home, everyone, including the relatives know each other, it’s like one big family.”

Staff were knowledgeable about people’s specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes. Staff knew about people’s diverse needs, such as those living with dementia, and how these needs were met. This included how they communicated their needs, mobilised and their spiritual needs. They told us about a book that had recently been introduced by the provider. These were life story books for each person which were completed by people and the staff. We looked at some of these books and they included written text and photographs of people’s life history, what was important to them and the things that they enjoyed doing and had done whilst living in the service. One staff member said, “It is fascinating, being able to find out about their lives and all the amazing things they have done. A really good initiative from the owner to help staff to really get to know people, their individual needs and abilities.” The provider told us that people could take these books with them if they left the service. This acted as a history also of the time they had spent in the service.

Records provided staff with the information that they needed to meet people’s specific needs. Care plans and risk assessments were regularly reviewed and updated to reflect people’s changing needs and preferences. This included comments people had made about their care in care reviews and staff observations of people’s wellbeing. Care records included information about people’s history, such as their hobbies and interests. These were used to plan activities for people which interested and stimulated them. These showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in, both individual and group activities. One person said that there were, “Lots of things to do.” Another person said about the activities staff, “I like [staff member] very much, [staff member] makes sure everything is just

right.” One person’s relative described the activity staff as, “Particularly amazing,” and that their relative had, “One to one sessions and [staff] has encouraged [person] to paint and draw, lots of [person’s] paintings are now on display in [person’s] room, and [staff] also takes [person] to feed the horse down the lane, which [person] thoroughly enjoys doing.”

We saw that there were items of art which had been completed by people displayed in the communal areas of the service. Communal areas in the service had murals on the wall. For example in the dining room there were pictures of food, this assisted people who were living with dementia to recognise what this room was used for. One staff member told us that the murals were good conversation starters and helped interaction. In one of the lounges there were murals of things associated with the seaside, what the staff member told us was confirmed when a person spoke with us about the seaside and holidays. There was a list of chores that people were responsible for doing in the dining room, this included collecting cups, sorting a drawer out and checking around and making sure the dining room was tidy. The registered manager told us that people had expressed a wish to be included in these chores and people also did things like assisted to prepare vegetables and fold napkins, which gave people a sense of purpose.

We saw people participating in a range of activities throughout the day of our visit. During the morning, those who chose to make Valentine cards. We sat with people during this activity and we saw that they chose how they wanted to decorate their cards. This activity encouraged interaction and people told each other about who they were sending them to, staff engaged in the discussions and clearly knew people well and were able to hold conversations about their relatives. One person told us, “We do lots of little things like this, it is really good.” People also played a target game and there was lots of cheering and laughter. A game of bingo in the afternoon was held, with the inclusion of all people who chose to participate and people’s visitors. A staff member moved around the room and assisted people to recognise the numbers as they were called. People also undertook one to one activities with staff including colouring pictures and completing their laminated care needs document which was kept in their bedrooms which gave staff a brief description of the person’s needs and preferences.

## Is the service responsive?

We spoke with the activities staff member who told us that the activities were not only provided when they were on duty but by all the staff in the service. They told us that they recognised that “Each day is different,” and that they, “Will adapt to whatever the residents themselves want to do at the time, although all the plans revolve round what they have told me they like.” They told us that there were regular meetings where small groups of people get together to chat about likes and dislikes, particularly with regards to potential activities.

Records showed that there were a range of activities that people could participate in which included craft sessions, taking people out, fish and chip suppers, singers and weekly armchair keep fit.

People told us that they could have visitors when they wanted them, this was confirmed by people’s relatives and our observations. One person’s relative said, “Whenever you come in they give you tea and cake, its lovely.” This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

All of the people and people’s relatives spoken with told us that they knew who to speak with if they needed to make a complaint. One person commented, “It’s all very good, I haven’t had any problems. If there was a problem, I wouldn’t be afraid to make a fuss.” Another person said, “If I did have a complaint, I would speak to the boss.” One person’s relative told us that they were aware of the complaints procedure and, “Any issues would be addressed,” if they did ever have cause to complain. Another person’s relative said that they had nothing to complain about, should there be, they would have, “No hesitation in speaking with manager.”

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. People were asked if they had any complaints and were reminded about the complaints procedure in meetings which were attended by the people who used the service. We saw the provider speaking with people who used the service and asking if they had any concerns they wanted to discuss. Complaints were well documented, acted upon and were used to improve the service.

# Is the service well-led?

## Our findings

People and relatives gave positive comments about the management and leadership of the service. One person's relative described the registered manager as, "Very approachable," and, "We consider ourselves really lucky to have found this place. I recommend it to other people." Another person's relative said that the registered manager was, "Very helpful," and if their relative needed anything, "They are straight on the phone to me so that I can bring it in for [person], communication from them is great."

Staff told us that the registered manager and the provider were approachable, supportive and listened to what they said. Staff understood their roles and responsibilities in providing good quality and safe care to people. One staff member said, "The owner is very good, he listens to what staff say and takes action. He comes in and spends time here with staff and residents, he wants it to be as good as possible." Another staff member told us that they were able to approach the registered manager or provider if they needed any new equipment and that, "They take note and I get it." Staff told us that they attended regular staff meetings where they could contribute to the running and development of the service. Records confirmed that these meetings took place.

During our visit we saw that the provider spoke with staff and people who used the service. He knew them all by name and people responded to them in a manner which showed that they knew the provider. The provider spoke with us about how they ensured that the service was continually improving. This was confirmed in our observations, they showed the registered manager a new care plan template and asked them to pilot this on one person's records to see if it was more effective than the

current care plans. The provider showed us a new template that they were using to monitor the quality in the service, this included the five domains safe, effective, caring, responsive and well-led.

The registered manager told us that they felt supported in their role and that they had regular support from the provider both informally in their regular visits to the service and formally in their supervision and appraisal meetings.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medication, falls, behaviours that challenge and the safety of the environment. Where shortfalls were identified actions were taken to address them. Records and discussions with the registered manager showed that incidents, such as falls, complaints and concerns were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. This helped to make sure that people were safe and protected as far as possible from the risk of harm.

People were involved in developing the service and were provided with the opportunity to share their views. The minutes from meetings which were attended by people who used the service showed that people's views were discussed. Where people were unable to verbally communicate their views, such as those living with dementia, their representatives were invited to meetings and to share their views of the service with the staff. There were also care reviews in place where people and representatives made comments about their individual care. We could see from records that when people had made comments, such as their preferences regarding food or activities, changes were made to show that their views were valued and acted on and improvements were made to improve people's experiences.