

# Gresham Care Limited

# 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

### About the service

Briar House is a care home providing personal care to up to 6 people. Briar house supports people who are living with a learning disability, autism and epilepsy. There were 6 people living at the service at the time of inspection.

### People's experience of using this service and what we found

People were safe at Briar house and appeared relaxed and comfortable in the environment. Staff knew people well and risks to people were well managed and assessed.

People were well supported and had their needs responded to quickly. There was enough staff to support people and staff had received appropriate training to support them to carry out their roles. People received their medicines correctly and medicine was given by staff who were competent to do so.

The home was clean and tidy and good infection prevention and control procedures were implemented and monitored. Lessons were learned and shared with staff members to improve the quality of care provided to people. Accidents and incidents were monitored and any actions were shared with the team.

People received personalised care that was individual to them and their needs. Care plans were detailed and personalised. There was information about peoples lives and their likes and dislikes which enable staff to provide personalised care. Staff were kind and caring with people, they spent time with people and would adapt their approach as needed to provide the appropriate care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to live their lives in the way in which they wished, the service took a proactive approach to managed risk and independence to ensure people could have complete choice and control over their lives.

A variety of audits and monitoring systems were in place for the registered manager to maintain oversight over the service. The service had good working relationships with other healthcare professionals and would make appropriate referrals as required.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right Support: The model of care and setting maximised people's choice, control and independence. People were supported to live their lives the way in which they wished and were supported to pursue their personal interests.

Right Care: Staff were adaptable in their approach to care based on how people were feeling. This allowed staff to provide personalised care that met people's needs.

Right culture: There was a positive culture in the service that promoted independence. There was an open and empowering leadership culture, this allowed staff to adopt a caring and proactive approach when delivering care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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. Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective. Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring. Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive. Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led. Details are in our well-led findings below.

# Briar House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out the inspection.

#### Service and service type

Briar House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding information and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We communicated with three people who used the service and three relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including using objects and their body language. We spoke with five members of staff including the registered manager and care workers. We reviewed a range of records. This included four people's care records and six medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audits and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff members had good knowledge of safeguarding practices and how to keep people safe. One staff member told us, "We were trained to report it straight to the manager, we do an accident form and if we know what happened we write what had happened. Manager will then report it to the safeguarding team."
- Where safeguarding concerns had been identified, these had been correctly reported to the local authority and the registered manager kept a log of these and the actions taken. The registered manager would share any actions taken with the team to ensure staff knew what needed to be done to keep people safe.
- Relatives were informed of the safeguarding process and knew what to do if they had any concerns. One relative said, "I would go to [registered manager] if I had any concerns and I feel they would deal with them appropriately"
- Staff received training in safeguarding and the safeguarding process was displayed in the office with information on who to contact should they have a concern.

Assessing risk, safety monitoring and management

- We observed people living safely and people appear comfortable and protected from harm during our inspection. One person became agitated during the time at the time of our inspection, staff supported them safely to calm down and this was detailed in their care plan.
- Relatives told us they felt risks to their loved ones were well managed and people were kept safe. One relative said "[person] is safe, we when take him out he is always happy to go back, that's a sign that he is comfortable and well looked after" Another relative said "[person] is at risk of choking, the staff are very good and everyone knows what they need to look out for"
- A variety of risk assessments were in place. One person had a risk assessment for staff to follow when carrying out their personal care. During our inspection with observed staff using communication with the person that had been detailed in their risk assessment when supporting them to ensure they would be safe.
- Risks to people's health were carefully monitored. One person had not been feeling well and had not been eating much. We saw the GP had been contacted and the person was being closely monitored. At lunch time we observed the registered manager sitting with the person supporting them to eat, we also heard the registered manager discussing with staff members next steps in managing the persons care.

Staffing and recruitment

- We observed there were enough staff members to support people. During our inspection, some people were out at a cookery school class and others were being taken out in the car, there were enough staff to support people to do this and also to support people at the house.
- Relatives felt there was enough staff to support people. One relative said, "They are very good with their

staffing levels." Another relative said, "Staffing isn't a problem, there's always people around".

- There were enough staff to respond to people's requests quickly and to spend time with them. One person became distressed and we observed two members of staff taking their time to support the person to relax. Staff asked the person what they would like to do and gave them options, the person chose to go out for a walk and there was enough staff for this to be facilitated.
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

#### Using medicines safely

- People were supported by staff who had received appropriate training and were competent in supporting people with their medicines.
- Medicines were well managed, there was a key question checklist in place for staff to review to ensure they had completed everything correctly and a system was in place to monitor the stock levels.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating and when medicines were given covertly.
- Protocols were in place when people had medicines they took as and when they required it. We saw one protocol for a medicine that supported someone when they displayed certain behaviours, we could see that this wasn't being used inappropriately or excessively to control the person's behaviour.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals



visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager. The registered manager would record any lessons learnt or actions taken and these were shared in a folder that all staff members would read and sign.
- Staff learnt from previous incidents to ensure people were receiving safe care. One incident took place when a person was out with staff in the company vehicle. Adaptations were made to the vehicle so the person could continue to use the vehicle but prevented any future reoccurrence, staff were aware of this and continued to go out with the person in the car

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service was following the right support, right care, right culture guidance in line with individuals needs and staff would adapt their approach to provide person centred care and the appropriate support.
- Peoples needs were well assessed, and this was reflected in peoples care plans. Peoples care plans included information about communication, their goals and how they needed to be supported.
- Staff had good knowledge of peoples assessed needs. One person's care plan detailed information about how one person would want to excessively change their clothing and staff needed to adopt a certain approach when the person showed this behaviour. We observed staff communicating with the person as the support plan had detailed and the person responded well to them and continued enjoying watching a film.
- The service had not had someone move into the service recently, however, the registered manager explained how they would complete a face to face assessment to find out about the persons needs and to discuss these with other health care professionals involved in the persons care.

Staff support: induction, training, skills and experience

- Staff received training to support them to carry out their roles. One staff member told us, "The training is this company is really good. A lot of refreshers. The last one I did was epilepsy."
- Training was provided to staff that was relevant to the people they were supporting and we observed staff carrying out their roles who knew what they were doing and were following best practice. The service checked staff's competency to ensure they understood and applied training and best practice.
- When new staff started working at the service they received a comprehensive induction, one staff member said, "I had shadow shifts and [registered manager] introduced me to everyone and gave me time to read the care plans so I understood what people needed." Some people living at the service would be anxious when around people they did not know, shadow shifts and time for new staff to get to know people gradually enabled people to feel less anxious and more comfortable.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People received supported to eat and drink enough. We observed staff members encouraging and supporting people whilst they ate their meals. People ate their meals at times they wished and the meal time experience was social and positive.
- Staff supported people to be involved in preparing and cooking their own meals. One person was involved in preparing their lunch, staff were observing from a distance and offering verbal support when needed.
- People were given choice about what they would like to eat and drink, staff had a good knowledge of

people's likes and dislikes. One staff member was discussing favourite crisp flavours with a person who was choosing which crisps to have.

- People were free to make their own decisions about food and staff would support them to do this. During lunch time, we observed people being given choice, whilst preparing one person's meal that they had chosen, the person changed their mind, staff members joked with the person and positively made their new choice.
- Another person had a nutritional care plan that stated they needed to be observed whilst eating their meals, we saw this happening and the staff member discreetly positioned themselves to observe the person, without being overbearing.
- People were supported to access healthcare when needed. We saw evidence that a variety of referrals had been made to specialist services such as dermatologists, continence nurse and the learning disability and autism team.
- During our inspection the registered manager contacted the GP about someone she had a concern about, it was clear that the registered manager had been in contact with the GP previously and this was something they had been monitoring.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were highly personalised. Bedrooms had been recently re-decorated and people had been involved choosing the paint, wallpaper and accessories.
- The house was homely and had space for people to be social as well as space for people to have time quietly. The kitchen and dining area was spacious enough to allow people to support with preparing their meals and sit with staff.
- The environment was well kept, the registered manager told us new sofas were soon arriving to replace the current ones which were worn in places.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- People's capacity had been assessed appropriately and when people lacked the capacity to make decisions, best interest meetings had been held and decisions were made for people considering their preferences.
- Staff assessed capacity for each decision and would involve people in the decision making process. We witnessed staff asking people for their consent to sit with them or to help them with a task.

- Staff had a good understanding of capacity and gaining consent. One staff member told us, "We always ask people what they want to eat, what they want to wear. We always give people every day to day choices for them to make."
- One relative told us, "They treat people as individuals, they ask people what they would like to wear and what they would like to do, it is not just the same for everyone."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us that the staff were kind and caring. One relative said, "All the staff are brilliant, they are very natural with people."
- People were well supported and were treated respectfully and with kindness. We observed one person who became anxious whilst a staff member was putting away the shopping. The staff member got a chair for them and talked them through everything they had got at the shops, this involved the person and calmed them down.
- People living in the home had a variety of needs and showed different behaviours and anxieties. We saw the staff adapting their approach to meet each individual need and would care for people a way that they responded well to.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and to be involved in making decisions where possible. People would choose how they spent their time and what they wanted to do in the future, one person had set goals around exercise and we saw this was included in their weekly activity planner.
- People were supported and encouraged to pursue interests and try new things. One person who had started painting during the lockdown period had been involved in hanging his art work on his bedroom walls, the person enjoyed showing us this during our inspection.
- The service involved people who were important to those living at the home to gain their views and involve them in decision making. Surveys were sent out to people's advocates to gain their views on the service, these were well responded to and were used as a way for people to provide feedback and make suggestions about things they wish to see in the service.

Respecting and promoting people's privacy, dignity and independence

- We saw staff members promoting people's privacy, one person wanted to go to the toilet, the staff member supported them discreetly to go into their bedroom and use their en-suite toilet, momentarily stepping out of the room to allow them privacy.
- One staff member told us, "I always treat people with respect. I always knock on their bedroom doors and make sure they are comfortable with me entering their private space."
- People were supported to maintain their independence. The registered manager told us that they had moved the laundry room to make it more accessible for people, people would take their own laundry down to the laundry room and put things in the washing machine. We saw this happening on the day of our inspection, we also saw staff supporting people to pick up their own post and tidy their rooms.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Personalised care plans were in place that reflected how people wished their needs to be met and also detailed their preferences. One person had agreed goals in their care plan and this was to receive support to pursue their hobbies such as cooking. On the day of our inspection this person was out for part of the day attending a cookery class.
- One staff member said, "We treat every person that lives here differently in line with how they want to be treated. You can't assume because one person likes things done a certain way, everyone does. It's about getting to really know the people you are supporting."
- The service provided care that was personalised and tailored to the individual. Support plans included photographs of family and friends who were important to the person, details about how they like to have their bedroom and things that the person liked and disliked.
- No one was currently received end of life care at the service, however, there were detailed and personalised end of life care plans in place. These covered a variety of areas that would be important to a person when at the end of their life. The plans contained pictures so they were easier for people to access and understand.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People living at the service all used different forms of communication. One staff member told us, "Each person has their own way of communicating with us, what they wants or needs. [person] will use objects of reference whereas [person] uses the iPad to communicate."
- Staff had good awareness, skills and understanding of individual communication needs. Peoples communication care plans were very detailed, they gave specific signs and gestures people would make and what these meant. We saw people communicating as detailed in their plans and staff understood and responded appropriately.
- Staff received training in different communication styles and different styles of easy reads and picture cards were available to be used when needed. When one person was choosing their lunch, the staff member

took the different options to them and they pointed at what they would like to eat.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships and to pursue their interests. People had their own activity planners in place that included times when they would attend clubs, go for walks, go shopping, take part in exercise and see people who are important to them.
- People were supported to be active and to live a fulfilled life. Daily logs were kept that detailed what people had done each day, this showed that people were spending their time doing a variety of different things and we pursue their interests.
- During our inspection, people were in and out attending different activities and then doing things important to them whilst at home. People had periods of time where they enjoyed being with others and then having space to themselves when they wished.

Improving care quality in response to complaints or concerns

- There had not been any recent complaints at the service. However, the registered manager told us they would keep a complaints log, detailing then information about the complaint and any action taken.
- A complaints procedure was in place and this was shared with relatives and people, there was an easy read complaints procedure in place that staff would go through with people during their review meetings.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff members spoke positively about the registered manager and the provider. One staff member said, "I am very happy with my manager, she is always very supportive." Another staff member said, "The company has provided us support, we are well-led, support in everything, providing what we need in the house. Provide us with training so we can provide high quality of care."
- There was a positive and open culture in the service and people appear relaxed and at home. One staff member told us, "We all just feel so passionate about making sure they are cared for properly. All the team feel the same and you can tell we all work hard to make sure that we achieve this."
- The registered manager and staff team promoted people's individuality, protected their rights and enabled them to develop and flourish. The team had worked with the people living in the home to turn the garden into a sensory garden and had also worked on a project to grow vegetables in the garden.
- Relatives felt involved in the service, one relative said, "They always keep us up to date and will act on any feedback I give them. They always listen to us."
- Surveys were sent out to relatives of people living at the service to gain their views and feedback about what the service was doing well and any areas in which it could improve.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Information and updates were openly shared amongst the staff team, with people and relatives. During the COVID-19 pandemic, people were kept up to date and informed of any changes.
- Where things had gone wrong, we could see that the registered manager was open and honest about it and would offer an apology where needed, this would be the process even if what had taken place was something minor.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The managers had informed the CQC of significant events including significant incidents and safeguarding concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A wide variety of audits were carried out to monitor the service and the care people received. Audits covered areas such as infection prevention and control, medicine management and mental capacity.
- Staff had a good understanding of their roles and were led by a manager who regularly worked alongside them. Staff felt the registered manager led by example, one staff member told us, "[registered manager] lets us know what to do, but not in a bossy or direct way. It helps when she is doing so much on the floor, it gives everyone the attitude to follow her example."
- Staff received regular supervisions and were given opportunity to discuss their role and their development. Updates and information was regularly shared with staff to support their development and the quality of care they were providing.

#### Continuous learning and improving care; Working in partnership with others

- The registered manager had a proactive approach and encouraged staff to learn and come up with new ideas to improve care. One staff member told us, "[registered manager] is very encouraging and when we have an idea she will say put it in place and we will give it a go."
- The service worked hard to ensure people received quality care and had access to other healthcare services to improve their health and well being. The service had a good working relationship with other healthcare professionals, we could see evidence of positive interaction between the service and the GP.