Mr & Mrs V Game

The Briars

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

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

The Briars is an established care home and is registered to provide care and support for up to five working age adults and older people living with a learning disability and a mental health condition. Accommodation is provided over three floors, with communal areas on the ground floor.

At the last inspection, the service was rated Good. At this unannounced inspection on 15 January 2018 we found the service remained Good.

Staff understood risks to people and followed appropriate guidance. Staff followed safe practices to keep people safe from harm, abuse and discrimination. Systems were in place to ensure all accidents and incidents were recorded and processes were in place to ensure lessons were learned. Health and safety procedures were in place and had been regularly reviewed. Sufficient staff were always on duty. Good procedures were in place for the safe management of medicines.

Staff were supported through regular supervision, appraisal and training. They provided the care and support outlined in people's care records and in accordance with advice from health professionals. People were supported with their health and well-being and were given choice in all aspects of their lives. Staff supported people with their healthcare appointments. Staff were proactive when people became at risk of malnutrition. People were involved in menu planning and shopping for food. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed positive relationships between people and staff. Staff understood when people required additional support. This was carried out in a dignified manner. People were treated with kindness and respect. People were involved in their care, their voice was evident in their care records. Choices and preferences had been recorded and people had signed their care plans to show they agreed with them.

Detailed care records were in place which were individual to each person. This meant staff were able to

provide the most appropriate care and support to people. Activities were planned daily and reflected people's choices. Information in standard and easy read formats were on display to inform people how to make a complaint.

The registered manager was visible at the service and had positive relationships with people and staff. All worked together as a team. People were involved in the service through daily living activities and staff sought feedback from them. People were visible within their own community. Quality assurance procedures were in place to ensure the service continued to deliver a good standard of care to people.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Briars

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.

We carried out a comprehensive inspection of this service on 15 January 2018. One adult social care inspector and one expert by experience visited the service for an unannounced inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, the expert by experience had experience of working with and caring for people living with a learning disability.

The registered manager has been registered with the Care Quality Commission since the date of registration for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Before our inspection we reviewed all the information we held about the service. We examined the notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We spoke with Redcar and Cleveland local authority contracts and commissioning team, and Cleveland fire service. We used this feedback as part of our inspection planning process.

The provider was asked to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection.

During the inspection we spoke with five people and three relatives. We also spoke with the registered manager, senior carer worker and two care workers.

We reviewed two care records in detail. We reviewed one recruitment and induction record and two staff supervision and appraisal records. We also reviewed the training summary records for all staff as well as records relating to the day to day running of the service.

We looked around the service and went into some people's bedrooms (with their permission) and visited the communal areas. We carried out observations of practice and conducted a short observational framework for inspection (SOFI) to capture the experiences of people who may not be able to express themselves or communicate with us.

Good

Our findings

Staff understood the risks to people and carried out care and support in line with national guidance. This meant staff acted quickly to prevent incidents from occurring. This included falls and people hitting one another. These practices kept people safe from harm and abuse. Risks to people were regularly reviewed and continual learning took place to ensure risks remained low. Equality and diversity priorities were in place to protect people and staff from discrimination. Systems were in place to ensure lessons were learned whenever an incident took place.

Up to date certificates were in place to show that the building and equipment was safe for use. People and staff were involved in planned fire drills and information needed during an emergency situation was readily available.

Good recruitment procedures were in place. All staff had completed an application form, had two checked references and a current Disclosure and Barring Service (DBS) check in place. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. Sufficient staff were always on duty. One person told us, "There is enough staff and [we have] the same staff." Staffing levels changed depending on the needs of people and the activities each day.

People had access to the medicines they needed. One relative told us, "[Registered manager] rings me if there has been any change in medicines." And, "[Person] always gets their medicines on time." Protocols were in place for 'as required' medicines. Topical creams had dates of opening recorded on them. Medicines records were up to date. We saw staff were involved in discussions with GPs when reductions in medicines were considered. The senior care worker told us they had expressed their concerns about this and had agreed to monitor any changes in the person's behaviour. Audits were regularly carried out to ensure medicines were managed safely.

Staff followed infection prevention and control guidance. This meant staff had access to and used personal protective equipment. Systems were in place to prevent the spread of infections. The service was clean and tidy.

Good

Our findings

Staff were supported through regular supervision, appraisal and training. The senior care worker told us, "We discuss residents in supervision, their behaviours and triggers so that we are all aware." Staff told us this increased their knowledge and understanding of people. One relative told us, "Staff are lovely and they have the right training." Records were detailed and showed the progress staff were making. New staff were undertaking the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours of staff working in adult social care. Staff training included equality and diversity, first aid and fire safety. The registered manager also carried out informal observations of staff to review their practice.

Care and treatment was delivered in line with evidenced based guidance. People were involved with health and social care professionals and regularly attended appointments. Care plans reflected recommendations from health professionals. We observed that staff were vigilant and provided timely support to people when their behaviours started to escalate. This reduced the number of minor incidents between people and reduced any anxiety. We could see that staff were supporting one person at risk of malnutrition. Care records included the recommendations from health professionals and records demonstrated that staff were following these recommendations.

People were involved in planning their meals and some people prepared their own meals. We could see menus reflected individual people's choices. Staff told us how meals were adapted to suit individual people's needs. For example, one person needed a gluten free diet and another person needed meat to be cut into small pieces to reduce swallowing risks. One person suffered from anxiety and this impacted upon their appetite. We could see that staff were vigilant at meal times and ensured extra snacks were offered when their appetite was reduced. We observed people being offered food and drinks at meal times. One person told us, "The food is nice," and, "I [like to] have a cup of tea and a biscuit."

The service was in a good state of repair. We could see that it had been updated since the last inspection. This included building work, painting, new carpets and a new kitchen. The registered manager was aware that the environment needed to be suitable for people living with a learning disability. This included appropriate signage to allow people to navigate the environment. People's rooms contained their personal belongings. One person told us, "I have a teddy bear, bed, and TV in my room."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Five

people had a current authorisation in place and staff understood this authorisation. However people were given choice in all aspects of their lives and were encouraged to make their own decisions.

Best interest decisions had been carried out, but not formally recorded. The registered manager told us that systems would be changed to ensure this recording occurred.

Good

Our findings

People were treated with kindness and respect from staff who knew them well. One person told us, "The staff are kind and they are alright." From our observations, we could see staff understood people's needs wishes and preferences. People had difficulties communicating, however, staff knew what people were trying to say. Staff were in the process of updating care plans with the way people communicated and some interpretation of what people were trying to say. We saw that staff engaged people in discussions about their favourite hobbies, activities and interests.

People's privacy and dignity was maintained and respected. One staff member told us, "We don't wear uniforms or name badges. This is people's home. In the community we don't stand out when we take people out. This respects people's privacy." People were given the time they needed during personal care and were not rushed. People were given choice in all aspects of their lives, such as clothes they wanted to wear, activities for the day and the time to get up and go to bed. Staff encouraged people to remain independent and only gave the support which was needed. Care records showed that people had been involved in planning and reviewing their care and people had signed their care records. Staff told us that they needed to present information in appropriate formats to people to increase their understanding and aide decision making.

People were supported to maintain relationships with those important to them. One relative told us, "You can visit at anytime. I do make an appointment, but that's only polite isn't it." One person told us, "Grandma and Mum can come anytime." We saw people had contact with their relatives and friends through day centres and specialist 'social clubs' for people living with a learning disability.

A small number of assistive technologies were in place at the service. These are products and services that empower disabled people to become more independent. Under the Equality Act 2010, assistive technology is recognised as a 'reasonable adjustment' which should be made available to prevent discrimination in a wide variety of contexts. A smart television (internet connected) had been purchased and staff were looking at how they could engage people with this technology. For example, using a video sharing website to engage people in exercise, activities and games.

Good

Our findings

Care records reflected people's individual needs, wishes and preferences. Care plans detailed what people could do for themselves and when staff needed to provide support. Information about people's communication needs had been included. Care records also included information about the choices people could make, their likes and dislikes. There was evidence of discussions with people about their care plans. These had been updated when people's needs changed. We saw some care plans were in place where there was no identified need. The registered manager told us they would review care plans and remove unnecessary care plans.

A variety of activities were provided at the service. These included jigsaws, painting and baking. A staff member told us, "Activities are planned daily because people want to do them there and then. We play games and go out into the community. Sometimes we have pamper sessions." One person told us, "I like to go to the Mermaid [local pub] for my lunch." Some people attended day centres in their local community. One person told us, "I go to work [day centre] in Redcar." Another person told us, "I have a friend at the day centre. I like going to the club."

Information about how to make a complaint was available in a standard format and an easy read format. No complaints had been made, however, the registered manager and staff told us they resolved any issues or disagreements between people when they came up. Staff told us that people's behaviour could change when they were unhappy and they would respond to this straight away. One person told us, they would, "Tell the staff if they were not happy."

Good

Our findings

The registered manager and staff worked together as a team to ensure people received safe care and support. We observed good relationships within the staff team and could see they communicated well with one another. Staff told us the registered manager was always visible and they could approach them whenever they needed to. People told us they were happy living at the service and relatives told us they were happy with the care the staff team provided. One relative told us, "It's like a family." Another relative told us, "I think [the service] it's outstanding."

All staff understood their roles and responsibilities. This meant they worked together to review people's care and were involved in developing the service and making improvements. There was evidence that equality and diversity was embedded within the service. Quality assurance processes were in place. This meant audits had been carried out, observations of practice had taken place and feedback sought. Not all information was formally recorded and the registered manager told us that this would be immediately addressed.

Regular staff meetings took place which were well attended. Formal meetings for people were not carried out. Staff told us that people engaged better when they chatted to people informally and about one subject at a time. This meant that people could be given the time they needed.

The service had links with their local community and staff told us people were well known in the area. Staff told us that workers in local shops always engaged people in discussion when they were shopping. People attended the local library and specialist events such as fetes, Christmas parades and Pantomines.

The service worked alongside health professionals, social workers and local authority contracts, commissioning and safeguarding teams. All spoke positively about the registered manager and staff. The registered manager attended provider forums to keep up to date with best practice.