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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 

Overall summary

This inspection took place on 7 October 2015. The provider was given 48 hours' notice because the location is a small care home for people who are often out during the day and we needed to be sure that someone would be in. At our previous inspection on 30 August 2013 the service was meeting the essential standards.

The Briars is a residential care home providing care and support for up to seven adults with a learning disability. It

is situated in a residential area of Hinckley. Accommodation is on the ground and first floor which is accessed by stairs. The Briars has a communal dining area, lounge and conservatory.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The service provided a homely setting for people using the service. This was evident from outside the home by the absence of any sign that it was a residential care home. It looked like every other residential property in the area.

People using the service were protected from harm because staff understood and practised their responsibilities under the providers safeguarding procedures. People spent a lot of time outside The Briars during the day when they attended various activity venues in the community. They were taught how to stay safe and report any concerns they had about their safety and welfare whilst out.

People were supported to be as independent as they wanted to be. Risks associated with their care and support and activities they participated in were assessed and managed. This meant that restrictions about what they couldn't do were kept to a minimum.

The provider deployed enough suitably skilled and experienced staff to meet the needs of people using the service.

People received their medicines on time and understood what they were for. Only staff who were trained in medicines management handled medicines. A medicines administration error was made in August 2015, but the provider took action to prevent a similar error being repeated.

Staff had the right knowledge and skills to be able to support people using the service. Staff were supported through effective supervision, training and appraisal. They were supported to acquire further qualifications and develop their career in adult social care.

Staff had practical working knowledge of the Mental Capacity Act 2005. They provided people with information to enable them to make informed choices. Staff were aware of the Deprivation of Liberty Safeguards (DoLS) even though no person using the service was under a DoLS authorisation.

People were able to choose what foods they had. Staff advised people about healthy eating options and

respected people's choices. Staff supported people who had made their own decisions to lose weight by monitoring and supporting their progress towards their objective.

Staff understood and were attentive to people's health needs. They supported people using the service to access health services when they needed them.

People using the service and staff developed caring relationships because staff had a very good understanding of people's needs. People were involved in decisions about their care and support and they had access to independent advocacy services when they needed them.

Staff treated people using the service with dignity and respect. They respected choices people made. People's views were listened to and acted upon. People's privacy was respected. They were able to spend time alone when they wanted.

People received care and support that was centred on their needs. People's care plans were individualised and contained information about things that were important to them. Staff used that information to provide and arrange activities people enjoyed..

The provider had procedures for the reporting on incidents and accidents. Reports were investigated and when necessary action was taken to prevent similar events happening again.

People using the service, their relatives and staff were involved in developing the service. Their suggestions were listened and, where practical, acted upon to the benefit of people using the service and staff.

The service was well led. People using the service, relatives and staff all felt well supported by the registered manager.

The provider had procedures for monitoring and assessing the quality of service. Regular checks were carried out by the registered manager and they were well supported in this area by an administrative person. A key element of the quality assurance was providing people using the service and relatives the opportunity to express their views about the service. Their views were acted upon.

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.

People were safe because staff understood and practised their responsibilities to safeguard people from avoidable harm.

Risks associated with people's care and support were assessed and managed.

Enough suitably skilled and experienced staff were deployed to meet people's needs, including administration of medicines.

Good



Is the service effective?

The service was effective.

People were supported by staff who were suitably experienced. Staff were supported through effective training, supervision and appraisal. They understood their responsibilities under the Mental Capacity Act 2005.

Staff supported people with their nutritional and health needs, supporting people to access health services when they needed them.

Good



Is the service caring?

The service was caring.

Staff had a very good understanding of people's needs which allowed them to develop caring professional relationships with people.

People were involved in decisions about their care and support and their privacy and dignity were respected by staff.

Good



Is the service responsive?

The service was responsive.

People experienced care and support that was centred on their individual needs and preferences.

People participated in a wide range activities that were developed in line with their hobbies and interests and things that were important to them.

Good



Is the service well-led?

The service was well led.

People using the service, their relatives and staff were involved in developing the service. Suggestions they made were acted upon.

The service had an experienced registered manager who was well regarded by people using the service, their relatives and staff.

The provider had effective procedures for monitoring and assessing the quality of the service. The service was well regarded by people using the service and their relatives.

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 checked 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 7 October 2015. The provider was given 48 hours' notice because the location is a small care home for people who are often out during the day and we needed to be sure that someone would be in.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person

who has personal experience of using or caring for someone who uses this type of care service. Our expert had particular knowledge and experience of caring for people living with learning disabilities.

Before our inspection we reviewed all the information we had about the service since it was last inspected in September 2013. We contacted the local authority who pay for the care of some of the people using the service for their feedback.

We spoke with three of the six people who were using the service at the time of our inspection. We spoke with relatives of two of the people we spoke with and a relative of a person we did not speak with. We spoke with the registered manager, an administrator and four care workers. We looked at two people's care plans and associated records, a recruitment file, information about training staff received and records of the provider's quality assurance activities.

Is the service safe?

Our findings

People using the service told us they felt safe. Two people commented, “Yes, because they (staff) look after me” and “Yes, because I’m not alone.” A person told us, “I feel okay [at The Briars], I’m not worried.” Others answered “yes” when we asked them if they felt safe. Another told us they felt safe and added, “I won’t go back to my flat [where they previously lived].” Relatives spoke confidently when they told us their relatives were safe. One said, “Yes, very (safe). I think it’s because [person using service] feels at home.” Another relative told us, “I do know about safeguarding, and if there was something, I’d be onto it. But there’s no reason at all, none at all”.

Care workers we spoke with showed a good understanding of their responsibilities to keep people safe. They put their safeguarding training into practice and knew how to recognise and respond to signs of potential abuse. For example, they were alert to changes in people’s mood and behaviours and they knew how to report any signs of injury. That was important because most of the people using the service spent a lot of time at activity centres and other places in Hinckley when they were not in direct contact with staff at The Briars. Staff knew how they could report safeguarding concerns to the registered manager, the local authority safeguarding team, police or the Care Quality Commission. People using the service and their relatives could be confident that staff cared about people’s safety.

People were safe at The Briars because the premises were well maintained. They were protected from risks of harm from accidents because the provider had effective maintenance procedures. For example, water temperatures were regularly checked to prevent a risk of people scalding themselves when washing. The home was tidy and free of clutter which meant people were protected from the risk of trips and falls. People using the service had individual fire evacuation plans and fire drills took place regularly. The registered manager told us that during fire drills they asked people, “You show me how you would leave in the event of a fire” which was a way of checking that people knew what to do.

People were supported to understand how they could keep safe when not at The Briars. They carried ‘keep safe’ cards which had details of where they lived. Staff explained to people how they could report if they experienced something untoward whilst not at home. A person told us, I

go to staff if I need to.” Another said, “I tell staff [if something feels wrong].” The provider had effective and safe arrangements for supporting people to get to a venue they were visiting and for returning to The Briars.

People’s care plans included risk assessments of activities associated with their personal care routines and other aspects of their care and support. These contained information about how to support people safely without restricting their independence. For example, people were supported to safely use kitchen appliances to make drinks and snacks. Two people told us they made their own hot drinks. A person using the service told us, “I do my own cup of tea. I don’t make toast - I might get hurt.” This showed that staff were aware which activities were risky for people. Risk assessments included information about what people could do safely and with confidence.

Staff supported people to participate in activities of their choice even if there was a risk of physical harm, for example through physical exercise in a gymnasium. A care worker told us, I’m aware of the risk assessments. People have a right to do things, but we protect them from harm.” This showed that staff were not risk averse.

People told us they felt there were enough staff on duty to support them. They made comments to the effect that staff were always available to them when they needed them. People were able to attend activities outside The Briars because there were enough staff to support them to do that. Staff we spoke with were confident that enough staff were deployed. A care worker said, “Oh yes, there are definitely enough staff.” Staffing levels were decided by the registered manager who involved staff in their decision. The registered manager told us that staffing levels were based on people’s needs and that enough staff were on duty to ensure that people’s care needs and recreational needs were met during the day and night.

We looked at information about training care workers had received and looked staff rotas. We found that staffing had a good mix of skills and experience.

The provider had recruitment procedures that were designed to ensure as far as possible that only staff suited to work at The Briars did so. All the required pre-employment checks were carried out. The provider had an innovative approach to include people using the service in the recruitment procedure. People using the service

Is the service safe?

participated in applicant's interviews and made their own assessments that were taken into account by the provider. A care worker we spoke with recalled that their interview for a job had been challenging.

People using the service told us they had their medicines on time. A person told us, "Staff bring them [medicines] to me, every day in the morning and night. They don't forget." They told us they knew what their medicines were for and added that the medicines "Make me better". Another person told us, "I am on medication. [Staff] gives it to me. I have it every day". A relative of another person told us they were confident people were given their medicines. They said, "Medicines are given properly". Records we looked at confirmed that people had the right medicines at the right times.

The provider ensured that people had the medicines they needed with them when they were away from The Briars, for example when they visited relatives for a weekend. A relative told us, "When [person using the service] comes home for the weekend, she brings her medication and we give it to her."

Only staff who were trained to give people their medicines did so. Their competencies to continue doing so were assessed annually. Staff made a medication error in August 2015, but the person suffered no ill effect. The provider took effective action to investigate the error and prevent a similar error happening again. The provider's arrangements for safe storage and disposal of medicines were adequate and were about to be upgraded by the purchase of a new medicines cabinet.

Is the service effective?

Our findings

People using the service spoke in complimentary terms about the staff. They said that staff were “nice”. Relatives were able to tell us more about whether they felt staff had the right skills and knowledge to be able to support people effectively. A relative told us, “I think [staff] cope with [person using service] very well. She's got some complex needs, but they seem to be able to [support] her.” Another relative said, “They are effective as staff. There have been one or two new members, but they're all so good”.

The provider had a staff training plan that was monitored by an administrator. The administrator was knowledgeable about the plan and about training courses that were available to people working in adult social care. After completing induction training staff had attended training covering a wide range of subjects which were relevant to the needs for the people using the service and their responsibilities as care workers. Care workers we spoke with spoke highly of the training they had received. One told us, “I’ve got more qualifications now than I’ve ever had in my life.” They added, “My training has enabled me to understand my job.” Care workers told us they were supported to undertake more studies towards higher qualifications.

The provider arranged for volunteers from local community groups to support people using the service. That support did not include personal care or any other regulated activity, but it was focused on people’s social and faith needs. The organisations providing the volunteers carried out the necessary checks on people’s suitability and confirmed those with the provider.

The registered manager and staff we spoke with had a working understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with told us they had training about MCA and DoLS and that they’d found the training useful and informative. MCA and DoLS is legislation that protects people who lack mental capacity to make decisions about their care and who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. Any restrictions must be authorised by a local authority. No person using the service required a DoLS.

People using the service were judged to have mental capacity to make decisions about their care. This was in

line with the MCA which requires that mental capacity must be presumed unless there is evidence to the contrary. People’s care plans included information about people’s likes and preferences and that they were able to make decisions about their care and how they spent their time. Staff respected people’s choices and decisions but when appropriate they offered information about alternative options so that people could make informed decisions. For example, staff offered advice about healthier eating choices but respected people’s decisions about what they ate.

People were supported with their nutritional needs. People told us they liked their meals at The Briars. A care worker told us, “On Sunday we have chicken or pork, beef or lamb. We try to get [people using service] to have vegetables. On Saturdays I cook different things. People are always given a choice of two meats that are frozen or fresh. I make cottage pie or bolognese, for instance. There are no set menus. When people come home [from activities] at three o'clock) I ask them what they would like.” We saw that people were asked what they wanted to eat and they were offered a variety of choices.

People’s care plans included information about their nutritional and dietary requirements. Meals were prepared by staff who were trained in food preparation and food hygiene. People were able to choose what they had for breakfast and main meals. They had a choice of nutritional and healthy food but could also have food they preferred if they wanted. A person using the service told us, “The food is alright. I like curry and I get enough food. I get favourites as well, Indian curry and Chinese on my birthday.” A relative told us, “[person using service] has basic plain food which he enjoys.” Staff were aware of people’s dietary requirements and preferences. They knew who was diabetic and what food the person should have or avoid. They knew which people preferred soup or soft food to solids.

None of the people using the service had special dietary requirements, but their food intake was monitored in case they became unwell. Food and fluid intake charts were maintained for those people who had made their own decisions about losing or gaining weight. A person told us, “I've put on weight. They (staff) do help.”

Is the service effective?

We saw people using the service enjoy a meal together after people returned from their activities. It was evident that they made a social occasion of the meal. People held conversations with each other during the meal and expressed themselves through laughter.

People were supported to access health services when they needed them. A person told us, “I have to go back to the

dentist. I go with staff. I want to have them cleaned.” Another person told us, “I go to see the doctor. I had an ear infection. I keep having an ear infection a lot lately. I'm seeing him today.” A relative told us, ‘If [person using service] is unwell, they do take her to the doctor's.’ Another relative told us that staff were “on the ball” in terms of being alert to people’s health needs.

Is the service caring?

Our findings

People using the service told us that staff were kind and caring. They explained why they thought that and gave examples. A person said, “Oh yes. They do care. Sometimes staff put on a tape (music) for me to listen.” Another said, “Staff are nice. The staff come to see me. I don’t get lonely.” What emerged was that people felt they mattered to the staff because staff did things that made them feel comfortable. An important contributing factor was that staff understood people’s needs and knew what was important to them. We looked at comments relatives made in a survey that was carried out just two weeks before our inspection. One comment said, ‘All staff seem to know the residents really well.’ When we spoke with staff they, in particular the registered manager, displayed an in-depth knowledge of the people and their needs and preferences.

Relatives told us staff were caring. A relative said, “‘Staff take care of [person using service], make her happy, keep her clean and all that. She seems to have settled down very well.’” Another said, “I think it’s more like a family environment. There’s such a nice atmosphere, and they smile when they answer the door.” Another relative told us, “We would look after [person using service] when he was at home, so we were determined to find a house they would feel at home in. We went to a number of different places to look at for [person] to live, and there was a real homely atmosphere there. You feel as if you are visiting somebody’s private home.”

Our observations were that The Briars provided a relaxed and caring environment that showed no signs of being institutionalised. People’s rooms were personalised to their taste and communal areas included pictures of people using the service and things they’d made. The ‘homely’ atmosphere was evident from outside The Briars. There was no sign or indication that it was a residential home and it was like any other home in the road, which a relative had also remarked upon. Another ‘homely’ touch was that people who wanted a warm drink shortly after waking were taken one to enjoy in their bedroom.

Some people using the service wanted to be supported to practice their faith which was important to them. The provider made arrangements for those people to be

supported by staff or volunteers to attend places of worship and centres run by faith groups. A relative told us, “If staff know people like things they go out of their way to see they get it.”

Staff were attentive to people’s needs. A relative told us, “The quality of care [person using service] gets is very good.” Staff ensured that people were comfortable and supported them to spend time the way they wanted. When people returned home from activities they were welcomed and offered choices of drink and food. Staff spoke with people about what they had enjoyed whilst they’d been out at activities which indicated they had a genuine interest in talking with people about things that mattered to them.

People using the service were involved in decisions about their care and support. We saw evidence of this in people’s care plans. Records showed that staff reviewed each section of a person’s care plan with them and changes or additions to care plans were made. For example, a person had enjoyed a particular activity whilst on holiday and asked for it to be included in their weekly activities and it was.

The provider supported people to access independent advocacy services if they needed them. The registered manager described how a person was supported through advocacy to change something that was important in their life. The registered manager told us that people were referred to advocacy services when a need to do so became known. They explained they would do more to let people using the service know more about advocacy services so that people could request such services. The first step in that direction was to discuss advocacy services at a residents meeting scheduled a few days after our inspection.

People using the service told us that they were able to choose whether they spent time alone or with other people and staff. A person told us, “I like everybody. I can have a chat. I like both being with everybody and being alone.” People’s rooms were personalised to their taste and they were able to spend time alone in their rooms if they wanted. There were other rooms where people could spend ‘quiet time’. A person had a garden room they could use.

A relative of a person using the service told us, “Dignity and respect are shown by staff.” Care workers we spoke with

Is the service caring?

described how they ensured privacy and dignity when they supported people with personal care. They told us they closed curtains in people's rooms or in bathrooms when they supported them. When we heard staff talking with people they referred to them by their preferred name and spoke politely with them.

People's care plan and associated records were securely stored and were accessed only by people authorised to do so.

Is the service responsive?

Our findings

People using the service explained that they received care and support that met their personal needs. They received support with basic personal care such as washing, dressing and were supported to take their medicines, but otherwise were independent. A person told us, 'Sometimes they help me shower. Sometimes they wash my hair for me. I have my nails done. They take me to the hairdresser.'

Most of the support they received was through recreational and learning activities that maintained or increased their independence and activities at The Briars that involved them in aspects of running the home. Some people worked for charitable organisations during the week.

A person told us, 'I enjoy watching telly, reading books, going to work and college.' Other people also attended a local college. One told us, 'Thursday I'm out at college. I like that. We do drama.' Other people told us about how they were supported to go shopping. A person told us, 'Sometimes they take me shopping. Sometimes they take all of us or I go with staff. I don't like going on my own. Yes. I like what I do.' A person son told us, 'Yes. I do lots of things. I choose. I do cooking and college'; and another said, 'I do help in the kitchen. I do the cat litter and I feed the cat. I look after him (the cat), I do lots of washing up and drying up, binning and recycling. I do ironing.'

People were supported to maintain their hobbies and interests and they chose whether to participate in recreational activities at The Briars. A person told us, 'Sometimes we play bingo and skittles, but I don't want to do that. I look at my books.' A relative of another person told us, '[Person using service] has special interests. He loves his football and has posters and TV and radio. Staff at the home are telling him what's happening [about a football team they support].' Staff knew about people's interests because people's care plans contained information about them and staff added to their knowledge through everyday interaction with people.

People care plans contained detailed information about how they wanted to be supported. Staff told us they referred to care plans and followed the guidance in them. We saw from daily records that was the case and people told us they were well cared for and supported. We saw from records we looked at that staff supported people to achieve goals they had set, for example to lose weight. Staff

supported people to attend gymnasiums, partake in physical exercise and eat healthier food. Care plans were reviewed every three months or more often if people's circumstances changed. People were involved in those reviews.

Staff respected people's choices about how they spent their time and if people decided not to attend scheduled activities outside the home. A person told us, 'I wanted to get up late today. I'm stopping in.' Staff responded well to situations that would otherwise have stopped people enjoying visits to activity centres. For example, on 7 October a person who wanted to go to an activity centre would not use the transport arranged by the centre so staff took them in a vehicle used by the service.

Relatives told us that the service had helped people to recover confidence after life changing events. A relative told us, '[person using service] seems to be a lot more stable. So they are doing well as a service.' Another relative told us about how the service had helped to replicate something a person enjoyed and found important when they lived in their family home by working with the person's family to install a summer house in the garden at The Briars.

People were protected from risks associated with social isolation. Staff respected people's privacy when they chose to spend time alone and they also encouraged people to maintain social skills by interacting with other people using the service. This was usually at meal times and through social activities at The Briars, for example games like bingo or skittles and monthly discos. People using the service formed friendships with each other. A person told us, 'I get on with them all. I have friends. Everyone's my friend.' People were supported to maintain contact with family members, relatives and friends. A relative told us, 'Staff support [person using service] to maintain contact with friends and family. They support him to go to church which is important to him.'

People knew how they could raise concerns or make a complaint. A person told us, 'I can make a complaint. I can't remember any complaint I made' meaning they had no reason to make a complaint. People using the service had an easy to read version of the complaints procedure. The complaints procedure was available to relatives and visitors in the foyer at The Briars. We were told that no complaints had been received since our last inspection.

Is the service responsive?

Relatives were encouraged to give feedback about the service by means of an annual survey. A survey questionnaire had been sent to relatives a week before our inspection and the results of the survey were expected to be shared with people using the service, relatives and staff

in November 2015. We looked at the results of the 2014 survey and saw that the provider had acted on feedback. For example, outings to places if interest people wanted to see were arranged and people were involved in decisions about the redecoration of parts of The Briars.

Is the service well-led?

Our findings

People using the service and more so their relatives were involved in developing the service. They made suggestions and gave feedback at reviews or care plans, residents meetings and through an annual survey. In addition, they told us they found the provider approachable and could contact them at any time to discuss the service. A person using the service told us, "One of the ladies is the manager. Sometimes we have meetings. She's nice." Another person told us who the registered manager was and added, "I see her here. She likes me and the others as well."

A relative of another person told us, "It is a very well led service. The registered manager is quite a remarkable person in my and my sister's opinion. Other staff are very good. We speak to the manager about anything and she acts on it straightaway." Before those relatives approached The Briars they visited other residential homes and asked about how they could support their son. They added, "They [other providers] hadn't met the idea with enthusiasm, but [the registered manager at The Briars] said straightaway 'Of course'."

Staff we spoke to felt they had an input into how the service was run. A care worker told us, "I love it here. We have staff meetings where we can make suggestions and raise issues. We are taken seriously." Another care worker told us, "I absolutely love working here. I couldn't wish for a better job. The manager listens and takes everything on board." They gave an example of how the registered manager had implemented a suggestion they'd made about how staffing rotas were planned. One concluded, "I feel very well supported by the manager."

Improvements resulting from input from people using the service, relatives and staff included improvements to the kitchen, garden, pets, a wider range of day trips and outings and outdoor activities.

Staff told us that the registered manager promoted openness at The Briars by encouraging them to report concerns. Staff were familiar with and used the provider's procedures for reporting incidents accidents. They told us that their reports were taken seriously and investigated and that the registered manager informed them of the outcome of their investigations. Findings from investigations including 'learning' that was implemented to prevent similar events happening again. For example, an investigation of a medicines administration error in August 2015 resulted in procedures being improved.

Management of the service was visible to people using the service, relatives, visitors and staff. The registered manager promoted safe practice and dignity at staff meetings and in everyday interactions with staff. The registered manager had established closer working links with local charities and faith organisations. This benefitted people using the service because it provided them with access to community services that were important to them.

The registered manager understood their responsibilities to notify certain events at The Briars to the Care Quality Commission (CQC). This was important, because CQC use notifications as one means of monitoring the safety of a service.

The provider had procedures for monitoring and assessing the quality of the service. These included the annual survey, investigation and monitoring of incident reports, reviews of care plans, audits of medications management and administration and observations of care worker's practice. Standards of care were maintained and developed through a staff training plan and supervision meetings and staff meetings. An administration officer assisted the registered manager with some of the monitoring activities. It was evident that the provider strove to ensure that the service delivered safe and effective care and made improvements when required. They cooperated with the local authority compliance and contracts teams to that end.