

The Briars Residential and Care Limited

# The Briars Residential Care 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 ●

# Summary of findings

## Overall summary

The inspection took place on 13 July and was unannounced. The service provides accommodation and personal care for up to 17 people some of whom are living with dementia. On the day of our inspection 16 people were using the service.

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

People were protected from the risk of abuse as staff had attended training to provide them with knowledge and an understanding of their roles and responsibilities with guidance in how to respond if they suspected abuse was happening. The manager had shared information with the local safeguarding authority when needed and the service had a safeguarding policy and procedure.

People were supported by a sufficient number of experienced and caring staff. The provider had ensured appropriate recruitment checks had been carried out on staff before they commenced work to determine they were suitable to work with the people living at the service. Emphasis was placed providing care and support in ways that people preferred as part of the interview process.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. MCA, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's health needs were managed appropriately with input from relevant health care professionals. People were treated with kindness and respect by staff who knew them well. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ensured that people's health needs were effectively monitored. The staff were aware of individual health needs and responded to people's concerns and behaviours in an appropriate and compassionate manner.

Positive and caring relationships had been developed between the people and staff. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given

choices in their daily routines and their privacy and dignity was respected. People were supported and enabled to be as independent as possible in all aspects of their lives.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People, where able, were involved in the planning and reviewing of their care and support.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred upon the individual. The manager and deputy were approachable and enabled people who used the service to express their views.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

## 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.

The service identified and reduced risks through carrying out and implementing the actions of risk assessments.

Staff had completed training and on-going training was planned in the safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns.

The service had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

The service had procedures in place for managing people's medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were supported to provide care to people who used the service through supervision and annual appraisals.

The manager understood and had implemented appropriate actions regarding the Mental Capacity Act 2005.

People had access to food and drink throughout the day and we saw staff supporting people when required.

People's health was monitored by the staff and there was access to healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

People's rooms were individualised with people's own furniture and personal possessions.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Individualised care plans were in place and had been developed with the person and their families.

People's individual care plans were reviewed regularly to ensure they reflected people's current needs.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff considered they could approach the manager for support and advice.

There were staff meetings and sufficient time for handovers between shifts for the staff to be aware of the changes in people's conditions.

# The Briars Residential Care Home

## **Detailed findings**

### Background to this inspection

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adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's health needs were managed appropriately with input from relevant health care professionals. People were treated with kindness and respect by staff who knew them well. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ensured that people's health needs were effectively monitored. The staff were aware of individual health needs and responded to people's concerns and behaviours in an appropriate and compassionate manner.

Positive and caring relationships had been developed between the people and staff. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and enabled to be as independent as possible in all aspects of their lives.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People, where able, were involved in the planning and reviewing of their care and support.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred upon the individual. The manager and deputy were approachable and enabled people who used the service to express their views.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I know the staff and they look after us well." A relative told us, "The staff always approach us when we visit, ask how we are and talk to us about [my relative], they know [my relative] very well, so I think it is safe."

All people visiting the service were required to sign in a visitor's book. The entry and exit doors had a key pad system in operation for entry and were alarmed so that staff were aware of anyone leaving the building. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service. People with capacity could get into and out of the service as they pleased.

The service is a two storey, detached building set in its own grounds with patio areas. We saw that the accommodation included a main lounge and dining room which had been decorated since our last inspection and several communal bathrooms which had been upgraded. We saw completed cleaning schedules and staff who worked in the service had received training in cleanliness and infection control.

The service had sufficient equipment in place to meet people's individual needs including hoists, pressure mattresses, wheelchairs and walking frames. The slings, hoists and the passenger lift had been inspected in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). The service carried out weekly fire tests and there were emergency plans in place which would be implemented in the case of any emergency.

The manager analysed accidents and incidents including any falls that people experienced to learn any lessons from the situations. We saw that the service had involved appropriately other professionals for advice regarding falls and also when people presented with distressed behaviour in response to situations or others. A member of staff told us about how they recognised when someone became anxious or distressed and the actions they took to prevent the behaviour becoming increasingly challenging which helped to keep the person safe from harm.

We saw a copy of the provider's safeguarding policy which had been reviewed and amended in 2015. The deputy manager told us about the policy which included reference to the service employment policy of the actions the manager would take to check that potential new staff had not been prevented from working with vulnerable people. A member of staff told us about the safeguarding training they had received and their understanding how to keep people safe. They were aware of how to report any allegations of abuse, protect people from the risk of abuse and how to report incidents of abuse. The deputy manager and a member of staff told us how to implement the correct procedure for informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had completed training in the safeguarding of vulnerable adults.

There were sufficient staff on duty to keep people safe. We saw the staffing rota and discussed staffing levels with the manager. The manager told us that the levels of staff provided were based on the dependency needs of people using the service. The manager explained the process they used to cover in the event of



staff being unwell and unable to work to ensure that there enough staff on duty. We saw that call bells were placed near to people's beds or chairs and were responded to in a timely manner. A person who used the service told us, "They always come to help if you use the bell." The manager told us that staff observed people's whereabouts regularly as some people would not unfortunately understand or be able to use the call bell system.

The provider had appropriate recruitment procedures in place. We looked at the provider's recruitment policy and the recruitment records for two members of staff. The manager told us about the application forms used by the service which had been designed to ascertain why the person wanted to work providing care and support. As a result of completing the application form, the manager would determine if an interview would be offered to the candidate. For the successful candidates, we saw that appropriate checks had been undertaken before staff began working at the service. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two satisfactory written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

People received their medications as prescribed and management of medications procedures were in place. One person's told us, "They always bring my medicines on time and ask me if I am in any pain. If I am they offer me some pain killers." We looked at the service medicines policy and procedures. The policy covered all key aspects of medicines management. We observed and discussed the medicines procedure with a senior member of staff. We examined the Medication Administration Record Charts, (MAR) charts for all people using the service and there were no discrepancies identified. We saw the administration of medicines complied with appropriate administration standards required. There was an up to date photograph of each person, any diagnosis, such as diabetes and allergy information was stated clearly on people's MAR charts. Medicine information leaflets relating to the prescribed medicine were available for clarification. The senior staff carried out medicine audits check of the stock against the MAR records.

There were no controlled drugs in use at the service at the time of our inspection. The medicines were stored appropriately and temperatures recorded to ensure the medicines were maintained at the correct temperatures. We saw that staff designated to administer medicines had received the appropriate training and all had a specimen of their signature on a chart stored with the medicines. This meant that it was easy to recognise the member of staff that had administered each medicine.

## Is the service effective?

### Our findings

The people living at the service and the relatives told us the staff were knowledgeable and provided the required care and support. We spoke with the manager and members of staff about the training provided. The manager told us that they engaged organisations to provide training staff knowledge and awareness of how to care for people safely and effectively. An example we saw from the training matrix of delivered and planned future training was Parkinson's Disease. A member of staff told us, "I have completed lots training since being here this included dementia and first aid." Certificates were given to the staff on successfully completing training courses.

Staff were supported through regular staff meetings, supervision and an annual appraisal. An annual appraisal is a one to one meeting between the manager and member of staff to discuss the achievements over the past year and set objectives for the staff development in the next year.

The service also operated a keyworker system which was discussed as part of supervision so that the staff member could discuss aspects of care and feel supported about the support they were delivering. This meant that staff were properly supported to provide care to people who used the service.

A new member of staff was provided with an induction which was monitored during the first three months of their time at the service and was signed off by themselves and the manager at the time of completion. The induction involved shadowing which is when the new staff member works alongside an existing experienced member of staff for support for during their first few weeks, prior to being allowed to work on their own. During this time the new member of staff is not counted onto the rota. A member of staff told us, "I recall my own induction quite some time ago and now I am happy to and a new member of staff will shadow me for support during their induction training."

"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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met."

We looked at records and discussed the DoLS with the manager, who told us that there were DoLS in place as well as some in the process of being applied for. They told us why the DoLS were required and how the service had worked with the person and families to explain the situation and plan the management of care.

In some cases the manager had arranged for a best interest meeting to be held with the person, their families and other professionals to determine how care was to be provided and these meetings were recorded. We looked at the documentation and saw that the service was following the requirements in the DoLS.

People told us they were able to leave the home, if they so wished. One person told us, "I go out with my family regularly."

People's nutritional needs were being met. Most people liked to use the dining room at meal times which was presented with place mats and various condiments. Some people liked to stay in their rooms sometimes for meals while others preferred to remain in the lounge and their choice was respected by the staff. People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. We carried out a Short Observation Framework Inspection, (SOFI) over the lunch time and observed staff supporting people with care and empathy. We observed staff chatting with people who used the service. The atmosphere was relaxed and unrushed. We looked at records and spoke with the cook who told us about people's special dietary needs and preferences. One person told us about the meals that were served throughout the day they said, "Very nice indeed."

Food was prepared in the kitchen and looked appetising and hot. Residents chose from a standard rotating menu, with the days dishes illustrated with a colour photograph of what the meal would look like. Relatives told us this was an efficient and sound way of allowing people to make a meal selection.

Within each person care plan there were documents of engagements with and planned appointments with other professionals. We saw that when professionals visited the service they had written in the notes the support they provided and guidance for the staff to be carried out to support people. We saw evidence of visits by healthcare professionals including General Practitioner, speech and language therapy (SALT), Dentist, Optician, Dietician, Chiropodist and District nurses. This meant the service ensured people's healthcare needs were considered monitored and met. All residents and relatives spoken to felt that their needs were well met and catered for. Local services, doctor, hairdresser, chiropodist all made regular visits to the home.

## Is the service caring?

### Our findings

The People who used the service and their relatives were content and complimentary about the care and support provided. One person told us, "The staff are really nice and one has a good sense of humour they make me laugh." A relative told us, "Staff care for [my relative] extremely well."

A member of staff told us that they had particular responsibility for the laundry, but all staff were involved. People using the service and their relatives told us they were pleased with the laundry service.

People were treated with dignity and respect. We saw staff communicating with people in various ways including hand gestures as well as talking to people in a polite and respectful manner. Prior to any care being provided we saw that staff approached the person from the front so that they could easily recognise them and gained their consent before providing any care. One person told us, "It's nice here, because there are some very nice staff."

We observed staff interacting with people in a caring manner and supporting people to maintain their independence with mobility and decision making about what they wanted to do. We saw staff knocking before entering people's rooms and closing bedroom and bathroom doors before delivering personal care.

The staff of the service had discussed with and listened to people's views. People's bedrooms were individualised with their own furniture and personal possessions. We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. The people who used the service told us they knew about their care plans. Relatives we spoke with were aware of their relatives care plans. The service did have group meetings with residents and also relatives. Each person was involved in a review of their care plan at regular set times and as required with the manager and their relatives.

The manager told us that they would involve advocates if the need arose to support people. A member of staff told us about the ways in which people's confidentiality was maintained. They spoke about how information about people would only be shared with other people who had the right to know it. They explained that shift handovers were conducted in private out of earshot. This enabled sensitive information to be handed over on a need to know basis.

Relatives told us that they could visit people at the service whenever they wanted to. One relative told us, "I come at all different times." They informed us, "The staff are very good they have contacted me whenever I need to be contacted and have supported [my relative] with their independence."

## Is the service responsive?

### Our findings

People told us they received personalised care which was responsive to their individual and specific needs. One person told us, "They help me to go to bed when I want to." Another person told us, "A day does not go by without someone asking if you are alright."

The manager explained the care plans were of a standard layout so that it was easy to find information. All of the care plans we looked at contained an assessment of the person's needs. Where risks had been identified there was a risk assessment in place with clear information about what the staff were to do to support the person. The care plans had an assessment and when it was identified the person required support, the plan was person-centred and detailed about the person's choice regarding how the support was to be provided.

Prior to coming to the service the manager carried out an assessment to determine if the service could meet the person's needs. They explained that it was with great regret that sometimes they were not able to offer a service to someone which was upsetting for all concerned, the person, the family and themselves. However they were aware of their responsibilities to other people using the service and the staff plus the responsibility of being a registered manager to ensure that the service was able to provide the support required.

People were encouraged and supported to maintain their relationships with their friends and relatives. A member of staff told us one person liked to stay the vast majority of the time in their own room, this was their choice and the service was made aware of this before they came to the service. The staff member told us, "We visit regularly to check the person is ok or if there is anything they need."

On the day of the inspection we observed staff interacting with people about current events and singing along to well-known songs together. The service was actively recruiting to support the activities function of the service. People told us they enjoyed day trips out and also when entertainers visited the service.

Each person had been assigned a key worker who was responsible for reviewing the person's support needs and agreeing the goals they would work towards in consultation with the manager or deputy manager. One person told us that they wished to live more independently and have their own flat. A member of staff told us, "People's needs change and so it is important to make daily records and have care reviews to check the plan is still up to date and relevant."

People's plans were reviewed to ensure that the care provided continued to best meet their needs. One plan explained how staff were to support the person to manage their diabetes. Another plan was detailed regarding how staff were to support the person when they experienced episodes of anxiety.

The local clergy visited the service to conduct a service once a month. Two people told us that they took part in these services and enjoyed them. They also told us about events that were planned including a trip to Felixstowe. They said you only have to ask and the staff will try to arrange something. They told us, "We have

singers come in sometimes."

The service had a robust complaints process in place. A copy of the complaints policy was on display in the reception area. The people and the relatives we spoke with were aware of the complaints process. One person told us, "I have no complaints but I would tell the manager if I did and I am sure they would sort things out." We saw that the service had received many compliments in the past year. There had been one complaint received and the manager had acted quickly in line with the policy and procedure and had resolved the complaint to all parties' satisfaction.

## Is the service well-led?

### Our findings

The service had a registered manager in place. They were supported by a deputy and other senior staff so that a senior person was on duty over the 24 hour period. The manager and deputy took it in turns to provide an on-call 24 hour support service to the senior staff when they were not on duty at the service. People told us that the management team was approachable and always available to them. One person said, "I see the manager every time they are on duty they come and talk to us to see how we are." A member of staff told us, "The manager is understanding and very helpful. They live and breathe what they say about good care." A relative said, "I see the manager regularly when visiting and I could speak with them about any problems."

The service had a statement of purpose which had been reviewed and clearly stated the intentions of the service and how it intended to provide individual assessed care and support people remain independent and meet their aspirations as far as possible. The staff were aware of the statement as it was referred to in supervision and staff meetings.

Staff told us they were content to be working at the service and many staff had worked at the service for a number of years. This was put down to a good supportive team. The staff we spoke with reported that they had received good training staged throughout the year and were supported through supervision by members of the management team. A member of staff told us, "We are not rushed, every day is different and we do what is needed to be done for the person. That is our role, what we are here for."

We asked the manager how they monitored the quality of the service. They told us they carried out a daily walk around of the service to see the people using the service, relatives and any issues of maintenance. This was confirmed by the people using the service, relatives and staff. The manager also told us and showed the information to us about a range of quality audits undertaken which included for example, meals, people and relatives satisfaction and infection control. All of these were up to date and included actions for any identified issues. The manager delegated tasks to various staff and in particular to those that had shown an interest in that area for their development which linked to their annual appraisal.

Staff meetings were held regularly. Discussion items included training, safeguarding, food and fluids. The minutes included action points agreed to be done. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The manager had implemented systems to audit various health and safety and treatment monitoring within the service. We saw that the handover sheet used between shifts contained information about activities, medication and also health and safety checks so that all staff were aware of important information.

The service had carried out quality monitoring surveys with people who used the service, their relatives, staff and other stakeholders. We saw the results from the last surveys were positive, in particular the interactions between the people using the service and staff. We also saw that relatives found the manager and staff approachable and helpful.

Staff also told us that the manager encouraged staff to look at ways of maintaining and improving people's independence and we saw that people were supported to carry out activities of daily living such as baking cakes which would be eaten with the afternoon tea and coffee. One person told us how enjoyable this was. We saw that this activity supported the ethos and statement of purpose of the service.