Nirvana Care Homes Limited

Briarvale

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection on 07 July 2014. At the last inspection on 05 August 2013 we found that there was a breach with Regulation 15 Safety and suitability of premises. At this inspection we looked at the changes the provider had made to show how they were meeting this regulation.

Briarvale provides accommodation for up to 10 people who have a learning and or physical disability.

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. At the time of our

Summary of findings

inspection there was not a registered manager in place. There was an acting manager employed at the service who had submitted an application to the Care Quality Commission to apply for the registered manager position.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and support, and ensures people are not unlawfully restricted of their freedom or liberty. We found people's capacity to consent to care and support was not always recorded formally. On the day of our visit no person had an authorisation in place that restricted them of their freedom or liberty. An authorisation can only be granted by a supervisory body following assessments and only if strict criteria are met. The acting manager demonstrated they were knowledgeable of their responsibilities to protect people's human rights.

The manager told us they were in the process of reassessing people's dependency needs. This was important to ensure sufficient staff were available to meet people's assessed needs.

We found people had care plans and risk assessments in place and these were reviewed on a regular basis. People were supported to attend health appointments and the provider worked well with health care professionals. Information about how to meet people's needs was personalised.

Throughout our inspection we observed staff to be caring and attentive to people's needs. Staff showed dignity and respect and demonstrated a good understanding of people's needs.

We identified some concerns with the management and audit systems in place for medicines.

The provider had a complaints procedure in place that was in easy read language for people with communication needs. This meant people were informed of what their rights were and how to make a complaint.

Whilst we saw some examples that people were supported with interests and hobbies and this included an annual holiday, we found some concerns. We observed that people who remained at home did not receive support to participate in interests and hobbies. Staff interaction was largely task centred, for example supporting people with drinks, and personal care.

We saw the provider had a range of checks in place that monitored the quality and safety of the service. We found examples where these systems had not always identified and responded to actions required. The acting manager told us they were aware that the systems in place required reviewing and improving.

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 not consistently safe.

People did not always have the required staff available to meet their needs. The management of medicines required improvements to ensure medicines were administered appropriately and stored safely.

Staff were aware of the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards but formal assessments of people's capacity to consent were not always recorded.

Staff had received training in safeguarding, and showed a good understanding of their role and responsibilities of how to protect people from abuse.

Requires Improvement

Is the service effective?
The service was effective.

People had their health care needs monitored and appropriate action was taken when changes were identified.

People had their nutritional and dietary needs met.

Staff had received an induction and ongoing training, this meant that people could be assured that staff knew how to meet their needs appropriately.

Good

Is the service caring?
The service was caring.

We observed staff treated people with dignity and respect. People were observed to be relaxed and confident within the company of staff.

People had access to advocacy information and the acting manager gave an example of how they had supported people to access independent advocates.

Good

Is the service responsive?
The service was not consistently responsive.

We observed people who remained at home, did not receive support to pursue interests and hobbies.

People had been consulted about their choices and wishes but these had not been acted upon.

Documentation showed how people spent their leisure time, but this was out of date and incorrect.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

Requires Improvement

Summary of findings

Some policies and procedures, and monitoring systems required reviewing to ensure quality and safety were maintained.

The provider enabled relatives to share their views about the service through social events and questionnaires.

Relatives and staff talked positively about the leadership of the service, they described the acting manager as supportive and had worked hard at improving the service.

Briarvale

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

This inspection was completed by 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. The expert by experience had experience of receiving learning disability services. On the day of our visit there were nine people living at the home.

Before our inspection we looked at the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions we ask. We reviewed the information we had about the provider. We also contacted the local authority and health authority, who had funding responsibility for people using the service. We also contacted health and social care professionals who visited the service.

During the inspection at the home, we used observation to understand people's views and experiences. We spoke with the acting manager, a senior care worker, the housekeeper and three care staff. We also spoke with a visiting relative. We looked at three people's care plans and other documentation about how the home was managed. After the inspection we spoke with three people's relatives for their views about the service.

Requires Improvement

Is the service safe?

Our findings

Staff said they thought people were safe but individual care needs, including one to one staff support was at times affected by the staffing levels. Staff raised concerns about the number of staff on duty during mornings, and the hours housekeeping staff worked. Comments included, "Some of our residents are on one to one care but it is sometimes difficult to meet their needs because of staffing levels." Additional comments included, "We do the cleaning and laundry when the housekeeper isn't on duty but it can be hard doing this whilst also providing care."

People's needs and dependency levels had been assessed. One person had not always received the support they required as a direct result of not enough staff being on duty. We informed the appropriate placing authority of what we found. The manager told us that they were in the process of reassessing people's needs.

We looked at a number of people's risk assessments in relation to needs and risks associated with behaviours, health and environment. We found risk assessments were reviewed on a regular basis. For example, we saw staff practice safe moving and handling when supporting people. This showed the provider had assessed risks and taken action to reduce any potential harm to people. Systems were in place to monitor and manage risks.

Staff employed at the service had relevant checks before they commenced work, to check on their suitability to work with vulnerable people.

Staff told us that they had received training about how to keep people safe from the risk of abuse and harm. We found staff were knowledgeable about their roles and responsibilities and the action required to protect people. Staff also demonstrated they knew the procedures to report accidents and incident. We saw records that confirmed staff were recording and reporting accidents and incidents appropriately.

Relatives told us they were involved in discussions and decisions. Comments included, "The communication is good, and I'm informed of what I need to know. I'm also involved in discussions and decisions. I have to advocate for my son." We saw the service had a policy and procedure on the Mental Capacity Act (MCA), and records confirmed staff had attended training on MCA. Staff demonstrated they had a best interest approach to care delivery. However, the care records we looked at did not show that people's capacity to consent to their care and support had been assessed and documented.

We found the service had a policy on the Deprivation of Liberty Safeguards (DoLS) but this did not include guidance about the process to follow if a person may be or was deprived of their liberty. Staff told us they had received training on DoLS and demonstrated they understood the principles of this legislation. The manager knew how to make an application for consideration to deprive a person of their liberty (DoLS). There were no people who used the service who were deprived of their liberty. Discussions took place with the manager regarding how recent case law could impact on the provider's responsibility to ensure Deprivation of Liberty Safeguards (DoLS) are in place for people using the service.

We found safety and maintenance checks were competed appropriately. This meant people could be assured that the equipment and the premises were safe.

We found that individual evacuation plans were in place for people using the service, and that the service also had plans in place to deal with any foreseeable emergencies which may affect the running of the service. This meant people could be assured that staff knew what to do in an emergency situation.

Staff told us about the medication training they had received, and records confirmed what they said. Staff had refresher training and observational competency assessments completed by the manager. The acting manager also told us about the administration of medicines. This included two staff that administered medication. The acting manager carried out weekly and monthly checks to ensure medication was stored correctly and people received their prescribed medication appropriately. However, when we observed staff administering medicines only one member of staff did this, not two staff as we were told. We found that some 'As and when required' (PRN) medicines were out of date. This had not been identified by the acting managers' checks. The acting manager told us that the PRN was rarely required, but giving people out of date PRN was a risk. This also showed the service did not have effective procedures for disposing of out of date medications.

Good

Is the service effective?

Our findings

Relatives spoke positively about the staff and stated they were confident with the care and support provided. Comments included, “Right from the beginning I have found that the staff take account of people’s individual needs,” and “On the whole staff have worked at the home a very long time and know people so well.” Another relative said, “I very much admire the staff, they are very aware of people’s needs, they know what is best, they’re so knowledgeable.”

Due to people’s communication needs, they were unable to share their views with us about how effective they thought staff were in meeting their needs. We observed the interaction of staff with people and saw that staff were able to anticipate and respond to people’s needs well. Staff demonstrated they knew people’s needs, routines and preferences. We could see through observation and by talking to staff that they understood and were experienced in how to support people’s individual needs.

From the sample of care files we looked at, we saw people’s health care needs had been assessed. Some people had specific dietary and nutritional needs. We saw how the staff had worked with health professionals such as dieticians and speech and language therapists to meet people’s needs. Where recommendations from health professionals had been made, we saw these were included in people’s care plans. Some people had specific needs that required that they had a soft or pureed diet. Additionally some people had been assessed as requiring a fortified (high calorie) diet and supplements to support safe eating and drinking. We saw supplements prescribed for people were available and food stocks met people’s individual needs.

Some people required their food and fluid intake to be recorded and their weight monitored. Whilst records demonstrated this was happening we did identify a concern with the frequency a person was weighed. This person had been seen by a dietician that advised the person required to be weighed every fortnight. Records showed this person was weighed monthly. This meant this person’s weight was not monitored in line with the specialist advice given. This could have had a negative impact on their health care needs.

We saw throughout the day people were offered and supported with drinks to maintain adequate hydration.

Staff were observed to offer people choices of what to eat and drink. We asked about the menu and saw examples of meals provided, these were well balanced and nutritional. A staff member told us that they were in the process of developing pictorial menus to support people’s communication needs. People had access to the kitchen and staff told us people were encouraged with support to use the kitchen. We saw people had snacks and fruit available during the day and evening.

People's food and drink met their religious or cultural needs. We saw from the assessment of need and care plans completed, that dietary needs had been identified. We saw an example where a person received an appropriate diet that met their cultural needs.

Relatives told us that they felt confident and assured that people’s health care needs were met. Comments included, “Health needs are always met. There is no hesitation in calling the doctor.”

We saw care records included health action plans. These records identified people’s health needs, and the support the person required to maintain good health. We saw records demonstrated people were supported to attend health appointments.

People had ‘grab sheets’ and ‘Traffic Light’ hospital admission booklets, this information was used when a person attended hospital so that the appropriate care could be provided. This meant there were communication arrangements and systems in place that supported people to move between services.

We looked at the provider’s staff handbook and induction training programme for new staff. We saw staff received training and support opportunities at the start of their employment. This enabled them to understand, and develop the required knowledge, skills and experience of how to meet people’s needs.

The provider had a training and development policy. Staff told us that they were happy with the training opportunities provided and that the acting manager ensured staff were kept up to date with their training. Staff also told us that they received opportunities to talk with either the acting manager or senior care worker to discuss their practice, training and development needs. Comments included, “The training opportunities are good,” and “We’ve

Good

Is the service effective?

received additional training from the district nurse." Another staff member said, "There's so much training, the manager is organised and on top of it. I feel well supported."

Good

Is the service caring?

Our findings

Due to people's communication needs we were unable to speak with them in detail. We spoke with four relatives for their views about how caring they found the service. Relatives spoke positively about the service people received. They told us that they found staff to be caring, warm, friendly and welcoming. Comments included, "I have always found the staff to be caring, nothing is too much trouble."

Throughout the day we saw staff encouraged, supported and included people in making day-to-day decisions. This included prompting choice with what to eat and drink. We observed people responded positively to staff and were relaxed and confident in their company. The atmosphere was relaxed, warm and welcoming. Humour was used appropriately and demonstrated positive relationships had been developed between people who used the service and staff.

We observed that staff treated people with dignity and respect. People had communication needs and we saw staff were able to anticipate people's needs and used other forms of communication to respond to people. For example, we saw staff used non-verbal communication and gestures when they communicated with people. Staff also used people's preferred names. This showed staff communicated effectively with people and in a personalised way.

We found people's care plans were personalised and included information about people's routines, preferences and information important to them. Staff showed they were knowledgeable about people's individual needs and gave examples of their personalised approach to care. For example, a staff member showed us how they had supported a person to have their bedroom decorated to the person's individual taste, which met their cultural and religious needs. We saw this person was also supported to wear specific clothing important to them that also met their cultural needs. In addition, staff told us how they supported people to visit the temple or celebrate religious festivals.

The acting manager told us that care plans were reviewed monthly for changes and that relatives and representatives were involved in discussions and decisions. They also said that an annual review was arranged by the placing authority that the person, and their relative and representative were invited to attend. There were also systems in place whereby people spent time with their keyworker on a monthly basis to talk about the service they received. A keyworker is a member of staff that had additional responsibility for a named person who used the services. Records confirmed what we were told.

People had their photograph on their bedroom door this helped those people who were confused and disorientated, maintain their sense of identity and find their way around.

The manager told us that the home had recently applied to the local authority for a 'Dignity in Care' award. We saw a certificate dated July 2014 that confirmed the home had pledged a commitment to continually improve the quality of the service provided, which respected people's rights and dignity at all times.

We saw the provider had a policy on advocacy that informed staff of the importance of advocacy services. We saw information was available for people advising them of local advocacy services. The acting manager gave an example where they had supported a person to access an advocacy service. This showed people had information and support available to them to enable them to make informed choices and to know their rights.

Requires Improvement

Is the service responsive?

Our findings

Relatives were positive about how the service was responsive to people's needs. A relative told us, "I very much admire the staff, they are very aware of people's needs, they know what is best, they're so knowledgeable."

Relatives told us they were involved in discussions and decisions. Comments included, "The communication is good, and I'm informed of what I need to know. I'm also involved in discussions and decisions."

Due to people's communication needs, people were unable to share their views with us about how effective they thought staff were in meeting their needs. We observed the interaction of staff with people and saw that staff were able to anticipate and respond to people's needs well. Staff demonstrated they knew people's needs, routines and preferences. We could see through observation and by talking to staff that they understood and were experienced in how to respond properly to people's individual needs.

Whilst we saw positive interactions with staff, this was largely task centred. For example, time spent with people was in the main when people were supported with personal care, eating and drinking or in passing staff would interact. One person was supported to attend a doctor's appointment. For the people that remained at home we did not see that staff supported people with hobbies and interests they may have wished to have pursued.

We saw from the sample of records we looked at that people had a document that recorded their goals, aspirations and wishes. We saw records dated August 2013 that stated that a person had identified specific hobbies and interests they would like to pursue. Records looked at did not confirm if this person had been supported to do these. Staff were also unable to confirm this. We saw in people's care files a weekly activity timetable, this showed how people were supported with their interests and hobbies during the day, evening and weekends. We asked staff if this information was an accurate record of how people spent their time. We were told this information was out of date and that there was not always sufficient staff on duty to support people with their interests and hobbies. Comments received from staff included, "We have some organised activities but it's usually decided from day to day."

Staff told us that they had monthly meetings with people as a way of consulting with them about aspects of the care and support they received. In the sample of care files we looked at, we saw records of monthly keyworker meetings. A keyworker is a member of staff that has additional responsibility for a named person who used the service. We asked staff about some of the decisions and requests that had been recorded. For example, on one record it stated the person would like a new light in their bedroom, another person said they would like new curtains and bedding. However, when we asked staff if these changes had occurred, we found staff either did not know or the changes had not happened. Whilst we saw the acting manager had signed these records, they had not ensured that people's needs, views and wishes had been sought appropriately. Nor did they check that staff had taken action to meet the requests made. This meant people were not fully supported and their needs, views and wishes not respected.

We observed a staff handover. This included a verbal and written exchange of information about each person. This showed communication systems were in place that enabled safe, consistent delivery of care.

The service had an appropriate complaints policy in place, and this was in easy read language to support people to understand their rights. Records looked at showed there had not been any formal complaints recorded since our last inspection. Some people had communication needs that meant there were unable to verbally express if they had a complaint. We asked staff about how people who had communication needs, could express if they were unhappy about any aspect of the care and support they received. Staff told us that some people had relatives and representatives to support them. They also said that staff knew people well and would pick up on other forms of communication should someone not be happy or health professionals and independent advocacy serves were used.

Requires Improvement

Is the service well-led?

Our findings

Relatives spoke positively about the acting manager and felt their communication and approach made them a good leader. They described the acting manager as approachable, friendly and competent. Additional comments included, "They get things done, and they listen to concerns." And, "The manager is very nice, they have a lot of experience and the correspondence is good."

There were systems in place that checked the quality and safety of the service. However, we found these audit processes had not always identified when action was required. For example, we found some concerns with care file records and medicines management systems. The internal assurance systems had not identified these concerns. The acting manager advised us that they were aware that the quality assurance systems and processes required further development.

Staff told us they thought the leadership was good, that the acting manager was supportive and changes had been introduced to improve the service. Comments included, "The new manager is very supportive, they listen to our opinions, we all feel valued and more positive." Staff gave examples of the changes made by the acting manager, this included improvements in communication, involvement and consultation with staff, support and training.

The acting manager told us they arranged regular staff meetings. We saw records that showed staff meetings were held monthly. From the records we saw, the acting manager had discussions with the staff about maintaining standards and the improvements required to further develop the service. Records also confirmed that the acting manager monitored the actions identified from discussions. For example, staff training and support had improved as a response to discussions had. Staff told us they attended meetings, that they found them beneficial and that they felt valued and listened to. This showed that the acting manager had an open approach and was motivating to the staff team.

The provider arranged social events and staff told us a Christmas party and summer barbecue for people who used the service and their relatives and representatives were arranged. These events also included a meeting to enable the provider to meet with people to gain their views about the service. We saw the records of a meeting held at the Christmas party in December 2013. We saw attendance was good. Records also demonstrated that the provider enabled people to share their views, and information about the service were shared by the provider.

The service had a system for assessing and monitoring the quality of the service. We saw a copy of a satisfaction questionnaire sent to relatives in June 2013. However, we did not see if an analysis of the findings had been completed and what the outcome was of the feedback. The acting manager told us that they were planning to send another questionnaire within a few months to consult relatives again about the service. They also said that they would analyse the findings and produce a report and an action plan if required.

We saw the service produced a quarterly newsletter that was sent to relatives. We saw a newsletter dated March 2014 which shared information about the service, including the appointment of new staff, and improvements such as re-decoration.