

Mr & Mrs V Game

The Briars

Inspection report

24 Pearl Street
Saltburn By The Sea
Cleveland
TS12 1DU

Tel: 01287622264

Date of inspection visit:
03 June 2019
05 June 2019
06 June 2019

Date of publication:
04 July 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Briars is a residential care home for up to five people living with a learning disability. The service was providing personal care to four young adults at the time of the inspection.

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

Health and safety standards had not been maintained and records to manage risk were not effective. Lessons had not been learned and analysis of incidents had not taken place. Recruitment procedures were not robust. People received their medicines, however medicine records needed to be improved. Staff followed safeguarding procedures. There were sufficient staff on duty.

People were not always supported to have maximum choice and control of their lives and staff did not robustly support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Improvements to the environment were needed. Staff received supervision but not an appraisal. Some training was not up to date. We have made a recommendation about these. The service supported people with their healthcare and dietary needs. Guidance from professionals had been followed.

People were supported with their independence. However, where risks were identified, their independence could be limited. We made a recommendation about this. Privacy and dignity were maintained. Staff understood people's needs, however staff had not recognised how the wider risks identified during inspection increased the risk of potential harm to people.

Care records were not accurate or up to date. Reviews did not determine if the care provided was relevant. People were not supported with information in appropriate formats. People were supported with activities. No complaints had been received, however systems were in place to manage these.

The provider lacked oversight of the service. Quality assurance systems were ineffective. Feedback was sought, but not used to drive improvement. Staff were supported by the registered manager. The service worked well with professionals and had good links with their community.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had not always or consistently applied them.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons – People could not access the garden area independently. Where risks were identified, people's independence could be limited. Care records did not assist staff to support people to lead fulfilled

lives.

The size of service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update):

The overall rating was Good (Published 15 February 2018).

Why we inspected

The inspection was prompted in part due to concerns received about practices of staff when supporting people using the service. A decision was made for us to inspect and examine those risks.

We found no evidence to show that people were at risk of harm by the practices of staff. However, we have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Following feedback during inspection, the provider had started to take action to mitigate the risks identified.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Briars

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out this inspection.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from Redcar and Cleveland local authority and professionals who work with the service such as South Tees infection control team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with four people using the service. We spoke with a social worker and relevant person's representative (RPR) involved in the same two people's care. In this case, the RPR was a paid professional who was trained and experienced to act as the representative. We also spoke with the registered manager, deputy manager and three members of care staff.

We reviewed three care records, recruitment and induction records for two staff and supervision, appraisal and training records for four staff. We also reviewed a variety of records relating to the day to day running of the service. People using the service had limited communication skills; we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at information the provider sent to us after inspection, such as updated records for window restrictors and electrical safety.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection, this key question has now deteriorated to inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were not effective. They did not detail all of the risks to people or show how to reduce those risks.
- Risks relating to the safety of the building had not been fully assessed. An electrical installation check which was due in May 2018 had not been carried out. Window restrictors were not in place where needed.
- A legionella risk assessment was not in place on the first day of inspection. This was subsequently completed. An asbestos survey had not been undertaken, which was required. The boiler cupboard and utility cupboard to store cleaning products required to be locked for safety were open and unlocked.
- Heavy furniture such as wardrobes and drawers were not fixed to walls to prevent them from falling on people.
- Robust procedures for fire safety were not in place. Regular fire drills which included full evacuation had not been carried out. Records of fire drills were limited. Personal emergency evacuation records were not accessible.

We found no evidence that people had been harmed however, an effective system to demonstrate that the safety of the premises was effectively managed was not fully in place. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe recruitment records were not in place. Full employment histories were not sought or explored to determine any gaps in employment and reasons for leaving employment.
- Recruitment records contained inaccuracies such as start dates. Character references were sought instead of professional references.
- Records did not evidence that concerns on references had been explored.

An effective system to help ensure suitable staff were employed was not fully in place. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff on duty at all times to meet people's needs.

Using medicines safely

- We identified shortfalls with medicines. Records to support 'as and when required' medicines contained

limited information about when to give these medicines, particularly for variable doses.

- Training and competency checks in medicines had been completed. However, staff knowledge of people's prescribed medicines needed to be improved.

We did not identify any major impact of these shortfalls on people's health and safety. However, an effective system to ensure detailed medicines records were maintained was not fully in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had access to their medicines when they needed them. Topical creams contained dates of opening and had been applied as needed.
- Staff understood STOMP guidance. This is information to prevent people with a learning disability from being over medicated.
- Reviews of medicines had been completed by people's GPs. Staff training and competencies to support people with their medicines had been completed.

Preventing and controlling infection

- Infection prevention and control procedures were not robust. Equipment such as toilet roll holders were not in place. Flooring and cupboards needed to be replaced. Staff were not bare below the elbow.
- Hand wash was not available. It had been removed to manage the risk to one person. The provider had not considered how to manage the risks of infection to other people and staff.
- Some furniture was not washable. Rugs in communal areas had not been cleaned. Pillow protectors were not in use.
- Records to support cleanliness of areas such as curtains and rugs needed to be improved. Audits had not identified these risks to infection prevention and control.

This failure to ensure an effective infection control system was in place was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Incidents were not robustly recorded. No review and analysis of incidents had taken place to determine any patterns or trends to allow action to be taken.
- Feedback given by a local authority commissioning team had not been addressed. The same concerns with recruitment remained in place at this inspection.
- The service had deteriorated since the last inspection in 2018.

The lack of systems in place to ensure lessons were learned placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise and protect people from abuse. Staff said, "The residents talk to us when they have concerns."
- People could display behaviours towards other people. The care records did not inform staff about these behaviours. This meant new staff did not have the information needed to protect people from abuse.
- Staff training in safeguarding was up to date.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection, this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- MCA assessments had been carried out when not required. There was an assessment for each area of need within care plans, such as personal care and attending medical appointments.
- Care records did not demonstrate people's ability to make decisions and where support was needed.
- Best interest decisions had been carried out but not always recorded. Where recorded, they did not detail those involved or their views.

The quality of records did not support staff in following the principles of MCA. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were unable to safely access the garden on their own. The current layout did not support people with their independence. The garden area was not secure, and rubbish needed to be removed.
- Furniture needed to be replaced. Door handles, and furniture knobs were missing. Updates to paintwork and wall paper were needed in some areas. Bath mats had been stained by cleaning products and not replaced.
- There was no evidence to show how people were involved in the decoration of the service.

Action had not been taken to ensure the environment met people's needs. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had not received an appraisal when required. Training in supporting people with a learning disability had not been carried out for three years and training in end of life care had not been carried out. We recommend the provider supports staff with timely appraisals and takes action to address outstanding training.
- Staff had received regular in-depth supervision.

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

- Care records were not sufficiently reviewed and updated when people's needs changed.
- Pre-admission records were in place to support staff with any new admissions into the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their dietary needs. They had a choice of meal and were involved in menu planning.
- Staff understood how people's health conditions impacted upon their dietary requirements. Specialist equipment and food had been provided for people.
- Mealtimes were relaxed, and staff supported people where needed.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs. Staff understood and followed any recommendations. A social worker said, "[Person] is responding well to the support from staff."
- Hospital passports needed further review because some aspects were incomplete. Reviews of physical and mental health had been carried out. People were supported to attend appointments.
- Staff maintained relationships with day services to continually support people.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. Due to the concerns identified during the inspection, we could not be assured that people received a high-quality compassionate service. We have taken this into account when rating this key question. At this inspection this key question has now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity. Staff were responsive when people were distressed.
- People were supported with their independence. However, this was limited at times where risks had been identified.

We recommend the provider reviews the risks to people which impact upon their independence and researches best practice guidelines regarding positive risk taking to ensure people are supported to be as independent as possible.

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

- Staff knew people well. They understood and supported people with their hobbies, interests and values.
- People were treated with kindness and compassion. Positive relationships were observed between people and staff and with each other. A compliment from a professional described the service as a "Lovely care home. The nicest in the area."
- People and staff showed concern for one another. Staff were responsive when people required additional support.
- A social worker said care was inclusive. People were very settled because of the care they received.

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

- People received support from relevant person's representatives. Information was shared when needed between those involved in people's care.
- Staff were responsive to the needs of people.
- Care records did not clearly demonstrate people's views about their care and support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not clearly identify how to meet people's needs. This included how to maintain a safe environment or support with personal care.
- Care plans did not reflect the level of knowledge which staff held about people. Care plans were not in place for key conditions or individualised to focus on people's strength.
- Reviews of care plans were limited. They did not determine whether the care plans remained relevant. Care records did not provide staff with the right information to safely care for people. This increased the risk of potential harm to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had choice and control about their care and were supported by staff with their needs.

Meeting people's communication needs

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

- Staff shared information verbally with people when they requested it.
- Records were not made available to people in different formats for them to review. For example, records were not available in easy read format or large font for people with a visual impairment.

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

- People accessed the community. They visited farms, the beach and local gardens. People were supported to attend day centres in the local community.
- Regular activities took place at the service. People participated in activities such as discos, arts and crafts jigsaws and using rummaging kits.
- Staff supported people to maintain important relationships.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. Information to make a complaint in easy read format was on display in communal areas. No complaints had been made.

End of life care and support

- Staff demonstrated their knowledge of people's wishes and preferences, however this was not recorded in their end of life care plans.
- Records were not individualised and did not include preferences relating cultural and spiritual needs. They did not show how people's human rights would be protected during their end of life care.
- Training in end of life care had not been completed by staff.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was not meeting regulatory requirements.
- Staff lacked knowledge about risk. This impacted upon the outcomes for people. For example, people were not as independent as they could be.
- Leadership was not robust and did not support the development of the service.

The provider had not taken action to make sure a safe and effective service was delivered. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Quality assurance procedures were ineffective. All areas for action had not been identified. When concerns had been identified, they had not been addressed.
- Good practice guidance was not embedded into the quality assurance process.
- Information from incidents and feedback sought were not used to drive improvement.
- Action plans to improve the quality of the service were not in place.

The service was not continually assessed and improved to deliver a good safe service for people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The service had developed good relationships. This included health and social care professionals and day services.
- The service responded to feedback about people from professionals. Feedback relating to records had not been addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Staff said they were supported by the registered manager. Staff said, "[Registered manager] is approachable and understanding."
- The registered manager and staff were open and transparent culture during inspection.

- Staff supported people to live fulfilled lives at times, however independence could be limited because staff lacked confidence with positive risk taking. Staff said, "I help residents to lead a normal life."

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

- A registered manager was in post. They were also the provider. Notifications had been submitted when required.
- Information remained confidential. It was only shared when needed.
- The provider started to take action following feedback during inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Records did not show how decisions were made. They did not show those involved in decisions or feedback shared.
- Regular meetings with people and staff had taken place.
- People were known in their local community. They accessed the leisure centre, shops, cafés and pubs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users because risk was not continually recognised or reviewed. Regulation 12 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The safety of people was not protected because the premises were not secure and properly maintained. Regulation 15 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with the requirements. Regulation 17 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures had not been fully established and operated effectively to ensure

that persons employed were suitable to work at the service.

Regulation 19 (1) and (2)