

SSL Healthcare Ltd

# Briarfield House

## Inspection report

8 Easson Road  
Redcar  
Middlesbrough  
North Yorkshire  
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07 March 2017

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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

This inspection took place on 7 February 2017. The service was last inspected on 18 December 2014, the service was rated Good. At this inspection we found the service remained Good.

Briarfield House is registered to provide residential care for twelve people and caters for the needs of older people. It is situated within its own grounds and there are twelve bedrooms, which are well appointed to provide comfortable living space.

Risks to people arising from their health and support needs and the premises were assessed, and plans were in place to minimise them.

There were systems in place to ensure that people received their medicines as prescribed.

There was enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. Staff received effective supervision and a yearly appraisal.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People and staff told us they had a choice of food at the service, and that they enjoyed it.

The service worked with external professionals to support and maintain people's health. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The interactions between people and staff were cheerful and supportive. Staff were kind and respectful.

Care was planned and delivered in way that responded to people's assessed needs. Plans contained detailed information on people's personal preferences.

People had access to a range of activities, which they enjoyed.

The service had a clear complaints policy that was applied when issues arose.

The registered manager was a visible presence at the service, and was actively involved in monitoring standards and promoting good practice. The service had quality assurance systems in place which were used to drive continuous improvements.

Further information is in the detailed findings below:

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good

### Is the service responsive?

Good ●

The service remains good

### Is the service well-led?

Good ●

The service remains good

# Briarfield House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 February 2017 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with seven people who lived at the service and four relatives. We looked at three care plans, and Medicine Administration Records (MARs). We spoke with five members of staff, including the registered manager, general manager, senior care workers and care workers. We also spoke with a visiting healthcare professional. We looked at three staff files, including recruitment records. 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.

We also completed observations around the service.

# Is the service safe?

## Our findings

People said they felt safe at the service. One person said, "Yes I feel safe, there is always someone here," another person said, "We are all safe, the girls are very nice and they watch everything to make sure everything is done right and how it should be."

Relatives we spoke with said, "It is wonderful, she is safe which was our main concern," another said, "She is absolutely safe, I would move her if she wasn't, she is in the right place."

A visiting healthcare professional said, "Yes they [people using the service] are all safe here, they are comfortable, healthy and staff always follow advice, any recommendations are done."

Risks to people were assessed and plans were put in place to minimise them. We saw risks assessments for mobility, pressure areas and falls. Risks to people arising from the premises were assessed and monitored.

We were provided with evidence of positive risk taking. For example one person was a smoker and the registered manager made an available space in the garden for them other residents liked to go outdoors and often went on their own into the gardens. All people had risk assessments in place to cover these activities.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as flooding or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

The registered provider had systems and processes in place for the safe management of medicines. People were supported to access their medicines when they needed them. Medicines were stored securely and safely. We observed a lunch time medicine round and found medicines were administered safely and medicine administration records [MARs] were completed correctly. Staff were trained to administer medicines and had their competency checked.

Staff understood safeguarding issues and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them.

Staff we spoke with said, "if I suspected something I would tell the manager," and "Safeguarding is protecting them [people who used the service] I you see or suspect anything we have to tell the manager," and "I would whistle blow, I would not hesitate, no question about it."

We saw there was enough staff on duty to support people throughout the day and night. One staff member thought they could do with one extra member of staff between 10am and 2pm. We passed this comment onto the registered manager who said they would review this.

Recruitment procedures were in place to ensure suitable staff were employed.

## Is the service effective?

### Our findings

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role.

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Training included safeguarding, food hygiene, moving and handling, infection control and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with said, "The training is great, I have asked to do a course in activities for people with dementia, the registered manager is looking for a course for me," another staff member said, "I am up to date with all my training, I have just done catering training so I can go into the kitchen, I am looking at doing my NVQ level 5."

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member we spoke with said, "I have just had a supervision today, we talked about the job, if I am confident and happy in work, I find supervisions useful, the manager can see how we are progressing."

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

People were supported to maintain a healthy diet. People and their relatives we spoke with were very complimentary about the food. One person we spoke with said, "The food is very good, tip top." Relatives we spoke with said, "The food is very good, she has put on weight since living here," and "She [cook] does lovely meals, you cannot fault her dinners, the quality of the food is beautiful."

We observed a lunch time meal and saw people had choice of food and where to sit. It was a sunny day and many people chose to eat outside.

We spoke with the cook who could easily explain people's dietary preferences and knew people well. They told us, "They [people who used the service] can have anything they want, I keep a full store cupboard but if I don't have it I would nip to Tesco to get it for them. I get the best in for them, the best ham, Lurpak, if we eat it why should they not eat it," and "At Easter we are going to have high tea and everyone will get an Easter egg."

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the district nurse, dieticians, speech and language therapist and social workers.

# Is the service caring?

## Our findings

People and their relatives told us they were very happy and the staff were extremely caring. One person we spoke with said, "I am happy here, I would rather be here than anywhere else," another person said, "It is a lovely place, I have a lovely room and the lasses are smashing."

Relatives we spoke with said, "I would not have my relative anywhere else but here, staff are lovely, it's a nice place, the level of care the staff give is fantastic, they [staff] are all lovely," another relative said, "[person's name] is well looked after, they get a lot of love and attention," and another said, "The staff are lovely, they are lovely with the residents, they take time with them and are very patient."

A visiting healthcare professional said, "Staff are nice and know the residents well, they have had the same staff for years which provides consistency, which is nice for the residents."

Staff we spoke with all enjoyed working at the service. One staff member said, "I like working here, the staff, the people, everything about it." Another staff member said, "It is great working here, staff are friendly and we all have a good bond with the residents."

Staff promoted people's privacy and dignity. Staff we spoke with said, "We respect their [people who used the service] wishes, if they want to be on their own during personal care time, we leave, wait outside and they shout when finished, this provides them with the dignity they deserve." Another staff member said, "We always close the door and curtains when providing personal care. We saw that staff were courteous and respectful towards people who lived at the service."

Staff encouraged and promoted people's independence, we saw staff encouraging people to do things themselves such as hold their own cup. Staff we spoke with explained how they encouraged people to remain independent. One staff member said, "I will watch them dress and only assist where necessary, I will not take over," another staff member said, "I let them [people who used the service] do things if they can themselves, I try not to do too much."

A relative we spoke with said, "She is independent and the staff promote this, she does have a sensor mat in her bedroom so they [staff] know when she is up walking about and can keep her safe."

Throughout the inspection we observed staff interacting with people with care and kindness. Staff knew people well; there was also lots of fun, singing and laughter.

No one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. There was information available for people if they wished to use an advocate.

At the time of inspection no one was on end of life care. Care plans did document people's wishes and preferences in this area.



## Is the service responsive?

### Our findings

Staff understood what was meant by and how to deliver person centred care. Person centred care is care that is centred on the person's own needs, preferences and wishes.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit. We looked at care plans and assessments and saw these were comprehensive and included people's likes, dislikes and preferences. We saw the care plans lacked information about people's life histories, this is important to help staff understand more about the person and their experiences. The registered manager agreed to add further detail.

We looked in detail at the care plans for three people who used the service. The support plans were written in an individual and person centred way. Staff were provided with clear guidance on how to support people as they wished. There was clear evidence of personal preferences in the care records. Care plans detailed people's preferred routines for the morning, day time, evening and night time. For example one person had a sleeping assessment which identified they would like a warm drink before bed, a night light on and the door left open.

Each plan contained guidance for staff to ensure people received the support they required consistently. They covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, sight, hearing, falls, medicines and personal safety and risk.

Staff showed good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. It was clear they knew people and their needs well. For example, staff described how one person's walking stick was very important to them and they knew the history of the walking stick.

People's relatives said they were involved with the care plans. One relative said, "I am involved with the care plan, I signed off on it, we keep it up to date and have a review twice a year." Another relative said, "We review the care plans six monthly or when needed."

A visiting healthcare professional said, "The care plans are informative, they have the information I need and are reviewed regularly."

The majority of the people living at the service enjoyed music and dancing. On the day of inspection a old musical film was playing and people joined in with the singing. Staff then put music on we observed lots of singing, dancing and laughter. One person who was non-verbal smiled all the way through the songs. One person played the piano and other person sang a song. We were told that the person who sang the song was a singer when they were younger and had arranged for them to attend a sing a long in the community that afternoon. When they came back they said, "It was great, I did my singing."

People we spoke with were happy with what was on offer. One person said, "I love music, anything with

music is me." Another person said, "I am happy sitting reading my newspaper."

We asked staff if they felt there were enough activities for people. One staff member said, "They [people who used the service] enjoy more individual activities, although they love gluing and sticking, I do try and involve them in new things, but they all love music, we have a singer who comes in and they love it, they get up and dance."

One person preferred to stay in their own room, we asked staff how they prevented social isolation. One staff member said, "We all go up and sit with them and chat, often we look at pictures."

There was a clear policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. It also contained information on external bodies' people could complain to if they were dissatisfied with the service's response. The service had not received any complaints since the last inspection.

The service had received a number of compliments. Comments included, "Thank you to all the marvellous staff who were the best they could be and looked after 'our mam' in the most wonderful way," and "Thank you to all the staff for the great care you gave [relative's name] and you have always been very supportive to us."

## Is the service well-led?

### Our findings

The service had a registered manager in place who was qualified for the role and who had been registered with the Care Quality Commission since 2015.

Staff we spoke with were complimentary about the leadership and management of the home. Comments included, "The manager is great, you can talk to them anytime, their door is always open," "The manager is lovely, they have such a nice way with all the residents and they know the residents through and through," "The manager is a good role model for staff," and "The manager is great, always there if there are any problems."

Relatives we spoke with said, "[Managers name] is very approachable, all the residents live them and feel safe with them," and "[Manager's name] does a cracking job," and "The manager is wonderful, anything I need to know they let me know straight away."

A visiting healthcare professional said, "The manager is hands on and knowledgeable, he knows the residents really well."

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager carried out daily, weekly and monthly checks of areas including medicines, health and safety, staffing levels, infection control and kitchen. The general [area] manager also carried out a monthly audit which consisted of general observations, a walk around and checks on medicines, staffing, training and supervision. All audits had an action plan in place to be completed by the time of the next audit.

Feedback was sought from people and their relatives through annual questionnaires. We saw all feedback was positive from the 11 received back. Comments included, "Staff work in a person centred manner that is reflected in detail in the care plan," "The care my mother has received has been excellent. [Manager's name] is a fantastic manager.", "My mum is always clean and tidy but most importantly of all happy and safe," and "We could not ask for better care."

Staff we spoke with said the culture of the home was good, open and honest. Staff told us, "We have a great culture, it is open and honest and a home from home," and "The culture is down to earth and happy." The registered manager said, "SSL Healthcare is a family run business and the Director's care about all their homes and residents and equally their employees, we promote that by passing on the Director's passion and care from the front line. Briarfield house is homely and residents strive and progress and achieve much more in a homely environment."

Staff meetings took place every two months and topics discussed were record keeping, housekeeping, the people who used the service and activities. The registered manager said that with such a small team staff

were made aware of things on a daily basis.

Relatives said they were always kept up to date with things that were going on and always made to feel very welcome. Comments included, "I am more than welcome any time I come, we have had a meeting this morning, I am always updated with how things are," and "I feel so lucky my relative is here."

We saw the service had links with the local church and access activities within the local community such as the sing along. One person was to start receiving one to one care two hours a week to access the community.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.