

Methodist Homes

Briar Hill House

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

This inspection took place on 28 April 2016 and was unannounced. At our last inspection on 13 August 2013 the provider was meeting all of the legal requirements.

Briar Hill House provides accommodation for up to 36 people who require nursing or personal care. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

There were arrangements in place to keep people safe from harm. Staff understood how to recognise potential abuse and the actions they should take in response to their concerns. People's individual risks associated with their care were identified, assessed and managed to reduce the risk.

People's medicines were managed to ensure they received their prescribed treatments safely, at the correct dose and time. There were sufficient, suitably recruited staff available to care for people and meet their needs. Staff had access to varied training and support to improve their knowledge of care and enhance their skills to meet people's needs. People were provided with a choice of nutritious food and plentiful drinks. The support of healthcare professional was sought to ensure people maintained their health and wellbeing.

Staff supported people in a kind and reassuring manner. People enjoyed the company of staff who respected their privacy and promoted their dignity. People were able to maintain their important relationships, as relatives and friends could visit at any time.

People received the care they preferred because staff asked them and their relatives about their likes and dislikes. People and their relatives were able to regularly review their care to ensure it was still appropriate for them. People enjoyed a varied programme of entertainment and support with their hobbies to prevent them from becoming socially isolated. People and relatives felt empowered to discuss any concerns or complaints with staff and the registered manager.

Everyone felt the home was well managed and demonstrated an open and transparent ethos. The registered manager was approachable and keen to listen to the views of others. There were audits in place to identify where any improvements could be made.

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.

People were protected from harm and abuse by staff who were suitable to work in a care environment. People's risks were assessed and there were individual management plans in place to keep people safe. There were arrangements in place to manage people's prescribed medicines and ensure they received them at the right time and the correct dose.

Is the service effective?

Good ●

The service was effective.

Staff had received training which gave them the skills they needed to care for people effectively. Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards and acted in people's best interests in accordance with the Act. People were supported to enjoy relaxed and sociable mealtimes and given a choice of food and plentiful drinks. Specialist advice was sought promptly when people needed additional support to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff were kind and polite and people felt well cared for. Staff recognised people's right to privacy and promoted their dignity. Relatives felt supported by staff and could visit whenever they wanted.

Is the service responsive?

Good ●

The service was responsive.

People received care which met their preferences because staff understood their likes and dislikes. There were opportunities for people to take part in a varied activity programme. People and their relatives felt supported to raise complaints or concerns.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff were happy with the support provided by the registered manager and provider. People and

relatives were encouraged to share their views about the service. Audits were in place to monitor the quality and safety of the service provided and drive improvement.

Briar Hill 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.

The inspection took place on 28 April 2016 and was undertaken by one inspector with support from 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.

We looked at the information we held about the service and the provider including notifications they had sent us about significant events in the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR when we planned the inspection.

We spoke with nine people who used the service, eight relatives, three members of the care staff, one nurse, the deputy manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

Some people were unable to tell us about their experience of care so we observed how the staff interacted with them. We looked at three people's care plans to see if their records were accurate, up to date and reflected the care people received.

Is the service safe?

Our findings

Everyone we spoke with told us that Briar Hill House provided safe care. One person told us, "I always feel safe with the carers". Another person said, "The staff look out for us and make sure we're safe". A relative told us, "They are absolutely safe here". Staff told us they knew how to recognise the different forms of abuse that people could be at risk from and told us about the action they would take. One person told us, "There's no bullying here". A member of staff said, "If I was worried about anyone I'd speak to the nurses or the manager. I know that they'd do something about it, no concerns there". Another member of staff said, "We have a duty of care to protect people and keep them safe".

Some people had risks associated with their care and support, for example they had to rely on a hoist to move them safely. During the inspection we observed that people were supported to move safely and that they received the level of assistance that was planned for them. A relative told us, "I've seen them hoisting my relation; they are very good and keep them safe". We saw that staff had received training on how to operate the hoist. One member of staff told us, "I was hoisted during my training. It was worth doing because I understood what it felt like for people. I felt safe but it does make you feel out of your comfort zone. That's why it's important to keep reassuring people". We saw that staff consulted people about their risks and the actions they would like to take to protect them. One person had risks associated with eating and the protection of their delicate skin. The person had decided they did not want to follow the advice of staff to manage the risks because of the effect on their quality of life. We saw that a meeting had been arranged for the person to discuss their choices with staff and health care professionals to fully understand the risks they were taking and make a fully informed decision. This demonstrated that staff supported people to take positive risks.

We saw there were sufficient staff to meet people's needs. People told us the staff responded quickly to them when they needed assistance. One person said, "At busy times they may have to come back to you but they always come straight away to check". A relative told us, "My relation needs two staff working together to care for them and they always do that". Staff told us, "Some days are busier than others but overall we're okay for staff". Another member of staff told us, "We always meet people's needs".

People told us they received their medicines regularly. We saw that staff sat with people and explained what they were being given. One person said, "I get my tablets twice every day and I know what they're for". When people were prescribed medicines on an 'as and when required' basis, such as for pain relief, we heard staff checking with people to see if they were in discomfort and needed medicine. Another person told us, "If I'm in pain the staff bring me tablets". We saw that the arrangements for medicine storage and stock control were managed by staff and recording of medicines was accurate. This demonstrated that there were processes in place to ensure that people received their prescribed medicines to maintain their health and wellbeing.

Staff told us that employment checks were completed before they were able to start work. A member of staff said, "I had to wait for everything to come back before I started work including my DBS". The DBS is a national agency which provides information about previous criminal records. We looked at four recruitment

records which confirmed that pre-employment checks included police checks to ensure potential staff did not have a criminal conviction, references from previous employers and proof of identity. This demonstrated that there was a process in place to check and ensure staff were of a suitable character to work in a caring environment.

There was regular maintenance of the home environment and the equipment used to support people to ensure it remained safe for people. There were arrangements in place to evacuate the building quickly and safely should an emergency, for example a fire, occur. We saw that people's mobility was reviewed regularly to ensure they received the correct level of support to leave the building.

Is the service effective?

Our findings

Staff told us they received the training they required to meet people's needs. One member of staff said, "We have to score 100% on our training otherwise we need to repeat it. I've learnt loads since I've been here." Another member of staff told us, "I've learnt more skills in this job and feel more professional". Staff told us there was specific training available to them on how to support people with complex care needs such as tracheostomies and those receiving their nutritional support through specialist systems. One member of staff told us, "I had my training and was supported until I felt fully confident". Staff were supported to gain nationally accredited qualifications to support their learning and personal development. On the day of our inspection three members of staff were completing a 'train the trainer' course on the care certificate. This would enable them to train and assess staff completing the care certificate whilst working in the home. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People told us that staff checked they were happy before providing care. A person told us, "The staff always explain what they're doing". A relative said, "They talk to my relation and always ask if it's okay to go ahead". 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. Staff understood the requirements of the Act and how they should support people. We saw that when people were unable to contribute to decisions about their health and welfare staff demonstrated and documented how the action had been made in their best interest.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that some people were being restricted because they were unable to leave the home safely without the supervision of staff. We read that the provider had made the applications required to ensure that any restrictions placed on people were assessed and legally agreed.

People were offered a choice of nutritious food and plentiful drinks and they told us they enjoyed the food they were provided with. One person told us, "We heard staff asking people what they would like, one member of staff said, "What would you like to drink? What do you fancy?" At lunchtime several relatives sat with their relations and supported them during their meal, one relative told us, "I come every day to help my relation. The atmosphere at lunchtime is lovely. The staff are brilliant". Staff chatted with people as they served the meal and when necessary offered encouragement to coax people to eat. One member of staff said, "Here's your dinner, that looks lovely doesn't it?" Another member of staff said, "Are you going to try that last little bit?" People were provided food which met their requirements, some people had their meals pureed or mashed and we saw that portion sizes were provided to match people's appetites. Staff offered support but encouraged people to eat as independently as possible. One member of staff placed food onto

a spoon and gave it to the person so that they could feed themselves. We saw that the staff constantly checked that people were managing to eat independently and offered immediate assistance when necessary.

People were visited by other healthcare professionals whenever additional advice or involvement was required to support their health. One person told us, "They get the doctor and I see my own dentist". A relative told us, "They have visits from the doctor, they let us know and we've been invited to a meeting with the doctor after they'd been seen". Another relative said, "They're straight on the phone when my relation isn't too good".

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the staff and the care that was provided at Briar Hill House. One person told us, "The staff really do care, the way they speak and the way they look at you, you can tell". Another person said, "It's like a second home here". A relative told us, "It is absolutely brilliant here. The staff respond in a very caring way to people, second to none". Another relative said, "It's fantastic. I blow the home's trumpet to everyone I speak with". We saw there were positive relationships between the staff and the people who used the service. We saw staff sitting with people and chatting and heard laughter between them. One person told us, "That [Name of member of staff], is so cheerful they keep us laughing all the time".

People told us the staff were polite and respectful to them. One person said, "The staff treat me with respect". Another person told us, "The staff are so courteous to us". We saw that people's privacy was respected. Staff knocked on bedroom doors and waited for a response before entering. When this was possible they introduced themselves to the person as soon as they went into their room. Staff supported people's dignity. We heard staff speaking quietly to people when discussing their personal needs and responding quickly when people buzzed for support or assistance. A relative told us, "The staff always speak close to people". We saw that staff supported people to maintain their appearance in the way they wanted. Staff took time to dress people's hair as they preferred and ensured that, if they wanted to wear, for example a wrist watch or jewellery, that this was accommodated. Each person had a key worker who was responsible for ensuring that their needs were met. We spoke with a key worker who told us, "I'm responsible for building a relationship with the person and their family, buying presents for their birthday and Christmas and making sure their clothes and wardrobe are organised". This demonstrated that people had individual support from staff.

Visitors were encouraged to spend time in the home whenever they wanted. We saw several relatives visited at lunchtime to support their relation with their meal. One relative told us, " They look after me as well as my relation. They are so considerate; it feels like we're one family. It's a pleasure to visit". We saw relatives helped themselves to a drink and chatted to staff with familiarity. Another relative told us, "It's a lovely jolly atmosphere. The staff are very welcoming, all of the time".

Is the service responsive?

Our findings

We saw that people's care was planned to reflect their likes, dislikes and preferences. People told us that the staff knew them and how they liked to be cared for. One person told us, "The staff know what I like". A relative said, "The staff understand what my relation likes and respond to that". We saw that staff asked people or, if they were unable to tell them, their relatives about their past lives, important relationships and how they had enjoyed spending their time before they came to live at Briar Hill House. One member of staff told us, "If people can't tell us for themselves we always ask their relatives so we can find out as much as possible". A relative confirmed this and said, "We had a meeting to discuss my relation's care needs". We saw that people's care was reviewed regularly to ensure it continued to meet their needs. Relatives told us that they were involved in the reviews to support their relation. One relative said, "Anything to do with [Person's name] we are involved and consulted". Another relative told us, "The staff review the care plan whenever there are changes in my relations needs".

People were offered opportunities to socialise together or, if they preferred, spend time alone doing what they enjoyed. One person told us, "There is always something going on. I can choose which activities I join in with". Another person said, "I'm encouraged to pursue my interests; I like to read". A relative said, "You've only to look at all the photographs on the board to see how much goes on". We saw photographs of people being waited upon by staff during an 'Upstairs, downstairs' themed day. The photographs showed people being served by staff dressed as waiters and waitresses. A member of staff told us, "We all had a tray and did a 'silver service' at dinner. Everyone enjoyed it". During our inspection we saw people supported by the activity coordinator and volunteers making greetings cards which were sold to raise funds for people's entertainment. During the morning some people spent time with a 'pat' dog. Pat dogs are brought into care homes as pet therapy to give people the opportunity to interact with the dog and their owner. During the afternoon there was a music session and we saw people singing, clapping and doing hand actions to the songs they were familiar with. Relatives told us they were encouraged to take part in activities and social events at the home. One relative told us, "They involve us in everything. Last Christmas the whole family came for lunch. It was very special".

People and relatives told us they would feel comfortable to raise any concerns or complaints. One person told us, "I had a few very minor issues and they resolved them straight away". A relative said, "If there were any problems I would speak with the nurses or the manager, they're lovely". We saw that people were provided with information on how to raise complaints. There was a process in place to ensure that investigations were undertaken and people received information about the outcome.

Is the service well-led?

Our findings

Everyone we spoke with felt the home was well run and their opinions mattered. People told us they had regular meetings to speak about their satisfaction with the care and any changes they would like to see. One person told us, "The manager has an open door policy and they come round the home every day. We can talk at any time". The registered manager told us, "We have separate meetings for people and relatives. This means that people living here can have the opportunity to speak for themselves". We saw the registered manager produced action plans following the meetings to ensure they completed the issues that people raised. Relatives told us they found the registered manager approachable and open with them. One relative said, "The office door is always open for us. They are open and transparent with us about everything". We saw that regular satisfaction surveys were distributed. One relative told us, "We get questionnaires all the time" and another said, "We are consulted. The consultation with us is on-going". We saw that the responses in the surveys were positive and confirmed that both people who used the service and relatives felt they had 'a voice'.

Staff told us they felt well supported by the registered manager. Staff were provided with regular opportunities to meet with their line manager to discuss their future development in the home and their performance. One member of staff told us, "We can talk about anything in supervision. The manager is very supportive and I feel I can speak in confidence about work or personal issues". There was a whistleblowing policy in place which staff could use to raise concerns about any aspect of the service, anonymously if they preferred. One member of staff told us, "I would use this if I was worried. If you don't you're just as bad as the person you're concerned about". Staff told us they had regular meeting to discuss changes in the home. There had recently been a consultation with staff over organisational changes. One member of staff told us they had been appointed as a communication lead to support the care staff during the period of change. This demonstrated that the provider ensured that staff received support.

The quality of the service was monitored by a regular audit programme which reviewed all aspects of people's care. The registered manager monitored the level of accidents and incidents, such as falls, which occurred in the home. We saw that where trends or the need for improvement was identified appropriate action was taken to ensure it was completed. The registered manager was fulfilling the requirements of their registration with us by informing of significant incidents which occurred in the home. This demonstrated they understood their role as the registered manager.