Mrs Ann O'Neill and Roy McCormick

The Briars

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected the service on 17 April 2018. We contacted the provider 24 hours prior to our inspection to ensure someone would be at the service when we visited. 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 Briars accommodates up to seven people and is designed to meet the needs of people with a learning disability. On the day of our inspection seven people were using the service.

The care service has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The aim is that people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place at the time of our inspection. 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. The registered manager was also the provider and worked across two services who were in close proximity to each other.

The last inspection of this service was carried out in October 2015. At this time we rated the service as 'Good'.

At this inspection we found that the service was not always monitoring incidents robustly and that the service wasn't notifying the relevant authorities in relation to some of the potential safeguarding incidents which had taken place at the service.

We found that although care and support plans contained relevant and up-to-date information, people's risk assessments had not been regularly reviewed and updated and so did not always accurately record the current risks associated with the delivery of people's care and support.

There were enough staff at the service to safely meet people's needs, although we were not assured that this was always the case and raised our concerns with the provider. Staff were safely recruited and supported in their roles and appropriate and relevant training was delivered to staff and regularly reviewed and updated.

People felt safe at the service with the staff who supported them and were protected against the risk of infection as we found the service to be clean and hygienic. People received their medicines safely and there were plans in place for any potential emergency situations.

We found that people received care and support to meet their individual needs and that there was a culture

of inclusion which was promoted by the provider. People's views were listened to and respected and people were involved in the day to day running of the service. People could spend their time as they chose and were part of the wider community. We found that people took part in activities both within the home and outside it and that this was actively encouraged by the service to ensure people lived meaningful lives and maintained their independence.

People's consent was sought by the service and the principles of the Mental Capacity Act 2005 had been followed.

People's nutritional risks were assessed and planned for and people had a choice in what they had to eat and drink. People had access to various healthcare professionals to maintain their health and well-being.

There was strong leadership from the provider at the service and people and their relatives felt they could approach the management of the service should they need to raise any issues. Staff felt supported and were generally happy in their roles.

The provider was displaying their inspection rating at the service as required by law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Incidents were not being adequately recorded and reported to ensure people's safety.

Risk assessments we looked at had not been reviewed and up-dated.

We raised concerns about low staffing numbers over the weekend although there were sufficient staff during our inspection.

Staff were safely recruited at the service.

Medicines were safely managed and people were protected from the risk of infection.

Is the service effective?

Good

The service remains effective.

People were cared for by staff that received the training and support they required to carry out their roles.

People's consent was sought before staff provided care. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and DoLS.

People were supported to eat and drink enough to maintain a balanced diet.

People's health and well-being was continuously monitored.

People's needs were met by the design and decoration of the premises.

Is the service caring?

Good

The service was caring.

People were involved in planning and delivery of their care and

support.

People's privacy was respected.

People were supported by kind and compassionate staff who maintained people's dignity.

Is the service responsive?

Good

The service remained responsive.

People received care that met their needs and had plans of care that were updated as their needs changed.

People and their relatives had information on how to make complaints.

People would be supported to plan and make choices about their care at their end of life.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had failed to make the required notifications to CQC for a number of safeguarding incidents at the service and incidents were not being effectively monitored to protect people.

There was strong, visible leadership at the service which promoted a culture which centred around the people who used the service.

Staff felt supported and staff performance was monitored on an on-going basis. Audits were carried out in relation to medicines, care plans and the premises.

The Briars

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.

We inspected the service on 17 April 2018. We notified the provider of our inspection 24 hours prior to our visit. We did this to ensure that someone would be at the service when we visited. The inspection team consisted of 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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.

During the visit we spoke with five people who used the service and the relatives of all seven people who used the service. We spoke with the provider, who was also the registered manager, the administrator and three staff who provide care and support to people at the service.

We looked at the care records of four people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the management and running of the service including audits carried out by the provider.

Requires Improvement

Is the service safe?

Our findings

There were not adequate systems in place to monitor incidents that took place at the service as some of these were recorded in different places. This meant that incidents could not be analysed effectively for patterns and trends in order to minimise them. Incidents we looked at did indicate that there were patterns in people's behaviour and that some people regularly reacted to other people using the service. Some incidents had been recorded as incidents and others were not but were recorded in the daily records. We found that some of these incidents should have resulted in safeguarding referrals and notifications to CQC. This had not happened in all cases and therefore people were not being adequately protected from the risk of abuse. We raised this with the provider who acknowledged that there was not a robust system in place to analyse and take action on all incidents which took place at the service. We discussed some of the incidents which may have needed to be referred as safeguarding incidents. As there was not a robust system in place to monitor, record and take action for all incidents that took place at the service, this had resulted in a lack of effective monitoring and meant that some incidents had not been reported as required. This could put people at potential risk of harm as the relevant authorities had not always notified to enable them to assess potential risks and take appropriate action to keep people safe. The provider acknowledged this gap in their processes and agreed that this would be looked at following our inspection.

Staff were trained in how to recognise and support abuse and information was readily available to people and staff on how to raise any safeguarding concerns should they need to. However, we found that this was not happening as it needed to at the service.

Risks associated with the delivery of people's care and support had been assessed but we found that these had not been continuously updated by the service as people's risks changed. Some of the risk assessments we looked at were dated 2015 when they were written. We raised this with the provider who acknowledged that these documents did not always represent people's current risks. The provider told us that systems would be implemented to address this following our inspection. Care and support plans were regularly updated and did provide sufficient information for staff to deliver people's care and support safely. Staff were aware of risks associated with the delivery of people's care and support and worked with people to minimise these risks.

At the time of our inspection there were sufficient staff to safely meet the needs of people using the service. However, staff we spoke with did raise concerns about staffing levels over the weekends when there were more people in the service during the day as fewer people went out to their activities. One staff member said, "Quite a lot of the time we could do with more staff. If anything kicks off it is hard." Another staff member told us, "We can't understand how people have left and not been replaced. It does get too much sometimes." Rotas we looked at showed there was one member of staff on duty over a weekend and that this member of staff was required to carry out the cooking and cleaning at the service in addition to providing care and support to people. We discussed this with the provider who explained that a staff member could be called over from the neighbouring service if needed and that no incidents which indicated more staff were needed had happened to date. However, we raised concerns about the potential safety implications of one staff member supporting people on their own, as well as preparing meals and cleaning

the service should assistance be required immediately.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

People told us they felt safe at the service and that they felt safe with the staff who supported them. There were systems and plans in place to ensure people were safe in potential emergency scenarios. People were familiar with these arrangements, one person said, "They've shown me what to do, I go out quick, outside there." A relative told us, "The staff are aware of what's going on around them, they have their safety at hand. They know what people are coming and going." The relative went onto say that, "There's nothing out of place, they're very strict on the Health and Safety, even the vacuum is put away when you visit so you don't trip over the cord." Another relative told us, "There's good health and safety, we do feel (the person) is secure, but it's not like a prison but feels like a home. It's his home."

There were robust arrangements in place for the safe management of medicines. Staff had received training and demonstrated they were knowledgeable about how to safely administer medicines to people. One person told us, "They put it in my hand every day." Records showed that people received their medicines at the prescribed times. There was guidance in place for those as and when needed medicines which clearly outlined for staff when people may need this type of medication. Medicine administration records clearly indicated that people were given their medicines on time and these records were regularly checked by the provider to monitor for any discrepancies.

People were protected from the risk of infection as the provider had infection control procedures that staff followed. We found the home to be clean and hygienic at the time of our inspection and staff described following safe infection control procedures when delivering care and support to people. People and their relatives told us the home was clean. One person said, "The staff clean the house, it's always clean." Relevant staff training in infection control and food hygiene took place at the service.

Good

Is the service effective?

Our findings

Staff were skilled and knowledgeable and received the required training to deliver safe and effective care to people. Training records we looked at showed that staff were trained in key areas of care and support delivery. Staff understood the requirements of their roles and had been trained in areas that were appropriate for the people they supported. For example, we saw from care records that some people using the service could, at times, display behaviour that may have been challenging for staff to manage. The provider had trained staff in managing these behaviours. Staff understood how to report safeguarding concerns and understood the requirements of the Mental Capacity Act 2005 in obtaining people's agreement in relation to the support they provided.

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 less restrictive as possible. 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).

There provider had made suitable DoLS applications to the relevant authorities and these had been authorised where necessary. The provider and staff understood their roles in assessing people's capacity to make decisions. People told us they were asked about consent to care and treatment.

We found that best interest decisions had been documented at the service where people lacked the mental capacity to make these decisions themselves. These decisions had been signed as agreed by the provider who had assessed people's capacity. However, although the decisions had been made in consultation with the person's representative, the documentation had not been signed by them. We raised this with the provider during our inspection who told us that they would amend this following our visit. We were assured that decisions had been made with people's representatives and that they had been agreed in people's best interests.

People were assessed for their nutritional risks to help maintain their health and well-being. People received food and drink that met their individual needs. For example, one person was at risk of losing weight and was being given supplements for them to maintain a healthy weight. Another person was prone to put on weight which was detrimental to their health due to their condition. The service supported this person to eat healthily. People were able to choose what they ate and drank and there were systems in place to support people to do this. Choices were made accessible to people by the service providing easy read formats of information and speaking to people in ways that would ensure their understanding. People told us they enjoyed the food provided, one person who used the service said, "We do get a choice of what we want to eat." A relative told us, "It's all home cooked and they get a treat night on a Wednesdays, I believe they can have fish and chips."

The provider and the staff working at the service had a good understanding of people's conditions and any health related implications of these. Risk assessments were based on national guidelines.

The provider worked well with external agencies, particularly in relation to ensuring the people spent their time in ways that were meaningful for them. Local volunteers and groups were in regular contact with the service and the provider had come up with innovative ways to ensure that people could engage with the community and spend their time in ways they wanted to. The service had good links with healthcare providers locally and people were part of the wider community. People's health and well-being was continuously monitored by the service with input from various healthcare professionals. During our inspection one person appeared to be unwell. A member of staff accompanied this person to the local GP surgery where they obtained treatment.

The premises were designed to meet the needs of people currently using the service. Rooms were designed to provide a pleasant and welcoming environment for people and we observed people using communal areas of the home as they chose to. There was a pleasant garden area which people could access and which provided outside spaces for people. We spoke with the provider about the fact that people's needs could change over time and that adaptations may need to be made as people's mobility changed. One person using the service did require some support with their mobility. The provider explained that they recognised this as a potential concern for the future and stated that they would made the necessary adaptations as and when this needed to happen.

Good

Is the service caring?

Our findings

People using the service described having positive relationships with the staff who supported them. One person said, "Staff are nice. I can talk to them" and "I like one staff here. He's nice; talks nice to me, makes me laugh." Relatives were equally as positive about the staff who delivered support at the service. One relative said, "I think that they are amazing. They don't force but are encouraging. They are calm and coax them, certainly no cruelty." Another relative told us, "They are supportive, helpful and caring."

People were involved in the day to day running of the service. We found that people using the service had been involved in most aspects of the service, including staff recruitment. People were able to and often did call meetings to discuss issues which were important to them and provided feedback that contributed to how their care and support was delivered to them. People were able to choose their meal options and how they spent their time. One person using the service used a computer to communicate with their friends and family and this was actively encouraged. People's views were regularly sought and the provider ensured that people were given information in a format which would assist their understanding.

People's agreement was sought in relation to the planning and delivery of their care and support to ensure that this met their individual needs. Care records showed that people and their representatives had been involved in their care and support plans and that these had been devised to ensure people's personal preferences were considered. People had clear objectives and desired outcomes to their care and support plans where these were applicable to people. The service ensured that people lived fulfilling lives and worked to enrich people's experiences by providing activities which may have been of interest to them.

People's privacy was respected at the service. People had personalised bedrooms and were able to access these whenever they wanted to. Some people chose to lock their rooms when they weren't in them and this was respected at the service. One person had their own summer house at the bottom of the garden and this was kept locked to prevent other people from accessing it. People had space within the service to spend time with relatives and friends should they choose to.

Staff we spoke with were kind and compassionate towards people and knew people well. One staff member said, "You get to know the residents well here." They described working well as a staff team and felt that people's needs were met at the service. We observed staff speaking with people and saw that they were kind and that they communicated in different ways for different people. For example, one person wasn't able to communicate clearly verbally, however, the provider knew how to communicate with the person using touch. Care records clearly outlined how people communicated and staff knew how to do this most effectively with people.

Good

Is the service responsive?

Our findings

People's needs were assessed before they used the service to ensure that the service could meet them. Staff created people's initial care plans which were updated as their needs changed. People provided information about their lives which helped staff to relate to them; staff talked to people about their interests and their families.

People expressed their likes, dislikes and preferences in their care and support plans. Staff told us this enabled them to provide care that met people's preferences. For example, the plans we looked at described what time people liked to get up in the morning, whether they liked a regular routine and the kind of ways they liked to spend their time. For example, one person's support plan stated, "I enjoy a warm drink when I wake up in the morning." Each person's care plan reflected their individual needs and preferences which staff followed. This supported staff to provide personalised care.

Staff ensured that people maintained their health and well-being by following plans of care. People told us their health was continuously monitored. One person commented, "If I'm feeling unwell, I tell the staff. I sometimes go to the doctors. It makes me feel better." Another person with long term health conditions said, "I get a doctor's appointment." They said that the staff, "Listen to me when I'm ill." One relative stated, "They take (the person) to hospital. They've got their best interests at heart."

People had opportunities to take part in activities they found fun and enjoyable. Many of these were organised by the provider and took place both at the service and externally. We saw that people had regular music evenings, take away nights, craft events and other social occasions. Trips and holidays were also facilitated by the service. People chose which activities they engaged with and people's successes were celebrated and recognised to acknowledge their personal achievements.

Processes were in place to identify people's diverse needs, and ensure that no discrimination took place. For example, one person using the service followed a particular religion and this was supported and facilitated at the service.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People felt confident that they could make a complaint or raise any issues should they need to. One person told us, "If I'm worried the staff would come and help." People had the opportunity to raise any concerns informally with the provider who was regularly at the service. One relative said about the service, "They are always there for me." The provider had procedures in place to record and respond to people's concerns and people using the service were made aware of the complaints procedure to enable them to raise formal complaints should they wish to. People using the service were in regular dialogue with the provider and had

regular meetings to discuss anything that they wanted changing or implementing at the service. There were no formal complaints for us to review at the time of our inspection and the provider felt that this was due to effective communication that took place on a daily basis within the service.

People had the opportunity to discuss with staff what it meant to be at the end of life. People could express their own preferences in how they wanted their care to be provided when they were at end of life, although nobody using the service had done so at the time of our inspection as this hadn't been deemed to be necessary or appropriate.

Requires Improvement

Is the service well-led?

Our findings

Incidents were not being effectively monitored at the service to protect people from the risk of harm. We looked at a number of incident records which had been logged in different places and found that there was no regular monitoring of all incidents which took place at the service in order to establish any patterns or trends. We found that some people using the service were prone to react to other people who used the service. The lack of monitoring meant that incidents which may have posed a risk to people had not always been recognised as such.

The provider had not made the required statutory notifications to CQC in relation to safeguarding incidents which had taken place at the service. During our inspection we identified these incidents through looking at daily records and incident logs. We raised this with the provider who told us that they had not been aware of this requirement and that they would ensure the notifications were made to CQC in the future. Other incidents which required notification to CQC had been notified as required.

This is a breach of Regulation 18 of the 2009 Registration Regulations, Notification of Other Incidents.

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

There was strong and visible leadership at the service. The provider was regularly at the service and very involved with the day to day running of the service, as well as being involved in arranging activities for people out in the community. The provider described people in a kind and compassionate way and it was clear in our discussions with them that people were at the heart of the service. The provider knew people well and understood each person's individual needs and personal preferences.

Staff told us they felt supported in their roles and felt that they could approach the management of the service should they need to. We saw that staff performance was regularly assessed to ensure that staff were happy in their roles and that they felt supported at the service. Regular staff meetings were held and it was clear from staff meeting minutes that staff would be able to raise any issues they may have. Staff training was monitored and updated as and when necessary and was designed to meet the needs of people using the service.

People who used the service were involved in how the service was run in all sorts of ways, including the recruitment of staff, the devising of food menus and in the activities that took place at the service. The provider recognised that the communal areas of the home belonged to people who used the service and was mindful of people's private spaces. There was an embedded culture at the service which centred around people who used the service.

The provider monitored the service regularly to assess the quality of the care and support provided, for example they carried out audits of medicines, care records and staff performance. Regular checks were carried out on the premises and we saw evidence of fire tests as well as tests on the gas and electrics. We found that the monitoring of incidents was not being done effectively and that further improvement was needed in the recording, reporting and monitoring on incidents which took place at the service.

The latest CQC inspection report rating was on display at the service and on the provider website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify a number of safeguarding incidents to CQC as is required by law.