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Briercliffe Lodge

Inspection report

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01 February 2019

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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

Briercliffe Lodge is a care home without nursing care that can accommodate up to 17 people. It is registered to provide personal and residential care and 16 people were living in the home at the time of the inspection.

Briercliffe Lodge is situated in the town of Barnoldswick in Lancashire close to the Yorkshire border.

People's experience of using this service:

- The service met the characteristics of 'Good' in all of the five key questions.
 - Staff were recruited safely but we noted in some cases there was a need to improve some pre-recruitment checks.
 - The service was following the principles of the Mental Capacity Act 2005 and associated Codes of Practice.
 - Risks to people's health and safety were safely managed.
 - Care records were up to date and reflected people's health care needs.
 - People who used the service and their relatives told us that people were looked after and that they were happy with the care and support that was provided.
 - People were protected against abuse, neglect and discrimination through good safeguarding processes.
 - Staff we spoke with were positive about their roles and wanted to do the best for people.
 - Staff we spoke with knew people well. They had developed good relationships with people.
 - People who used the service clearly enjoyed the presence and attention from staff.
 - There was a range of appropriate activities for people to participate.
 - Management checks and audits were effective but some improvement was required around the checking of employment records to ensure that people were safely recruited.
- More information is contained in the full report.

Rating at last inspection: At our last inspection the service was rated good overall. Our last report was published on 10 May 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Briercliffe Lodge

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 checked 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 was conducted on 31 January and 1 February 2019.

Inspection team: This inspection was conducted by one adult social care inspector.

On the first day of the inspection the inspector visited the home and saw the office, communal areas, bedrooms and bathroom facilities. On the second day, the same inspector contacted relatives and healthcare professionals by telephone to seek their feedback on their experience of the service.

Service and service type: The service was a care home without nursing. At the time of the inspection 16 people were living at the service.

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

Notice of inspection: The first day of the inspection was unannounced.

What we did: Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people who use the service, three relatives and two healthcare

professionals about their experience of the care provided.

We spoke with both registered managers and three care staff members.

We looked at four people's care records and a selection of medicines and medicines administration records (MARs). We looked at other records including quality monitoring records, six staff recruitment records, training records and records of checks carried out on the premises and equipment.

Details are in the key questions below.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People who used the service and their relatives told us that people felt safe living at the service.
- Staff members we spoke with confirmed they had received training in safeguarding and knew their responsibilities to raise concerns.
- Safeguarding and whistleblowing policies and procedures were in place to guide staff in their roles.
- One person told us, "I am happy here and get good care and feel safe."
- Recruitment systems and processes were in place but in three of the six files we considered, insufficient recruitment checks had been made with previous employers prior to the members of staff starting work. All other checks such as criminal records and identity checks had taken place. The registered managers told us that the staff members were well known to the service and lived in the area. They undertook to make further enquiries to ensure that the recruits had been safely employed.
- We recommend that the service revises its recruitment processes to ensure that all relevant checks are made on staff before they start work.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified, and were managed safely. For example, people at risk of falling had adequate measures in place to manage the risks involved when they mobilised.
- We looked at fire safety. We found regular checks were undertaken to ensure equipment, including alarms, was safe. A comprehensive fire safety audit had taken place in March 2018 by approved fire safety experts and we noted that the service had acted on all recommendations made.
- We found personal emergency evacuation plans [PEEPs] were in place for all people who used the service and had been updated when a people's needs had changed.
- A variety of environmental risk assessments and checks had taken place. Servicing and maintenance of equipment used in the home had been completed as required by regulations.

Staffing levels

- We received positive responses from people in relation to staffing levels within the service. During the inspection we also observed a good staff presence.
- Staffing rotas supported that there were enough staff available to manage and support people's needs.
- One person said, "There's never a problem with the availability of staff."

Using medicines safely

- People's medicines were managed safely, and most staff were trained in the safe management of medicines. The provider had a medicines management policy available and all staff were familiar with it.

- We checked Medicines Administration Records (MAR) for four people for the two months preceding the inspection and saw that the records were completed accurately to confirm they had received their medicines as prescribed. We counted the medicines in the secure cupboard of two people who used the service and found that they accurately reflected the information in the records and that there were no medicine left over.
- People told us they were happy with the support they received with medicines.

Preventing and controlling infection

- All areas of the service were clean and tidy. The service managed and controlled the prevention of infection well.
- We observed staff wearing personal protective equipment when necessary.
- In March 2018, the service had been inspected by hygiene specialists from the local authority and we noted that all recommendations from this had been implemented.
- All the people and relatives we spoke with told us they felt the service was clean.

Learning lessons when things go wrong

- Accidents and incidents were recorded. We saw that these records were regularly reviewed and discussion was held with staff and relatives around any lessons learned.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Regular reviews of care records were being completed and information contained in care files was up to date.
- Assessments obtained from health and social care professionals were used to plan effective care for people.
- Care files supported that assessments of people's needs were completed prior to them moving into the service.
- Management and staff applied their learning in line with best practice. This led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff told us they had received positive support through supervision, appraisal and development. They were particularly complementary about the support they received from the registered managers.
- Staff told us they had completed a comprehensive induction and learning programme and records we saw supported this.
- Staff files and training records confirmed staff received a variety of training that supported them in the delivery of care to people. Training included fire safety, first aid, infection control, health and safety, moving and handling, safeguarding and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- One relative said, "Staff have been specially trained to deal with an issue my relative has. As a result, they are on top of any issues that develop."

Supporting people to eat and drink enough with choice in a balanced diet

- People had choice and access to sufficient food and drink throughout the day. We observed a lunch-time and food was well presented and people appeared to enjoy mealtimes.
- Staff supported people safely and with care at mealtimes and people were not rushed.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required.
- Where people required their food to be prepared differently because of medical need or problems with swallowing, this was catered for.

Staff providing consistent, effective, timely care within and across organisations

- Where people required support from healthcare professionals, this was organised and staff followed

guidance that was provided. We noted that information was available to other agencies if people needed to access other services such as the hospital.

- A health care professional told us, "This is a lovely service with really dedicated and well trained staff. They call on me properly when there are issues and always act on my advice and follow instructions."

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

- We saw that people's bedrooms were personalised and homely. Communal lounges and dining areas were bright, comfortable and spacious with a homely feel.
- People looked relaxed and comfortable in the environment.
- Consideration had been made around assisting people with disabilities with the decoration and design of individual bedrooms and communal areas.

Supporting people to live healthier lives, access healthcare services and support

- Care records we looked at showed people were referred to the relevant professionals when there was a health need.
- Records supported that people saw healthcare professionals regularly; for example, dentists, podiatrists and GPs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people were deprived of their liberty the registered managers had worked with the local authority to seek authorisation for this.
- Two DoLS applications had been submitted since the last inspection in 2016. These applications were in the process of consideration by the local authority. We noted that they had been properly raised and contained appropriate level of information.
- People's mental capacity was assessed and reference was made to formal assessments from healthcare professionals. These provided guides to staff on the position of the person they were supporting.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were observed to be treated with kindness. People and their relatives were positive about staff's caring attitude.
- Each person had their history recorded in care plans which staff used to get to know people and to build positive relationships. Care plans were written respectfully.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. One person said, "Staff are great. We know each other well and sometimes have a good laugh together." A relative said, "Staff are kind and I've never seen them acting disrespectfully."

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

- Staff supported people and their relatives to make decisions about people's care. Where needed, staff sought external professional help to support decision making for people.
- Staff signposted people and their relatives to sources of advice and support or advocacy. Leaflet were available in the home about this.
- A relative told us there was always staff available to speak with them about their family member.
- A relative said, "My relative needs a lot of help and I am always kept informed by staff when something is going on."

Respecting and promoting people's privacy, dignity and independence

- When speaking with staff, they showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected. Confidential documents were locked away with only appropriate staff having access to them.
- People were afforded choice and control in their day to day lives. One person said, "We have a choice in lots of the things we do and have a say in what happens."
- During the inspection we saw that staff and the registered managers treated people with dignity and respect and provided compassionate support in an individualised way.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- Care plans were up to date and reflected people's needs.
- Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. One member of staff said, "I get to know my residents well so that I can provide a personal touch."
- Where appropriate, people's relatives were involved with people in making choices and have as much control and independence for people as possible.
- Reasonable adjustments were made where appropriate and the service identified, recorded and met people's information and communication needs, as required by the Accessible Information Standard. This included providing important documentation in accessible formats including easy to read and braille. This standard was introduced in 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.
- The service used technology to improve the lives of people. For example, we observed use of the Telemedicine system which allows healthcare professionals access to people remotely so that an early diagnosis on a condition or concern can be provided.
- People had access to planned activities every other day of the week. Each person was provided with a planned activity schedule at the start of each month and we noted that the schedule for January 2019 included a cheese and wine party, film night and chair exercises to music.
- People were supported to maintain and develop relationships with those close to them, including family members and friends at the home. A relative said, "My relative is probably even closer to me after coming to the home. I have the staff to thank for that."

Improving care quality in response to complaints or concerns

- People's relatives knew how to provide feedback about their relative's experiences of care and the service.
- People and their relatives knew how to make complaints; they felt these would be listened to and acted upon in an open and transparent way.
- Records we looked at showed the service had received one complaint since the last inspection in 2016. We noted that this had been acknowledged, investigated and responded to consistent with the provider's policy.

End of life care and support

- The service had a comprehensive policy about end of life care. This incorporated extensive involvement with family members and local GP's.
- Consideration towards people who may be at the end of life were escalated to health care professionals

and relatives and we noted that staff sensitively engaged with management staff in team meetings on this area.

- Most staff members had completed training in end of life care and support.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

The provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The service demonstrated a commitment to provide a person-centred and high-quality care approach by engaging with everyone using the service, their relatives and health care professionals.
- During the inspection we saw that the registered managers and senior staff positively encouraged feedback from people and relatives and acted on it to continuously improve the service. We noted that the registered managers were particularly receptive to this.
- Records relating to the care and support of people who used the service were accurate, up to date and complete.
- Policies and procedures were available to support staff in care delivery.
- Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements. One member of staff said, "We are all clear about what we must do and our areas of responsibility. It's a good 'close knit' team."
- We saw that quality assurance processes worked as intended. For example, a healthcare professional told us about being alerted by the service following a review of a person's condition and that this had led to a visit from a specialist nurse.
- The provider's quality system involved checks being carried out by the registered managers and specialist sub-contractors in areas such as fire, water safety and equipment servicing and suitability.
- Where issues were established after checks had been made, we saw action plans had been produced and action taken. We saw an example of this around infection control issues where a program of decorative and structural improvements were being considered.
- There were plans to continue improvements within the service and noted that this was discussed at meetings with staff.

Engaging and involving people using the service, the public and staff

- All the people, relatives and healthcare professionals we spoke with told us that management were approachable.
- Staff member we spoke with were complementary about the registered managers. Staff said they felt involved in the running of the home and that there was a 'family' atmosphere at the home and this helped them to feel encouraged. They also said that they felt that they had an important role in the service.
- Records we looked at showed that regular staff meetings were being held.
- Meetings for people who used the service were conducted and records of these were also available.
- The service had received thank you cards which contained numerous positive comments from family

members about the service and staff members.

Continuous learning and improving care

- Quality assurance processes and systems were in place and identified issues such as environmental matters. Action was taken in these circumstances. However, these processes had not identified the staff recruitment issue seen in the 'Safe' section of this report and some improvement is required in this area to ensure that they pick up on issues and are appropriately robust.
- We noted that the registered managers discussed with staff areas of improvement at team meetings.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- Records we saw at the inspection noted regular involvement of GP, specialist nurses and social care professionals.
- A healthcare professional said, "This is a well run home and the managers are on top of any issues and lead by example."