

Premier Nursing Homes Limited

Briarwood Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Briarwood Care Home on 15 and 18 December 2015 and 6 January 2016. The inspection on the 15 December 2015 was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider we would be visiting on 18 December 2015 and 6 January 2016.

Briarwood is a purpose built care home which provides residential and nursing care for up to 49 people. At the time of the inspection 40 people were living at the service. The service provides residential care on the ground floor, nursing care on the first floor and the second floor of the premises accommodates the kitchen, laundry and office facilities.

Briarwood supports people living with dementia. The service had four beds which were funded to support people who are experiencing acute difficulties with confusion and needed support when leaving hospital before they go home or whilst assessments can be completed.

The home did not have a registered manager in place. 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. At the time of the inspection a manager was in post and had been since 25 June 2015, they confirmed at the inspection they had commenced their application to become the registered manager.

The communal environment in the service was poor as it had a bad odour, plus the flooring and seating was badly stained and in need of replacement. The manager had already recognised this and was working with the registered provider to organise replacements.

We found that safe recruitment and selection procedures were not always followed to ensure appropriate checks had been undertaken before staff began work. Gaps in employment history were not always explored and where agency staff were used to cover shifts we found the manager was not obtaining robust information on the staff the agency was providing.

People told us that there was enough staff on duty to meet people's needs. The records we saw and observations we made confirmed this.

We found that medicines were not administered safely. We looked at all the records relating to the management of risk and incidences. We found improvements were needed around the risks associated with fire.

We saw that records where staff recorded accidents and incidences did not reflect any learning to prevent future reoccurrence.

Staff who worked at the service had not received appropriate levels of training to enable them to carry out their duties effectively.

Although staff we spoke to told us they felt supported, records showed that staff had not received enough supervision from their line manager or an annual appraisal.

We found that the service was not using the Mental Capacity Act (MCA) to support people who may lack the capacity to make their own decisions to receive support that was deemed in their best interests. Staff had basic knowledge of the MCA and were observed to be working in a way that empowered people to make their own choices and delivering support how people liked to be supported.

The service could not provide us with the number of people who were authorised to be deprived of their liberty at the time of the inspection. Due to the system being unorganised could lead to people being deprived of their liberty unlawfully.

The registered provider had a system in place for responding to people's concerns and complaints. But this was not always adhered to. People regularly had opportunity to voice their views. There were no effective systems in place to monitor and improve the quality of the service provided.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. Although people were weighed regularly we saw that weight was not fully assessed across a time period to look for patterns and long term weight loss or gain.

Care plans were person centred regularly evaluated, reviewed and updated

Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with was able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect.

People were supported to maintain good health and had access to healthcare professionals and services.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw that there was a plentiful supply of activities.

We found that the registered provider was breaching The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; you can see the action we told the provider to take at the end of this report.

The registered provider was also breaching the Care Quality Commission (Registration) Regulations 2009. The Care Quality Commission will deal with this outside of the inspection process.

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 not always safe.

The communal environment was poor as it had a bad odour, plus flooring and seating were badly stained and in need of replacement.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

We found that safe recruitment and selection procedures were not always followed to ensure appropriate checks had been undertaken before staff began work. When using agency staff information to confirm their suitability and competency was not received from the agency providing the staff.

The systems for managing medication including staff competency was not robust.

Some of the systems in place to keep people safe for example fire and accident/ incidents were not robust enough to ensure all risks that could be mitigated were or to ensure that the service learnt from events to prevent future reoccurrences.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not received appropriate levels of training and support that is necessary to enable them to carry out their duties effectively.

People who potentially lacked capacity to consent to care being received had not been assessed or best interest decisions made using the Mental Capacity Act 2005. The service could not provide records to enable us to ascertain who was authorised to be deprived of their liberty.

People were supported to make choices in relation to their food and drink. People were supported to maintain good health and had access to healthcare professionals and services.

Requires Improvement ●

Is the service caring?

Good 

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service.

Care and support was individualised to meet people's needs

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People who used the service and relatives were involved in decisions about their care and support needs. Records relating to care and support were not always up to date.

People and relatives were not sure how and who to complain to and the manager was not known by everyone. Records were not always kept when people raised concerns or complaints and people did not receive a written outcome following making a complaint.

People had opportunities to take part in activities of their choice. People were supported and encouraged with their hobbies and interests.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The service had a manager who was not yet registered. Staff we spoke with told us the manager was approachable and they felt supported in their role.

Quality assurance systems in place were not effective in highlighting issues within the service and they were not carried out at a frequency required to ensure a safe and quality service.

The manager was failing to notify us of abuse allegations, deaths within the home and where people were authorised to be deprived of their liberty.

Briarwood Care Home

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.

We inspected Briarwood Care Home on 15 and 18 December 2015 and 6 January 2016. This was an unannounced inspection on 15 December 2015 which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider we would be visiting on 18 December 2015 and 6 January 2016. The team consisted of one adult social care inspector and one specialist professional advisor (SPA) on day one of the inspection. A SPA is someone who has specialist knowledge about this type of care service. On day two, the team consisted of one adult social care inspector and one expert by experience. An Ex by Ex is a person who has personal experience of using or caring for someone who uses this type of care service. Day three consisted of just one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR) which we received prior to the inspection. 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 also received feedback from the local authority and clinical commissioning group. We used recent whistleblowing feedback about the service when planning the inspection. Whistleblowing is where people can disclose concerns they have about any regulated service to us where they feel dangerous, illegal or improper activity is happening.

At the time of our inspection visit there were forty people who used the service. We spent time with and spoke to nine people. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some people showed us their bedrooms. We spoke with six people visiting the service who were either people's family or friends.

During the visit we spoke with the manager, a nurse, two senior support workers and six support workers. We also spoke with one chef, one housekeeper and the activities co-ordinator and one visiting professional..

We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed a range of records. This included six people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, plus, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We found that the environment in communal areas was poor. There were stained carpets, a distinct bad odour in some communal areas, communal seating was stained and some had a malodour. In some bathrooms the flooring was old and in poor condition. Some metal handrails were noted to be rusty. This meant that due to the surface not being water-resistant, it would be difficult to control the spread of infection. The housekeeping staff had a robust cleaning schedule but due to the flooring and furniture being old it was difficult to overcome the stains and odours. The environment did not provide a pleasant and dignified space for people to eat and spend their leisure time in because of the condition and odour.

Some parts of the environment were noted to be cold and not welcoming, particularly the bathrooms and shower rooms, the manager had already noted this and was in discussions with the team on how to improve this.

The manager told us they had also noted the poor environment and that new flooring had been requested from the registered provider. On day three of the inspection we were told the new flooring would be laid the following week and that new furniture was on order.

This was a breach of Regulation 15 (premises and equipment); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service and these were kept in people's individual files. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency.

There was a main service file where all PEEPS were logged for each person in preparation for use in a fire. This file enabled staff to communicate where people were within the building and what their needs were. The summary sheet that would tell people which person lives in which bedroom was not up to date. Incorrect information could lead to an unsafe situation in the event of a fire.

Records showed that evacuation practices had been undertaken. However records showed that simulation of evacuations was not being undertaken at night time. We could not see from records shown if all staff had regularly taken part in evacuation practices. This meant that in the event of an emergency staff would not be aware of evacuation procedures.

Test of the fire alarm was undertaken each week to make sure that it was in safe working order. Part of this is to check the call points are working also. The records we saw showed that no system was in place to ensure each call point is regularly checked during this process.

The manager told us that the recent fire risk assessment identified that the home needed further work to provide more compartmented areas to evacuate to in the event of a fire. The manager told us this work was due to be undertaken by the registered provider.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The manager told us they look at incident records monthly. The section on the form marked 'manager sign off' was not always completed. We could see from other records that actions needed following an incident were completed. There was no assessment of trends, patterns or analysis of the root cause of the incident or accident. Therefore the registered provider was not taking action to learn lessons or prevent a reoccurrence for people.

We looked at arrangements that were in place for the management, storage, recording and administration of medicines. We saw that the service was keeping creams and topical medication in a communal storage tub. We discussed with the senior and manager about making this more person centred by risk assessing if people were safe to store these items in their own rooms so they are more accessible during personal care. Also if stored out of people rooms they should be stored separately for people. Staff were not signing the medication administration record (MAR) when administering topical medication. Therefore we could not evidence that topical medicines had been applied as prescribed.

The service had a medication policy in place, which staff understood. There was information available to staff on what each prescribed medication was for and potential side effects. Staff responsible for administering medication told us they had received medication training. The manager told us that people's competency checks to ensure they were following procedure correctly had not been completed. During the visit we observed a staff member handing medicine they had checked out of the storage to another staff member to take to a person supported. This is called secondary dispensing and it was a high risk practice when dealing with medicine administration and could lead to the wrong medicine being given to the wrong person. This was feedback to the manager during the visit.

During the visit a staff member noted a medicine error where a person had been given a medicine that a doctor had discontinued. Staff reported this concern and sought appropriate advice for the person. This was observed to be dealt with appropriately. The root cause of this error was poor communication about changes made on the Medication Administration Record (MAR).

Where care plans listed medicines that people were prescribed, we saw that these were not current and did not match what was listed on the MAR. This could lead to confusion and further errors. This information was passed to the manager.

People supported told us that they were happy with the support they received around medicine and one person said "The nurse is very good; she sees to it that I get my medicine and I usually have a drink of juice with them."

We saw that there was a system in place to audit medication systems and arrangements within the home. However medication audits were not always completed monthly and the audit was not picking up the issues we saw during our visit. This meant the medication audit was not effective.

The service used agency workers to cover shifts they were unable to with their own team. We looked at the information received by the service about the agency workers attending the service for shifts. The information did not include a photograph to identify the worker; it did not include their training record or competency checks. This meant agency staff were working with people when there was no evidence that they were safe to do so. We saw one agency worker assisting a person in total silence and not attempting to talk to the person at all, they went on to try to assist a person with their meal whilst the person was sleeping, again not talking to the person. This was feedback on the day of the inspection to the manager.

This was a breach of Regulation 12 (safe care and treatment); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the manager and staff about safeguarding adults and what action they would take if they witnessed or suspected abuse. Everyone staff member we spoke with said they would have no hesitation in reporting safeguarding concerns. All of the care staff told us they had been trained in safeguarding and protecting people from abuse. The staff we spoke with who provide support to the home other than direct care, such as the cook and housekeeping staff told us they had not been trained in safeguarding but that they felt they understood the principles of safeguarding and that they would not hesitate in reporting any concerns they had. Training information provided during the inspection shows that only 25% of the workforce had current and up to date training in safeguarding with some staff who had never received this training.

We also looked at the arrangements that were in place for managing whistleblowing [telling someone] and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the manager of the service or their direct line manager. The service had a whistleblowing policy. The purpose of the policy was to create an environment where staff and volunteers were encouraged to challenge and report bad practice and to do so without fear. Posters highlighting the policy were clearly displayed around the service.

We asked people who used the service if they felt safe. People told us they felt safe. One person told us they felt they were treated with respect and that they felt safe within the home. Another person said "yes I feel quite safe here, safer than I would be outside. We get well looked after here." A family member told us "I am sure my [relative] is safe and well looked after in here. If I had any doubts about that, then I would not be happy with them staying."

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. Risk assessments had been personalised to each individual and covered areas such as falls, pressure care, moving and handling and nutrition. This enabled staff to have the guidance they needed to help people to remain safe. Staff told us how control measures had been developed to ensure they managed any identified risks in a safe and consistent manner. For example one person who used the service told us "I am quite alright and yes I do feel safe. Everyone is kind and will help me if I need any help. I get help getting in and out of my wheelchair, so that I don't fall."

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety. We saw records that showed water temperatures were taken regularly and were within safe limits.

We looked at the recruitment files for five staff members and saw that the registered provider was not operating a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. However four of the five records we looked at showed gaps in employment which had not been investigated by the service.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that generally during the day and evening there were six staff on day shift on the ground floor which included a senior staff member. It showed there was eight staff on duty during the day on the first floor which included a nurse. Overnight there were seven staff members on duty for the whole

service which included a nurse and a senior staff member. The manager told us that staffing levels were flexible, and could be altered according to the needs of the people residing at any given time in the service. The manager used a dependency tool in which they log all the different needs each person had. This tool then showed the manager the safe levels of staffing to meet the needs of those people. We saw the most recent results and the levels of staffing the tool showed were required were deployed on the rota and more at times. The manager did not publish the outcome of the dependency tool making it hard for senior staff to make decisions about shift cover and to understand minimum staffing levels. We discussed this with the manager and they agreed this would make the current system more robust and they told us they will implement this change.

One staff member told us "There is definitely enough staff XX (the manager) has instigated this, before it was difficult to do extras and we can now give a little more, we can talk [to people] now and maybe do a hand massage for someone."

During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency. Staff told us that the rota had now been organised so that staff worked in one area of the service either on day or night shift and therefore they were working more as a team. They also told us this means better continuity for people they support.

Is the service effective?

Our findings

We were provided with a training analysis of the current staff team. The analysis outlined the percentages of staff trained in key topics. The percentages demonstrated that staff training levels were poor. For example only 46% of staff had up to date health and safety training, only 25% of staff had up to date safeguarding training, only 46% of staff had up to date moving and handling training. Only 50% of staff had medication training. Some staff listed on the matrix we saw had never received training in some topics.

The manager also informed us that staff competencies around medication were not complete.

We asked staff to tell us about the training and development opportunities they had completed at the service. We spoke with the one member of staff who said "I am doing my level three and will finish it next month. We do have the opportunity to do training to higher levels. If we suggest some training we would like to do then we always get supported to do it."

The manager told us the training was completed via eLearning and in the classroom. Also new starters were supported with shadow shifts to help them learn. The service shared a trainer with a sister service. We saw a document which highlighted the poor training statistics but it did not include a plan of action highlighting how the service should be improving staff training.

We spoke with people who used the service who told us that staff provided good quality of care. One person said, "I think they do quite a bit of training. I know they tell me when they are not coming in because they have to do some training or other. I suppose they do it because they keep us looked after." A family member told us "They appear to know what they are doing so they must be trained to do it. I have no concerns about health problems – if staff are worried they phone to let me know and a doctor is called if necessary."

Staff we spoke with during the inspection told us they felt well supported.

Records we looked at showed us that staff were not regularly supervised by their line manager and they did not have an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Supervision records we saw highlighted the issues management wanted the worker to improve on, but did not ask the staff their view, how they could be supported or if they had any issues. The manager told us that staff did feel the process of supervision was negative. The manager showed plans in place to ensure staff received regular supervision and an appraisal in 2016 and it was explained that supervisors will be coached to make the process more supportive.

This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

The manager and staff that we spoke with had a basic understanding of the MCA principles and their

responsibilities in accordance with the MCA code of practice.

How to implement the MCA within the support plan process was not understood. However how to treat people in a way that empowered them through providing choice and delivering support in a way they liked, was evident during observations and through how staff described their work with people.

We did not find evidence in people's records of the MCA being used effectively. For example one person's file we looked at, in relation to covert administration of medication and we saw that a best interest form was completed but no capacity assessment was completed first. We were told by the manager that people who they felt did not have capacity did not have MCA assessments in their care files or best interest decisions documented.

You must first determine if a person has capacity or not and then only for people with no capacity can decisions be made for them in their best interests. This process had not been followed. This meant appropriate consent had not been recorded for people who lack capacity.

This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission is required by law to monitor and use the Deprivation of Liberty Safeguards (DoLS). 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. At the time of the inspection, twenty-five people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. This information was obtained from the local authority because we could not determine this from records within the service. The manager showed us a DoLS tracker they were planning to implement to ensure the service knows who within their care is authorised to be deprived of their liberty. The lack of understanding and knowledge about what DoLS is, and who was subject to an authorisation could lead to a person being deprived of their liberty unlawfully.

The manager had submitted applications to the supervisory body ([local authority]) and these had been authorised. The manager had failed to inform us in respect of this.

This was a breach of Regulation 18 (Notification of other incidents) of The Care Quality Commission (Registration) Regulations 2009. The Care Quality Commission will deal with this outside of the inspection process.

Staff and people who used the service told us that they were involved in making choices about the food they ate. We observed lunchtime on both days and we saw people being shown the food available on plates so that alongside knowing the name of the food they could also see the food they would like. This supported people who may be living with dementia to make more informed choices. We observed staff working in a person centred way with people and thinking what people's preferences were for example by making fresh tea when they knew tea had gone cold and the person liked hot tea. We saw food be placed in a hot store when people were sleeping so it could be eaten later.

The dining room was a calm environment and people were at ease in their surroundings. The menu prepared by the chef was varied and includes people's favourites. We saw new, four weekly menus that will be used. We also saw a special Christmas and new year menu for people. People had a choice of food at

each meal and we were told people could also order an alternative if they didn't like what was on offer. People arrived at the dining room earlier than the food and staff supported people to have a drink before their meal. Some people were noted to be sleepy by the time food arrived and this impacted on people wanting to eat their meal. Staff were observed to be kind and considerate towards people.

As part of feedback received in the meetings for staff and people who used the service, it was agreed that people were not always hungry at lunchtime following maybe a late breakfast or cooked breakfast. A decision had been made to have the main meal in the evening. This promoted people to eat more of the main hot meal of the day.

We saw that people were supplied with a plentiful supply of hot and cold drinks and snacks throughout the day

We asked people who used the service what they thought of the food on offer. People we spoke with told us "The food is good and we always have a choice of two things. If you don't like what is on the menu then if you say 'I would rather have a sandwich' or say what you would like, then you get it." Another person said "The food is good and you get plenty to eat. You can have snacks when you want them. The staff are always coming round with tea/coffee/juice and cakes and biscuits. No-one is left hungry."

We asked the manager what nutritional assessments had been used to identify specific risks with people's nutrition. The manager told us that staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. We saw staff did complete nutritional assessment documentation and weigh people on a regular basis. The manager collated the information monthly to check the nurses and senior staff had made referrals where needed. However there was no evidence of tracking of people's weights across periods of time to look for patterns in weight loss or gain or to understand great weight loss over time by the manager. We saw one person's care record showed a 4kg weight loss with no explanation as to how or why this loss had occurred. This meant there was not robust management of people's weight management.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The manager said that they had good links with the doctors and district nursing service. The manager told us about a new optician service which provided help to people to identify their glasses for reading or distance to support them better. Staff attend hospital appointments with people when they were unwell and they will stay until the person is admitted onto a ward to ensure they were supported. The manager showed us the forms used when someone goes to hospital to pass information to the nurses and doctors. We were told the staff write them at the time to ensure an up to date picture of the person's care needs was sent. Staff said this could be stressful to do when you were also dealing with a person who is ill. We discussed the potential use of a hospital passport to improve this document. A hospital passport is a document that is prepared in advance of admission to hospital for staff to take with them in an emergency. The document describes all the important information about the person that the hospital need to know to care for them well.

Is the service caring?

Our findings

People we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One person said, "The care is fantastic, I get well cared for, if you want anything doing, you only need ask, and it is done for you." Another person said "I am well looked after. The staff will do anything for you, nobody could complain about the way staff treat you. They listen and they bother about you." A family member said "I think the care my [relative] gets in here is great. I am told straight away if they are not well and they are straight onto the doctor. I am very happy with the care they get." Another family member told us "[relative] usually knows what she wants and the staff are very good about asking her. She makes her own decisions because she is able to."

During the inspection we spent time observing staff and people who used the service. During all inspection days we found there was a calm and relaxed atmosphere. We saw staff interacting with people in a very caring and friendly way. When we arrived we saw one person who used the service becoming anxious in the entrance, staff supported the person for breakfast in a kind and caring way. The person responded to this approach positively and was seen enjoying breakfast a short while later.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew people who used the service very well and could anticipate their needs. For example sometimes people were in need of reassurance and this was provided for people in a person centred way, which meant it was how the person wanted supported and in the way they liked to be supported. Staff took time to talk and listen to people. Staff were skilled in communicating with those people who had some difficulty with communication. When one person wanted to stand up and help out in the lounge, staff knew the person no longer had the ability to stand and they intervened to help the person understand this but also to reassure them. This showed that staff were caring. Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

A staff member told us "We always ask people what they want to happen, such as when they want a shower or a bath, anything at all we can do, we will."

One staff member told us "We always knock on people's door before we go in – it is their private place and we respect that. We help everyone to keep their independence as much as they can, it is good for them, self-respect is important."

One person told us that they had their own door key for their room and this was really important to them to uphold their privacy and independence. Another person told us "Staff always knock on my room door before they come in to help me. I do for myself, anything I am able to do. I am pleased to do things for myself."

The manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

We saw that some people were not wearing footwear, We questioned this with staff who said people were unable to wear footwear due to medical issues or personal choice. Staff went through the many ideas they

had looked into to try and help people have some form of footwear to protect their feet. Staff were still looking into this for some people. They also spoke about some families being involved in solving this problem for people.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis.

We saw that during the day staff and people who used the service had friendly banter and laughed with each other. We observed staff engaging in banter with someone who used to have a career they were interested in knowing about, you could see through their facial expression and alertness that the person supported was really pleased to be talking about their past. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

At the time of the inspection those people who used the service did not use an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

During our visit we reviewed the care records of six people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care and support plans we looked at included people's personal preferences, likes and dislikes. People, who were able, told us they had been involved in making decisions about their care and support and developing the care plans.

The care and support plans detailed how people wanted to be supported. We found that care and support plans were reviewed on a regular basis. We saw that at times when reviews of plans had happened or changes in need had occurred, the detail had not always transferred into all parts of the records. For example where a person had a medication change the medication administration record (MAR) reflected the current prescription but the care plan referenced the old prescription. Another person's care plan stated the person used a chiropody service every six weeks, but the records we saw showed that the last appointment had been in 2013. When speaking to staff it became clear the person received foot care support from their family, the care plan had not been changed to reflect this. We also saw a plan where the person was described as medium risk of falls, but the recent review of the persons falls risk assessment said this risk had changed to low risk; the care plan had not been altered to reflect this.

This meant that due to records not being updated staff were not provided with the correct guidance to deliver care and support.

Staff hand write all documents and we were told this was time consuming for them, particularly when people's needs changed a lot. When we were seeking clarity on the paperwork for mental capacity assessments old documents were mixed with new ones in the filing system. Staff explained an electronic system where changes could be made quickly and up to date documents could be accessed by them would reduce the amount of errors found.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact, it also explained that people would receive a response in writing and have the opportunity to appeal any outcome following an investigation of their concerns. We also looked at the complaints file in the manager's office so we could review recent complaints. We were aware prior to the inspection as part of gathering information about the service that a relative had recently complained about Briarwood. No documents relating to this could be found in the complaints file. The manager explained the complaint had not been yet been typed up and placed in the file. The manager explained that a meeting had been held with the complainant at the time. We requested a copy of the complaint outcome. The documents we received did not include a written response to the complainant with the outcome of the complaint. The record also did not analyse the issues raised to help prevent future repeat events.

The manager told us that they try to deal with issues on a day to day basis and that these issues were not always logged as concerns or complaints.

A recent survey sent out to relatives of people who used the service was completed in May 2015 told us that out of the 31% of people who returned the survey 53% either did not know who to complain to or were unsure.

We received feedback that people visiting did not know the new manager and therefore would not know

who to approach. We were also told that since a decision by the area manager to place the manager's office on the third floor the manager had not been as visible within the home. This may lead to people not raising concerns. We told the manager this and they told us they would evidence daily walkarounds of the service where people lived in future and make themselves more visible and available.

We found therefore that the system and process people used to raise concerns and the managers response did not follow the procedure in place and that records were not kept or complete.

This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we spoke with staff that were extremely knowledgeable about the care that people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

Communication between the care staff was positive and they were observed to work as a team to meet the needs of the people they were supporting. Where people supported needed more observations to keep them safe staff were observed to provide the people with their own space but keeping a watchful eye on them with respect. They were also seen to be very responsive when people asked for things such as drinks and help.

We saw people who were experiencing anxiety at times during the inspection visit. People were supported with patience and compassion during these times. Staff we spoke to said one person could become aggressive but we know how to approach the person and what the person likes, to reduce the anxiety. We saw staff approach people in a calm and quiet manner; intervene in a way that instantly supported the person to relax a little and for staff to prevent further escalation. This was observed on more than one occasion by different people during the visit. This means staff were responding well to people needs and displaying a caring approach.

The service worked alongside other professionals to deliver care and support for people, we were told by visitors of one situation where a person's mobility was reducing and the seating they have was no longer suitable. They told us about the professionals who had been involved to assess appropriate seating that would reduce the person's pain when sitting. At the time of the inspection the person was waiting for funding to be arranged to buy the chair for them.

We were told that each person had an activities profile so staff knew what people were interested in. We were told of a wide range of activities that were available to people such as making Christmas cards, decorating biscuits and pet dog visits to name some.

We observed people receiving one to one attention during our visit. We spoke with staff about this and found out that they had noted that people responded better to one to one activity rather than group activities all the time. One staff member said "They value one to one more, they are more settled and chatty, we do groups like bingo and Halloween pom poms, play dominoes, there is no set routine, we try to stop boredom and we are very aware of this."

All care staff we spoke with said they saw providing social stimulation and activity to people they supported as part of their role. We saw that staff were engaged with people and that they had good relationships with people by promoting this way of working rather than a culture which is more about just completing tasks within the home.

One person who used the service told us "I always like dusting and washing up, I am able to do that in here. I

like things to be clean and tidy. I also like clean windows." Another person told us "We do all kinds of things and we also go out with the activities worker. We go to church to have holy Communion if we want to, every week; we play board games and are making things for Christmas." Another person said "There is always something going on. We are kept busy as we want to be. Sometimes we go out and get fish and chips; we have singers coming in every month, which we enjoy because we can join in. We are doing Christmas crafts at the moment and making cards. Always busy."

Some of the people who lived at Briarwood needed more support to engage with activities. We saw the quiet lounge on the first floor where people were relaxing, some sleeping and others were being visited by people. We saw that people with more complex needs were sitting in this lounge. This lounge unfortunately had not been decorated for Christmas at the time of our visit. Staff seemed not to know why. Staff supporting people in this lounge during our visit were talking to the people sitting in there and alongside visitors stressed that people choose to sit in this area because it was quiet. It was not clear from talking to staff, how people with more complex needs were supported to join in activities provided. This meant these people were at risk of social isolation.

Is the service well-led?

Our findings

At the time of the inspection a manager was in post and had been since 25 June 2015, they confirmed at the inspection they had commenced their application to become the registered manager.

We looked at the arrangements in place for quality assurance and governance. 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 manager was able to show us checks which should be carried out on a regular basis, some monthly others six monthly to ensure that the service is safe and managed in the best interest of people. These included checks on health and safety, medicines, infection control, accidents amongst other areas. The records we were shown were not completed in the frequency required, and some were not completed fully by the manager. For example, an infection control audit had not been completed since August 2015, the home manager audit was completed in November 2015 but it was only half completed.

The audits we saw were of a tick box nature meaning it was difficult to see what quality standard the auditor was looking for, and areas to audit were repeated across multiple audits, for example the health and safety audit contained some of the same information as the home manager audit.

We saw that when audits had taken place and were completed fully that the manager had evidenced areas to improve on; for example in the mealtime audit it was picked up that people maybe wanted their main meal in the evening. This practice had been looked at and changes were due to be made.

The system in place for managing incidents, accidents, complaints and clinical management of peoples care did not include lessons learnt or trends analysis over time. We saw that the manager did not sign off documents where they were asked to do so also.

The annual survey carried out in May 2015 recorded people's answers and all the comments they made. People highlighted areas for improvement and made some negative comments. There was no action plan following this exercise. This meant that no learning or continuous improvement happened following the feedback.

The manager and registered provider did not have a robust governance system to ensure a safe and quality service. The system was not effective in picking up areas of concern and tracking actions that happen to rectify issues.

This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of gathering intelligence for the inspection we noted that we had not received any statutory notifications relating to abuse, Deprivation of Liberty authorisations or from when people have died in the service. It is a legal requirement for these notifications to be received from the manager and registered provider. During the inspection we spoke with the manager and they told us they had not sent these notifications to us.

This was a breach of Regulation 18 (2) (e), (4B) (Notification of other incidents), Regulation 16 (Notification of deaths), of The Care Quality Commission (Registration) Regulations 2009. The Care Quality Commission will deal with this outside of the inspection process.

People who used the service and staff spoke positively of the manager. One person said, "X [the manager] is a very positive addition, a very nice lady." Another person said, "We get on well." Staff told us the manager was very approachable and was making a positive impact on the home.

Staff described good moral and team work. Staff described improvements that had been made and they told us they could raise concerns and present ideas. Staff meetings were a place where this can happen. The manager told us how they wanted people to come forward with ideas and they gave an example from a recent staff meeting where someone had an idea to improve an area where people supported use. The idea was to make the environment more homely by changing the window covering to new curtains. The manager actioned this immediately and asked the maintenance officer to complete the works. There had been meetings in 2015, we saw the minutes, but since the new manager started in post there had only been two meetings and it was not clear that all staff had attended or seen the minutes. The manager showed us the plan for 2016 where more regular meetings will take place for all grades of staff.

The manager told us that people who used the service and families/ friends were invited to meet with staff on a regular basis to share their views and ensure that the service was run in their best interest. We saw records to evidence the meetings had been set up but that nobody had attended. These records showed there was a historical pattern within the service. The manager told us of ideas she had to improve attendance in the future such as changing the times of the meetings and engaging with people via letter for ideas.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	People who potentially lacked capacity to consent to care being received had not been assessed or best interest decisions made using the mental capacity act. Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	When using agency staff information to confirm their suitability and competency was not received The systems for managing medication including staff competency was not robust. Some of the systems in place to keep people safe for example fire and accident/ incidents were not robust enough to ensure all risks that could be mitigated were or to ensure that the service learnt from events to prevent future reoccurrences. Regulation 12 (a) (b) (c) (g) (Safe care and treatment)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	Premises were not able to be cleaned to eliminate odour because of the flooring and seating needing refurbishment due to age.
Treatment of disease, disorder or injury	

Visible staining and odour led to an undignified living environment.
Regulation 15 (1) (a) (e) (Premises and equipment) HCSA 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	People and relatives were not sure how and who to complain to and the manager was not known by everyone. Concerns and complaints were always acted upon but records were not always kept and people did not receive a written outcome following making a complaint.
Treatment of disease, disorder or injury	The quality assurance system in place was not effective in highlighting issues within the service and checks were not carried out at the frequency required to ensure a safe and quality service. Regulation 17 (1) and (2) (Good Governance)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff had not received appropriate levels of training and support that is necessary to enable them to carry out their duties effectively.
Treatment of disease, disorder or injury	Regulation 18 (1) (2) (a) (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.