Derbyshire County Council

Briar Close House Care Home

Inspection report

Briar Close
Borrowash
Derby
Derbyshire
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Tel: 01629531559

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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

Briar Close House Care Home 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.

Briar Close House Care Home provides accommodation and personal care for up to 40 older people who maybe living with dementia. There were 30 people living at the home on the day of our inspection. The home is situated in a residential area of Borrowash and has good access to local shops and public amenities.

We inspected this service on 26 June 2018. The inspection was unannounced. At our previous inspection on 11 May 2017 we rated the service as requires improvement. This was because we identified concerns with how people were supported to manage risks; how accidents were monitored, how staff received training and how systems were used to monitor and improve the service. The provider sent us an action plan which stated how and when they would make improvements to meet the legal requirements. On this inspection visit we saw improvements had been made.

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

Staff understood their responsibilities to protect people from harm and knew how to raise concerns. Risks to people's health and welfare were assessed and staff knew how to minimise the identified risks. Where people needed additional support because they had complex needs, there were plans in place to guide staff how to respond to keep them and others safe. There were sufficient, suitably recruited staff to meet the support needs of people and staff understood their role.

Medication systems were managed safely to ensure that people received their medicines as prescribed. Medicine audits were completed and could easily identify if there were any errors so suitable action could be taken as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People could decide how they wanted to be supported and where they lacked capacity, restrictions were only in place where this was in their best interests. Staff received training and support to ensure they had the necessary skills and knowledge to support people. The staff had opportunities to identify areas for personal development and to raise any concerns they had.

People enjoyed the food and drink that was available and had a choice of what to eat. People received

support from health care professionals to ensure their well-being was maintained. Health concerns were monitored to ensure people received specialist health care intervention when this was needed. The environment met people's needs.

People were involved in planning and agreeing how they were cared for when they moved into the home. The support was reviewed to ensure it continued to meet their needs and expectations. People enjoyed the opportunities they had to be involved in activities that interested them.

People felt well looked after and had developed good relationships with staff. People were cared for by respectful and compassionate staff who knew their preferences for care and their likes and dislikes.

The provider's quality monitoring system included consulting with people and their relatives to ensure planned improvements were focussed on people's experience. Quality audits included reviews of people's care plans and checks on medicines management and staff's practice. Accidents, incidents and falls were investigated and actions taken to minimise the risks of a re-occurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and were confident the staff knew how to protect them from abuse and knew what to do if they suspected it had taken place. Staffing numbers were sufficient to ensure people received a safe level of care. Systems were in place to ensure staff were suitable to work with people. Medicines were stored and administered in a safe manner and staff knew how to maintain infection control standards.

Is the service effective?

Good

The service was effective.

People were asked how they preferred to receive their care and where they no longer had capacity, assessments had been completed to demonstrate whether the person could make certain decisions for themselves. Staff had a good understanding of people's care and health needs and had received specific training to meet individual needs. People made decisions about what they wanted to eat and drink and were supported to stay healthy and had access to health care professionals.

Is the service caring?

Good

The service was caring.

People felt well cared for and their privacy was respected. People were treated with dignity and respect by kind and friendly staff and were encouraged to maintain their independence. Staff knew the care and support needs of people well and took an interest in them and their families to provide personalised care.

Is the service responsive?

Good

The service was responsive.

People had opportunities to engage in their interests and were involved with the review of their care. Family members and friends continued to play an important role and people spent time with them. People were able to raise any concern they had

and were confident that this would be acted upon.

Is the service well-led?

Good

The service was well-led.

People and staff felt the service was managed well and that the registered manager was approachable and listened to their views. Quality assurance systems were in place to monitor the service and to help improve standards. Staff felt supported by management who listened to them and staff understood what was expected of them.

Briar Close House 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 26 June 2018 and was unannounced. The inspection visit was carried out by one 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.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the Provider Information Return. 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 reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority for their feedback about the service.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with eleven people who used the service and two relatives. We also spoke with five members of care staff, the deputy manager and the registered manager. We also received feedback from two social care professionals and one relative. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and staff files.

Good

Is the service safe?

Our findings

On our last inspection visit we identified concerns that people's care plans and risk assessments did not always reflect their current needs. We were not assured that people's needs were met or actions were taken to mitigate risks to people and staff. These issues constituted a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found the necessary improvements had been made and the service was no longer in breach.
Staff had a good knowledge of people's needs and any associated risks and explained how they supported people to keep them safe. When people were assisted to walk, we saw staff reassured them that they were safe and explained what they were doing. We saw people were given time to become steady before they were assisted to walk and staff gave clear instructions of how to move safely to move around the home or onto a different chair. One person told us, "The staff are always there to help me get out of my chair. I feel unsteady on my own, so I just call them and they come and help me." We saw staff respected people's rights to assess risks to their own mobility and maintain their independence and move about. People's support plan included information to reduce any identified risk with mobility to help keep people safe.

Where people were at risk and experienced falls, there was a risk assessment which identified previous falls and any known risks. The assessment considered how any medication could affect people's mobility or awareness and reviewed any potential hazards within the environment. The staff considered how changes to people's environment could impact on the risks of falls. One person explained how they had moved to a different bedroom as it offered more light. The person had a visual impairment and the staff had ensured that their furniture was arranged in the same way as they recognised this would reduce the risk of an accident or fall. One person told us, "I feel safe here, it's a lovely place I wouldn't be anywhere else." Some staff had received additional training to be able to support people to reduce the risk of falls. One member of staff told us, "The training was really useful and included learning about incidents of falls. After having one fall, people are more likely to experience others, so I learnt about looking at what we need to do to reduce the risk."

People received their medicines as prescribed when they needed them and we saw they were given time to take them and offered a drink. The staff explained what they were for if people had forgotten. When tablets were given, the staff stated the name of the medicine and what it was used for. People were asked whether they had any pain and whether they wanted pain-relieving tablets. People were able to retain responsibility for their medicines and administering insulin to manage their diabetes. We saw risk assessments had been completed to demonstrate they understood what medicines to take and how this was monitored to support them to remain independent in this area.

Medicines were kept in a locked room and only staff who had received training were responsible for administering them. The medicines administration records were signed and up to date, which showed people's medicines were administered in accordance with how they were prescribed. Where medicines were not administered there was a record of the reason it had not been given. When creams or pain relief patches were prescribed, body maps were included in the instructions to show exactly where they should be applied.

People were supported by staff who they knew well and we saw there were sufficient staff on duty to meet their needs. We saw call bells were answered promptly and staff were available when people needed support. One person told us, "When I move about I have a call button I can press if I'm in trouble or need help. There are a few buttons on there but I know which one to press if there is an emergency or if I just want some help. There's always someone around and the staff come quickly." Another person told us, "There is always someone here to help me if I need it." The call bells were linked to a pager that all staff carried with them. The pager alerted staff to the location of the call alert. One member of staff told us, "This is so much better as there are not bells going off all day disturbing people. It's a more effective way of getting help."

Staff had a good understanding of how to protect people from the risk of abuse and understood the procedure to follow to report concerns that people may be at risk of abuse. Staff explained if they had any concerns they would report this to a senior member of staff or the registered manager. They were confident any concern would be dealt with by the registered manager and one member of staff told us, "I would report anything first to my manager but I know that safeguarding is our responsibility and I know we can go directly to the safeguarding team to let them know what we have seen or about what we are worried about." There were contact details of the safeguarding team displayed in the office for staff to refer to if they needed to act alone. The registered manager had notified us, in accordance with the regulations, when they had referred concerns to the local safeguarding team.

The risk of infection within the home was managed and staff took responsibility for maintaining the home and ensuring that it was clean and hygienic. There were regular infection control audits completed to ensure that it remained safe and staff received training to understand the risks. One member of staff told us, "We went through how and when we need to wear gloves and aprons and what we need to do to reduce any risks of infection on the induction. We have hand gel around the home but we are also reminded of the importance of washing our hands."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Lessons were learnt from when things went wrong and actions taken to reduce the risk. We saw that there were systems to record and review any incidents to look for patterns. If there were any errors with medicines administration recording; these were followed up by the registered manager with the staff involved.

Good

Is the service effective?

Our findings

On our last inspection visit we identified concerns that staff had not always received the training they needed to support people effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found the necessary improvements had been made and the service was no longer in breach.

People received care from staff who had the skills and knowledge to meet their needs effectively. Staff completed the provider's induction which was specific to the needs of people who used the service and was based on the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff working within a care environment. One member of staff told us, "The induction here goes through everything. It doesn't matter if you have experience in care or not, everyone does the induction so we all know how we can work well together." New staff were able to get to know people before they worked with them independently and staff explained that they shadowed experienced staff before they worked alone. One member of staff told us, "Most of the staff have been here a long time. It was good to work with them so we could use their experience to get to know people and feel comfortable when we were on our own."

The registered manager checked that staff had the skills and knowledge to meet people's care and support needs. If further learning was identified, this was reviewed and discussed through staff supervision and appraisal, and further training was arranged. One member of staff told us, "Supervision works really well here. We set goals for what we want to achieve in 'My Plan' and we look at how we can achieve these and move forward. The manager is looking at how we can all take on different roles and become a care champion." The staff explained that being a champion meant that they could explore an area of care in more detail and promote positive practices.

The staff team worked effectively with other organisations to ensure that people's needs were met. Where people demonstrated behaviour that put them and others at risk; we saw staff had received training on how to support them in the least restrictive way and they worked alongside health care professionals to develop strategies to support people. Staff spoke proudly about working in partnership with others to achieve positive outcomes and a more person centred approach. Staff recognised how people may respond to different forms of language or situations and they were exploring how they could use this information to develop people's support plans. One member of staff told us, "It's about working together in a team. If one of us finds something that that works well, then we write it down so we can review the plan and get it right for people. It's about working together."

People were supported to maintain their health. Where people became ill, they told us the staff arranged for the doctor to visit them. One person told us, "If they have any worries, then they are straight on the phone." Community health care professionals were invited to the home to ensure people had opportunities to receive chiropody and have their eyes tested. We saw there were records that demonstrated that people's health was regularly monitored; for example, people were weighed regularly. There were also records of people appointments and interactions with health professionals.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 made their own decisions about their care and support and staff respected their right to decide. We saw staff asked people how they wanted to be cared for and supported before they provided care. We saw where people lacked the capacity to make certain decisions, capacity assessments had been completed and a best interest decision had been made involving those people who were important to them. Staff understood the requirements of the MCA and one member of staff told us, "We have had training so we know what this means for people. We need to make sure that everything is in their best interests and we need to have explored every option to try and let people tell you what they want. We always have to assume capacity."

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). Where people had restrictions placed on them, which meant they were unable to leave the home unaccompanied to keep them safe, an application to lawfully restrict their liberty had been made. Staff understood their role in relation to any restriction knew who had a DoLS and whether there were any conditions they need to follow. We saw people were still able to have as much choice and control as they were able to in all other areas of their daily life.

People were provided with a range of food and drink that they enjoyed. People told us the food at the home was good and they were provided with a choice of what to eat. One person told us, "I don't think I've ever had a bad meal here. If you tell them what you like eating, they will make sure it's on the menu. I love a curry and so we have them quite regularly now." Another person told us, "The only complaint I have is that the food is too good. It's lovely to be able to enjoy food again." Throughout the day people were offered drinks to ensure they were suitably hydrated as the weather was sunny and very warm. One member of staff told us, "We are concentrating on making sure people have a lot to drink; it's especially important today." We saw one person chose to walk around the home with a walking frame with a tray on it. The staff made sure they always had a drink with them or small bite sized food. At meal times staff encouraged people to move into the dining room and provided an opportunity to socialise. Some people chose to stay in their chair or bedroom and meals were served to them. There was a range of assisted plates and utensils to help people to retain their independence during meal times. We saw the meal times were relaxed and people chatted between themselves and with staff.

The home had four separate living areas and all facilities and bedrooms were on the ground floor. Each area had a lounge and dining area and a small kitchen for serving food and making drinks and snacks. There was also a main lounge where people could choose to sit. All areas of the home were accessible for people and there were hand rails on the corridors. Each area was signposted to help people move around the home and toilet and bathroom areas had large pictorial signs to help people to identify these. People told us they liked the home and were happy with the environmental standards and told us it felt 'homely'.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. We saw there was a relaxed atmosphere and people were comfortable with staff. There was laughter between people and each other. One person told us, "The staff are very good; they are like family." One relative wrote to tell us, 'What I like most about the staff is that they have become friends with people; knowing their needs and preferences, always taking time to laugh and speak to [Person who used the service] as well as care for them.'

People were supported with kindness and compassion and told us they had developed good relationships with staff and were happy living at the home. The staff spoke with people in a positive, respectful way and respected their privacy. We saw when people were supported to move around the home, the staff sat with the person and checked on their welfare. Before they left, the staff asked if they had everything they needed and whether they wanted a drink. We saw staff offered reassurance by touching people's arms or hands when talking to them and were comfortable displaying affection. The staff knew people's preferred names and used them. They spoke with people discretely about their care needs, knocked on their door and waited before entering.

The staff took the opportunity to exchange words with people and ask how they were when they moved through communal areas. Staff understood that some people were unable to communicate verbally or had a hearing impairment. We saw for one person who had a hearing impairment, the staff used a small white board to write down important messages and what was happening that day. Staff members maintained eye contact with people and spoke with them at their level, kneeling down when this was suitable.

People could make choices and decisions about their care. People were able to choose which staff supported them with different activities and whether they preferred to be supported by someone of their same gender. One person told us, "We have some men working here and I was asked if I minded having care from them. It was my choice but I thought I'd try it out. I thought I would be embarrassed but they are so respectful that's its fine and I was happy for it to continue."

People could choose which area of the home to sit in and how to spend their time. One person told us, "I like to spend most of my time in my room but I'm never really on my own. I like to leave the door open so I can see what's happening and the staff are always popping in to make sure I'm alright. I do like to go out for my meals and join everyone but then I prefer to come back to my room and the staff help me."

The staff recognised people's diverse needs and promoted their independence. People were able to retain responsibility for managing their medicines or money and how to they liked to spend their day.

People were supported to maintain important relationships with their friends and families and could keep in touch with people who were important to them. One person told us, "I have family overseas and I can now talk and see them on a computer or tablet. It's like they were in the same room as me. It's marvellous." People told us their families were welcome to visit when they liked and visitors were seen being welcomed into the home. People were able to have visitors in private and go to their bedroom.

Good

Is the service responsive?

Our findings

When people moved into the home they had been asked how they wanted to be supported and this had been discussed and agreed with them. A support plan was developed and included information about how people want to receive care and their likes, dislikes and preferences. One person told us, "I'm quite happy with how everything is done. I told them what I wanted and they have never let me down." A member of staff told us, "When people come to stay here, an assessment is always done so we know what they want but also so we are clear we can meet their needs."

People's support plan was reviewed with them each month to ensure staff had guidance to enable them to support them in their requested way. Each person had a link worker who had responsibility for reviewing the plans. One person told us, "I get on well with them. They are always making sure everything is alright or if I need anything extra." Daily records were also maintained so that staff had up to date information about people's wellbeing and could plan their care around that and highlight areas which needed to be considered as part of the monthly review.

People were supported by staff who knew them well and helped them to plan for things they wanted to do. There was a range of activities that was organised in the home, including coffee morning, games and film nights. One person told us, "'If there's anything going on, I join in, they tell us and it's on the notice board." People told us they were happy with the level of entertainment provided and one person said, "The staff always let me know what's happening and it's up to me if I go and join in. Sometimes I do, it depends on how I am feeling that day." Another person told us, "I like it when the singers come in. They have different types of singers. Some of us like them all, some people only come to some of them. That's fine though, at least we get a choice and a variety of entertainment." One person showed us the flower arrangement they had made when the Women's Institute had visited. They said, "I really enjoyed doing it. They come quite often and do things with us." People were also supported to pursue their religious needs; either outside of the home or by a visiting church and two services were conducted each month in the home. People told us they were happy with the current arrangements and felt this met their needs.

People had opportunities to go to local places of interest. One person spoke enthusiastically about visiting a local pottery centre. They told us, "I used to have a dinner service made by them, so I really looked forward to going there. Whenever we go on a trip anywhere we also go somewhere for dinner and a drink. We can choose what we want from the menu. It's a good way to end the day." Another person told us, "We recently went to Markeaton Park for a picnic. It's nice to go and do different things."

We saw that the provider had considered how to make information accessible for people and ensured that they used photos and pictures as well as writing. One member of staff told us, "We have access to a range of different formats. When we do the initial assessment we find out what is the best style of communication so we can plan and organise any information in that style. This could be braille, audio or in a different language."

People knew how to make complaints and were confident that they would be listened to. The provider had

a complaints procedure which was available in an easy read style to help people to understand it. There had been no complaints received since our last inspection.

Where people had expressed any wishes or expectations about how they wanted to be supported with their end of life care, this was recorded within their support plan. This included whether people had a preference about how they wanted their funeral to be conducted, if people wanted to be cremated, what they wanted people to do with their ashes; what music they wanted to be played, prayers to read and whether they wanted flowers.

The staff had identified that people would benefit from having a room they could spend time with family and friends if they were unwell or for use at the end of their life. The staff had been instrumental in developing an 'extra care room'. This had a bed for family or friends to stay over and the room for people's own bed to be moved into there. The room had been pleasantly decorated and had room for people to be supported and also have personal belongings with them. One member of staff told us, "We felt this was something that was important to both people living here and their family. They can spend time together and be there for each other."

At the time of our inspection there was no one receiving end of life care and therefore we have not reported on this.

Good

Is the service well-led?

Our findings

On our last inspection we found that the quality assurances processes in place in the home were not effective and had not identified how improvements were needed within the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw the necessary improvements had been made and the service was no longer in breach.

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. For example, we saw checks had been completed on equipment and slings to support people to move and with how infection control standards were managed. Where any concerns were identified, action was taken to ensure people were safe. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures to prevent reoccurrence could be put in place when needed. A service improvement plan had been developed which identified planned developments in the home over the next year. This set out who was responsible for improvements and when these needed to be completed.

People were asked for their views on the quality of the service. We saw the results of the last survey were displayed in the home and that people felt the home met their needs; their belongings were safe and the staff were respectful and responded to them when they needed support. People also had opportunities to talk about the service at 'house meetings'. A copy of the minutes from the last house meeting was displayed in the home and discussed with people. One person told us, "I've been to some of the meetings. The staff are always interested in what you have to say and come back to you to let you know what's being done." We saw at the last meeting people discussed what activities they would like to be involved with, any equipment or furniture people would like purchased and how they would like their home to be decorated.

The service had a registered manager who understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the service.

People and relatives spoke highly of the registered manager and the management team and felt the service was well-led. Relatives felt confident that the staff knew how to provide support and one relative wrote to us and commented 'I always take time to speak to the duty manager at least once a week, and have found their knowledge of [Person who used the service] excellent."

The registered manager had considered how they could learn from working in partnership with care professionals. The registered manager and senior staff worked alongside care staff to promote good practice and so that any areas of concern could be quickly resolved. The staff felt the registered manager gave clear direction to them and were supported and valued. Staff had a good understanding of their role and responsibilities and were happy and motivated to provide support and care. One member of staff told

us, "The manager is looking at giving us areas to develop. We all have our special areas of interest and she wants to support us to be a champion in these areas. A lot of us have worked here for a long time so it's good that we are being given this new role. I'm looking forward to this challenge." The staff were proud of the standards they maintained.

The registered manager actively sought staff's views both in meetings and informally, and staff felt that their suggestions were appreciated and encouraged. One member of staff said, "You always feel listened to here. We work together well as a team and are happy to be here." The staff told us they felt well informed about people's needs, the home and the provider's values and plans.