

# SSL Healthcare Limited

# Briarfield House

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

We carried out this unannounced inspection on the 18th December 2014.

We last inspected Briarfield House on the 30th October 2013 and found the service was not in breach of any regulations at that time.

Briarfield House provides residential care for twelve older people including people who were living with dementia. It is situated within its own grounds and there are twelve bedrooms, which are well appointed to provide comfortable living space.

There was a manager in post who was going through the process of becoming a registered manager with the Care Quality Commission at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had worked for SSL Healthcare Limited for a number of years and had been in post as manager since September 2014.

# Summary of findings

People living at the service received good care and support that was tailored to meet their individual needs. Staff ensured they were kept safe from abuse and avoidable harm. People we spoke with were positive about the care they received and said that they felt safe.

Staff were trained and understood the principles and processes of safeguarding.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. Independence and choice were encouraged.

We observed a morning medicines round and observed medicines were administered correctly. We did evidence that medicines were being signed for prior to administration. This was incorrect practice. We discussed this with the person administering the medicines and the manager. The service had no protocols for when required medicines (PRN), these need to be individual to each person, explaining why and how each PRN should be administered. The manager agreed to implement this following our inspection visit.

The manager and staff had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager understood when an application should be made, and how to submit one. This meant people were safeguarded and their human rights respected.

People who used the service were encouraged to be as independent as they wanted to be. They often went out with the staff to the local Tesco for a coffee and cake. We saw evidence that people were encouraged to maintain contact with friends and family.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of

information setting out exactly how each person should be supported to ensure their needs were met. The support plans included risk assessments which were sufficiently detailed.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were also supported to use equipment they may need to maintain their independence whilst staying at the service such as adapted plates and cutlery.

Appropriate systems were in place for the management of complaints. Relatives told us the manager and staff were approachable. People who used the service and relatives we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. At the time of our inspection the manager was updating and implementing new paperwork, to enable them to audit the service more effectively.

Staff received training to enable them to perform their roles and the service looked at ways to increase knowledge to ensure people's individual needs were met. Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the manager.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and water temperature checks. The service had a new boiler fitted the day before inspection.

The service was clean and tidy. We observed the cleaning rota, this had just been introduced since the new manager started in September. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke to confirmed they always had enough PPE.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people.

Staffing levels were appropriate. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were policies and procedures to ensure people received their medicines safely. The service was clean and tidy.

Good



### Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

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

Staff were trained to meet the needs of the people using the service.

The manager had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities. Staff had training booked in for January 2015.

Good



### Is the service caring?

The service was caring.

People who used the service and their relatives told us they were happy with the care and support they received and their relative's needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



### Is the service responsive?

This service was responsive.

People's care plans were reviewed on a regular basis and systems were in place to quickly identify if someone's needs had changed.

People were supported to access the community, such as going out for coffee, to the shops or going on day trips to places of interest.

People, staff and relatives were all aware of how to raise a concern or complaint and these were handled appropriately.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

From our observations and speaking with people who used the service, staff and relatives, we found the culture within the service was person centred and open.

The manager had placed a focus on improving the service and continued to deliver a high level person centred care that incorporated the values expected by the provider.

A process was in place for managing accidents and incidents. The manager reviewed all accidents and incidents in order to look for any emerging themes or patterns.

Good



# Briarfield House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 18th December 2014 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We spoke with one external professional from contracts and procurement, who had

knowledge of the service. We asked the provider to complete a provider information return which gave detailed information about the service including what they do well and what they are going to improve. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

During the visit we spoke with nine people who used the service, the manager, one senior carer, three carers and the cook. We spoke via telephone with two relatives of people who used the service. We undertook general observations and reviewed relevant records. These included three people's care records, staff files, audits and other relevant information such as policies and procedures. We looked round the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person said, "I feel safe, I am happy." Another person said, "I never worry about anything."

We were able to speak with relatives of three people who used the service. One during our inspection and two by a telephone conversation afterwards. Relative's comments were, "X is definitely safe there," And "I feel it is safe now the new manager has taken over." Another relative said, "I think Briarfields is fantastic."

Staff we spoke with said, "The residents are my priority, as long as they are safe."

From our observations, staff took steps to ensure people living at the service were safe. We spoke with five members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to the manager and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

There were individual person centred risk assessments in place, called assessments of risks in my life. These were supported by plans which detailed what might trigger each person's behaviour, what behaviour the person may display and how staff should respond to this. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. One relative we spoke with said, "Since the new manager started I have been involved in X's risk assessments."

The manager said they encouraged positive risk taking. They had key pads on the doors and one person often goes and has a walk around the garden.

We looked at the recruitment records for three staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended an interview, had given reference

information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in 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, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults).

We saw a three week staffing rota for two weeks before and one week after the inspection day. There were enough staff on duty at all times. Staff we spoke with said they were never short staffed.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Care staff we spoke with told us they had completed medicines training. We saw evidence of this in the training records we looked at. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines.

We observed a morning medication round. The staff member discussed each medication with the person who used the service, explaining clearly how each medicine was to be taken. The staff member did sign the Medication Administration Record (MAR) prior to administration. This should be signed afterwards to give a true reflection of what happened. We discussed this with the staff member who said they worry they would forget to sign but understood that it was not the correct method. We also discussed this with the manager who was implementing six monthly competency checks for medicine administration.

Medicines that were liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss.

The service had no protocols for when required medicines (PRN), these need to be individual to each person, explaining why and how each PRN should be administered. The manager agreed to implement this following our inspection visit.

## Is the service safe?

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. There was a system in place for the room and refrigerator temperatures to be monitored daily to ensure that medicines were stored within the recommended temperature ranges. There were gaps in the recording of these temperatures. We discussed this with the manager.

We spent time looking around the service and found it to be homely, comfortable and furnished to meet the needs of people who used the service. Bedrooms were individualised to how each person wanted them.

The service was clean and tidy. We observed the cleaning rota, this had just been introduced since the new manager started in September. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke to confirmed they always had enough PPE.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and water temperature checks were recorded weekly. The service had a new boiler fitted the day before inspection.

# Is the service effective?

## Our findings

Relatives we spoke with said, "Staff have all the correct skills." And "The quality of care and attention the staff give is exemplary."

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal.

All training was up to date; we saw evidence of this on the training matrix and this was backed up with certificates. Training staff had received included moving and handling, infection control and dementia. Staff we spoke with confirmed that they had access to further training as required.

Staff we spoke with said, "I have received all training, I have just done food hygiene." And "I want to gain all my qualifications, my ambition is to become a senior carer, then manager, then I would like to own it."

On the day of our inspection the senior carers were receiving training on the 'Malnutrition Universal Screening Tool' (MUST). MUST is a five-step screening tool to identify adults, who were malnourished, at risk of malnutrition (undernutrition), or obese. It also included management guidelines which can be used to develop a care plan. We spoke with one of the senior carers after the training, and they explained how interesting it was and showed us their file.

Staff received good support through supervision every six to eight weeks and an annual appraisal of their work had been planned in, which ensured they could express any views about the service in a private and formal manner. Topics discussed during supervision were training and development, personal needs, any issues and a review of their work performance. Since starting in September the manager had devised a supervision and appraisal schedule. Appraisals had been done early 2014 by the previous manager.

The manager demonstrated a good understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. If a person lacks the capacity to make a decision for themselves, the decision must be made in their best

interests. At the time of the inspection, one person who used the service had an application for Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity or was deprived of their liberty. The manager had also informed the Care Quality Commission of the request for a DoLS authorisation and was aware that once the outcome of the request was finalised to let CQC know.

Relatives we spoke with said they were happy with the levels of communication from the manager and staff at the service and said they would contact them if there were any issues with their relative. One relative we spoke with said, "They always keep me up to date with what is happening."

All staff said they would have no hesitation in seeking advice from a healthcare professional and contacting people's family or carers straight away if they had any concerns about someone's health or well-being. We saw from care plans appropriate referrals had been made to professionals promptly and any on going communication was also clearly recorded.

Drinks were on offer freely throughout the day. We observed staff asking people what they wanted rather than bringing in a trolley with just tea and coffee on. They could choose anything such as hot chocolate or a cold drink if they preferred. One person who used the service loved Coca Cola, they said, "I am the coke queen."

We observed and joined in on a lunch time meal of an all day breakfast and trifle or ice cream for pudding. Peoples comments were, "That was lovely." "I really enjoyed that," and "It is just too nice." People were offered choice and were offered more food if they wanted it. The dining experience was very welcoming and staff were encouraged to sit and eat with the people who used the service.

We discussed special dietary needs with the cook. The showed us what information they keep on each person, which highlighted foods they particularly liked or disliked, they said they review this information every six months. One person had a digestive condition where a person has



## Is the service effective?

an adverse reaction to gluten. The cook stated that they make the same food for this person as they do everyone else but used a gluten free flour. They said, "This is so they can enjoy home made cakes like the others do."

The cook said they had just updated the menus to be seasonal and people were involved with what went on it. One person who used the service said her mother used to make savoury duck, the cook said she had sourced the ingredients for this and was planning on making it after Christmas.

The cook said people were always offered choice, they said. "I ask them the day before what they would like, then on the morning I chat to them over breakfast and discuss what

they chose and make sure they all still want it." They continued saying, "If someone had changed their mind, I would either adapt what I have made or make them something different." They also said, "We are always trying different things. We had a latte week where we all tried different coffee, they were not too keen."

The manager told us about what the refurbishment plans were. They had recently had a new driveway and some new windows, they were aiming to replace all the windows with UPVC, doing so many each month.

People who used the service said, "The rooms are lovely, they are light and airy."

# Is the service caring?

## Our findings

There was a nice atmosphere in the home. We sat and chatted to people in the lounge and staff made everyone drinks and also sat and chatted to people. People we spoke with said, "Staff are very nice, they cannot do enough for you." And "You could not get nicer girls, I cannot say enough about them they are like my family." Another person who used the service said, "As soon as I ask for anything they get it for me."

Staff we spoke with said, "I love the homely feel, we are like one big family." And "We are a good team, I love working here." Another staff member said, "The residents can do whatever they want, they can go out if they want or to their room if they want, it's their home."

Relatives we spoke with said, "X looks tons better since coming here, they bend over backwards for her." And "The staff all have hearts of gold." Another relative said, "When you walk in the door the residents are all smiling, they always look nice, their hair is done, clothes are colour coordinated, they are certainly meeting my mums needs." And "X could not be anywhere better, I have to utmost respect for all the staff, my relative does not want for anything they are really happy."

We asked staff about maintaining people's privacy and dignity and they explained how they told the person exactly

what they were doing with any type of care, they knocked and gained permission before entering people's rooms and they ensured that doors were closed when carrying out any personal care.

One person who used the service said, "The staff provide personal care to me, they are lovely and have made it so I am not embarrassed."

The service had policies and procedures in place to ensure that staff understand how to respect people's privacy, dignity and human rights.

We observed the care between staff and people who used the service. People were treated with kindness and compassion. Staff were attentive and interacted well with people.

One person was transferred into a wheelchair and we observed two members of staff supporting them with this. They explained every step and what would happen next to the person, they also never rushed the person.

People were encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home.

Staff had received training on end of life. People's end of life wishes had been documented in their care plan.

People were supported to be involved in their care as much as they were able or wanted to.

# Is the service responsive?

## Our findings

We looked at care plans for three people living at the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed plan of care. The care plans were written in an individual way, which included family information and how people wanted their care to be given.

The manager said they have started to work on all the care files to make them more person centred and to involve the families more. Relatives we spoke with said, "Since the new manager started, I have signed paperwork I have never seen before, the paper work is second to none." And "I have seen my relatives care plan, I went through it a couple of weeks ago with the manager, the standard of care is brilliant."

The records we looked at confirmed people's preferences, interests, likes and dislikes and these had been recorded in their support plan. Individual choices and decisions were documented in the support plans and reviewed on a regular basis. Since starting in September the manager had put a monthly audit system in for all care files.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

We observed really good friendships had been forged between people who used the service. The staff made sure friends were able to sit together throughout the day and enjoy meals together.

We asked what activities were on offer to the people who lived there. We were told that all staff helped with activities and they would do keep fit (armchair exercises), pass the parcel, a fly swatter with balloons (a type of bat and ball) and memory games.

The cook said they involve them with some form of cooking such as making peppermint creams or icing cakes. They also said when it gets dusk they sit and look out the window and talk about what they used to do as a child.

The service had a greenhouse and anyone interested in gardening were free to use it. One keen gardener had grown strawberries in the summer. One staff member said, "We put monkey nuts out in the garden and people love watching the squirrels coming to eat them."

One person who used the service preferred to stay in their own room and another said they were arranging for a television to go into their room so they could 'Watch their soaps in peace.'

Two people who used the service enjoyed folding clothes, opening buttons and zips, so the manager had arranged for a pillow case to be made with lots of pockets buttons and zips on. The two people really took a lot of pleasure out of this.

We were told they had been out for a drive to see the Christmas lights and often went to Saltburn for fish and chips. They had started planning Christmas and all the staff had sorted presents for each person who lived there.

Appropriate systems were in place for the management of complaints. People who used the service and their relatives told us the manager and staff were approachable. People who used the service and relatives we spoke with did not raise any complaints or concerns about the service.

The service had a complaints policy. The manager told us there had been no recorded formal complaints since our last inspection. Therefore we could not review any current complaints to ensure they had been investigated and responded to appropriately. However we did review documentation relating to an older complaint, this showed that the then manager had responded in a timely way and to the satisfaction of the complainant.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager who was going through the process of becoming registered with the Care Quality Commission. The manager had worked for the company for a number of years and started as manager at Briarfield Care Home in September 2014.

We saw the service was an organisation that was keen to develop and improve. The manager made sure they kept up to date with current practice and research. For example, they were fully aware of the supreme court ruling regarding Deprivation of Liberty safeguards.

Since starting in September the manager had implemented a system of audits that were completed daily, weekly and monthly which included staff handovers, infection control, medicines, activities and care planning. Where an issue had been identified during the audit, an action plan had been implemented. We discussed with the manager the need to make sure the person responsible for completing the issue was identified plus when the issue needed to be completed by, to make the audits more robust.

There were effective systems in place to monitor and improve the quality of the service provided. At the time of our inspection the manager was updating and implementing new paperwork, to enable them to audit the service more effectively.

Prior to the inspection we spoke with the Contracts and Procurement Officer at Redcar and Cleveland Borough Council. They had done a contract compliance visit in July 2014. The new manager had started to implement the necessary actions when they started in September 2014. The Contracts and Procurement Officer had no concerns about the service at the time of our conversation.

We asked staff if they felt supported by management, we were told, "I love working here, the owners and the manager have compassion and they care." And "We are supported by the manager, when they first started I was scared of change, but we got the best they are always there."

Relatives we spoke with said, "It's a very well run home." And "The standard of care is brilliant, my relative could not be anywhere better."

Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or organisation. Whistle blowing was very much promoted. One staff member we spoke with said, "I would be happy to whistleblow if I had a reason to." There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

The manager had started to implement staff meetings and we saw the minutes of one that was held in October 2014. All staff members attended and topics discussed included, asking for volunteers to become champions for activities, infection control, oral health and medication.

They also discussed changes and updates to care plans, paperwork and documentation. Another topic discussed at the meetings was safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

At the time of our inspection no meetings had been done with people who used the service and their relatives. The manager understood the importance of this and said this is something they were setting up as well as sending out surveys. The first resident/relative meeting was arranged for the week after our inspection. The manager said. "Until meetings could be set up I have been coming in on weekends and evenings to speak to relatives, this is the time they visit mostly."

A process was in place for managing accidents and incidents. The manager reviewed all accidents and incidents in order to look for any emerging themes or patterns.

All key policies were in place at the service including infection control, medication and Deprivation of Liberty Safeguards and the Mental Capacity Act.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service.

The manager had placed a focus on improving the service, and to deliver high level person centred care that incorporated the values expected by the provider. We spoke with the manager who said, "This is not a job its my life, I want someplace happy where my mam would, live. If staff are happy, residents are happy."