

The Briars Residential and Care Limited

The Briars Residential Care Home

Inspection report

23 Hunts Hill
Glensford
Sudbury
Suffolk
CO10 7RP

Date of inspection visit:
08 November 2018

Date of publication:
07 January 2019

Tel: 01787282249

Website: www.briarsresidential.co.uk

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

The Briars is a 'care home'. People in care homes received accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Briars accommodates up to 17 people in one adapted building. At the time of our inspection there were 17 people living in the home.

At the last inspection, the service was rated good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risk or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was 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.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe.

The administration of people's medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

People were supported with maintaining a balanced diet and the people who used the service chose their meals these were provided in line with their preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles

and responsibilities in providing safe and good quality care to the people who used the service.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

The Briars Residential 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 took place on 8 November 2018 and was unannounced, and was completed by one inspector. We reviewed the information we held about the service including safeguarding alerts and statutory notifications, which related to the service. A notification is information about important events, which the provider is required to send us by law. The provider had completed a 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.

During the inspection, we spoke with three people using the service and one relative. We spoke with the team leader and four care staff including the chef. We observed people taking part in activities, having lunch and throughout the day. We observed medicines being administered.

We reviewed two people's care records, medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Is the service safe?

Our findings

The service had effective safeguarding systems, policies, and procedures and investigated any safeguarding concerns promptly. Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies.

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments, which identified risks and what support was needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, risks of falls and pressure areas. Staff worked with people to manage a range of risks effectively.

We saw records, which showed that equipment at this service, such as the fire system was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation. Environmental risk assessments had been carried out and this included regular checks of hot water temperatures.

The team leader told us how staffing levels were assessed and organised flexibly. This was to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. Relatives and staff told us there was enough staff to meet people's needs and to keep people safe. There was a 24-hour on-call support system in place, which provided support for staff in the event of an emergency.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited, is not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people.

People were given the support and time they needed when taking their medicine and were offered a drink of water, the staff member checked to make sure that the medicine had been taken. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, to make sure they were getting the correct medicine. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. The MARs showed staff had recorded when people received their medicines and entries had been initialled by staff to show they had been administered. Monthly medicines audits were carried out to check medicines were being administered safely and appropriately. Staff showed us how unwanted or out of date medicines were disposed.

Infection control practices were in place and when we looked around the service we found it continued to be clean, tidy and maintained. Staff told us they had received training in infection control and understood

their responsibilities.

The team leader told us how staffing levels were assessed and organised flexibly. This was to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. Relatives and staff told us there was enough staff to meet people's needs and to keep people safe. There was a 24-hour on-call support system in place, which provided support for staff in the event of an emergency.

Accidents and incidents were recorded and analysed to identify and themes or trends to prevent reoccurrence.

Is the service effective?

Our findings

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas, which included; safeguarding, medication and communication. Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The manager carried out observations to ensure staff were competent in putting any training they had done into practice.

People and relatives, we spoke with told us they thought the staff met their individual needs and that they were happy with the care provided. One person told us "They are all so good here they know exactly what I need." One relative told us, "The staff take time to get to know people it is not all about completing tasks they actually take the time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 make a particular decision, any made on their behalf must be in their best interest and the least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person their liberty were being met. We found people were being supported appropriately, in line with the law and guidance.

We observed the lunchtime meal and people looked like they were enjoying the food. People told us the food was good one person told us, "The food is really good, and you can always ask for a sandwich." We observed staff supporting people to make a choice of what they wanted to eat. Staff were able to tell us about each individual's likes and dislikes around food. The chef was knowledgeable and passionate about ensuring peoples' food was healthy and nutritious.

People's care records showed their day-to-day health needs were being met and they had access to healthcare professionals according to their individual needs. For example, psychiatrists, speech and language therapists, chiropodist, dentist and GP's. Referrals had been made when required. Details of appointments and the outcomes were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis.

The environment was homely and although part of it was an old building and not purpose built the registered manager and staff ensured people were comfortable and able to move around as independently as possible. The environment was suitable for people in regard to safety and cleanliness. The service was in

a good state of décor and repair and there was planned and routine maintenance.

Is the service caring?

Our findings

During the inspection, we observed staff interactions with people were positive. They were kind and considerate; the atmosphere within the service was welcoming, relaxed, and calm. Staff demonstrated affection, warmth, and compassion, for the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question. We observed staff being tactile, placing an arm around someone, and holding another person's hand when talking to them. People were comfortable with staff interactions.

We looked at two people's care plans and saw that they contained information about people's likes and dislikes and their personal history. Staff understood people's care needs and the things that were important to them in their lives because some of them had worked in the service for a long time, for example members of their family, key events, and their individual preferences.

People were encouraged to make day to day choices, and their independence was promoted and encouraged where appropriate according to their abilities. People had adapted crockery and cutlery to use to enable them to eat as independently as possible. We saw that staff knocked on bathroom doors and waited for a response before entering, this showed us that people were treated with respect. We observed people being spoken to discreetly about personal care issues so as not to cause any embarrassment.

People and their relatives were actively involved in making decisions about their care and their independence was promoted. People told us, "I get up early and I go to bed anytime when I am tired."

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed this and told us they were able to visit their relative whenever they wanted and at a time of their choosing. One person said, "I or another family member come every day, I am always made to feel welcome."

There were resident meeting and relative's meetings held to encourage general discussions of any improvements required or what people wanted to change in the future.

Is the service responsive?

Our findings

People's care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. They were person centred and gave detailed guidance for staff so they could consistently deliver the care and support people needed. People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs.

The team leader and staff told us that as the service was relatively small they did not employ an activities co-ordinator, the staff supported people with activities. On the day of our inspection people appeared happy chatting to staff and reading books or watching the television. We observed some people preferred to stay in their rooms. The team leader told us they arranged for entertainers to visit the service on a regular basis these included, musical entertainers, seated exercise, pet therapy and a monthly church service. We saw photographs displayed on an electric photo frame showing people enjoying these activities. The team leader told us having the photos displayed was a good talking point and that they encouraged people to remember and chat about their favourite activities. People had access to a hairdresser who visited on a weekly basis.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. People and their relatives told us that they had a good relationship with the provider, manager, and staff and could speak to them about any concerns and things were dealt with immediately.

The service supported people at the end of their life to have a comfortable, dignified and pain free death. This was reflected within people's care plans and people were supported to make choices about their end of life care. The team leader told us that they work closely with the local hospice who supported the staff team and held training sessions which the staff could attend.

Is the service well-led?

Our findings

The registered manager was also the provider and staff told us they enjoyed working in the service they said the registered manager had a visible presence within the home and in the daily running of the home. They knew the people they supported and regularly worked alongside staff. They also told us that they were treated fairly, listened to and that they could approach them at any time if they had a problem were approachable and supportive. Comments included, "[name of manager] door is always open and they will come and support on shift if we need them to" and "If I ever have a problem then I know I can always talk to the manager or team leader they are both so supportive."

People and their relatives told us the registered manager was accessible and nothing was too much trouble. Relatives told us the registered manager or team leader was always available and they were kept fully informed about their relative.

Regular meetings were held which included, senior meetings, resident meetings and staff meetings. The team leader told us "Communication is key, we are very good at ensuring everyone is kept up to date with any changes to ensure we provide continuity of care."

The service carried out a range of audits to monitor the quality of the service. Records relating to auditing and monitoring the service were clearly recorded. We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received.

The service had carried out quality monitoring surveys with people who used the service, their relatives, staff and other stakeholders. We saw the results from the last surveys were positive.