Mental Health Concern

Briarwood

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 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Briarwood provides nursing care for up to 29 people with mental health needs. At the time of this inspection there were 24 people living at Briarwood. The bottom floor called 'Meadows' provides accommodation for individuals living with dementia and the top floor called 'Millview' provides accommodation for individuals diagnosed with mental health conditions. Extensive redecoration work was being carried out to Meadows which meant that some areas were not available for people to use.

This was an unannounced inspection. The home had a registered manager. A registered manager is a person

Summary of findings

who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We last inspected Briarwood in October 2013. At that inspection we found the service was meeting all the essential standards that we inspected.

People and family members told us they felt safe living at Briarwood. People said they felt settled and found it easy to talk with staff. We observed staff supporting people to maintain their safety. For example, we saw that staff assisted one person who used a wheelchair to negotiate around furniture.

On admission to Briarwood people were routinely assessed against a range of potential risks, such as poor nutrition, falls, skin damage and mobility. Where other risks had been identified assessments had been carried out to ensure people received appropriate care.

Staff had a good understanding of how to keep people safe and knew how to respond to safeguarding concerns and behaviours that challenged the service.

Mental Capacity Assessments had been completed in line with the requirements of the Mental Capacity Act 2005 (MCA). We also found the provider acted in accordance with the requirements of the Deprivation of Liberty Safeguards (DoLS). Where required DoLS applications had been made to the local authority.

The provider had systems in place to ensure people received their medication from trained and competent staff. Records showed that people received their medication when it was due. Some people told us they felt the evening medication round was too late and this affected when they could go to bed.

We found that there were enough trained staff to meet people's needs. Staff we spoke with said they were well supported by the management team and had opportunities to have one to one time with their manager. Staff had completed specialist training to help them support people's individual needs, such as catheter training, dysphagia (swallowing difficulties), wound management, stroke care and phlebotomy (taking blood).

The provider had systems in place to identify people who were at risk of poor nutrition. We saw that people were actively involved in preparing their own meals. Where people required assistance with eating and drinking they received this support uninterrupted.

People were supported to meet their healthcare needs and had regular access to a range of healthcare professionals, such as the GP, psychologist and the dietitian. Staff supported people to access health appointments when required.

Family members told us that their relative was well cared for. We observed care being delivered and found that people received their care from friendly and respectful staff. People received regular interaction from staff throughout our inspection. People were supported to maintain their independence and their interests. They also had access to a range of activities both inside Briarwood and in the community.

People were asked to give their consent before receiving any care. Care plans were evaluated regularly to ensure they were up to date.

People and family members had opportunities to give their views about the service and we found these views were acted on. We saw the views of family members were largely positive. We found the provider had in place a complaints policy and people told us they knew how to make a complaint.

The provider undertook a range of checks and audits as part of its quality assurance programme to assess the quality of care provided. This included both internal and external checks on the quality of care delivered. The findings from audits were used to make improvements to the service. Records showed that staff regularly logged any incidents and accidents, which included the specific details of the incident or accident and the action taken to deal with the situation. The on-line system used to record incidents had in-built senior management checks to ensure that appropriate action was taken following an incident. Information was analysed to look for trends and patterns and to identify learning to improve the quality of the care provided.

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?

Good

The service was safe. Mental Capacity assessments had been completed appropriately and Deprivation of Liberty safeguards applied for where required. There were systems to ensure people received their medication from trained staff and when it was due.

People told us they felt safe living at the service. Family members also confirmed that they felt their relative was safe.

There were enough staff on duty to meet people's needs. Staff had a good understanding of safeguarding and how to report any concerns they had. They also had a good understanding of how to respond to people when they displayed behaviours that challenge the service.

Is the service effective?

Good

The service was effective. The provider assessed people for the risk of poor nutrition and supported people to meet their nutritional needs. We saw that records about people's dietary intake were accurate. People who required assistance with their eating and drinking received this uninterrupted.

We found that staff had the training and support they needed to fulfil their caring role.

People were supported to meet their healthcare needs. People had regular access to a range of healthcare professionals and staff supported them to attend their health appointments.

Is the service caring?

Good

The service was caring. People gave us mostly positive views about their care. All of the family members we spoke with were happy with their relative's care.

People were supported to maintain their independence as much as possible and were supported to pursue their interests.

We observed throughout our inspection that people were treated with dignity and respect. Staff had a good understanding of the importance of maintaining people's privacy and dignity and described how how they delivered care to achieve this aim.

Is the service responsive?

Good

The service was responsive. People told us they were supported to make choices and to remain as independent as possible. People and family members had opportunities to give their views about the service and these were acted on.

People could access a range of activities both inside and outside of the home. Staff had a good understanding of people's needs including their likes and dislikes.

The home had an effective complaints procedure. None of the people or family members we spoke with had made a complaint about the care they received.

Summary of findings

Is the service well-led?

Good 

The service was well-led. Staff told us the registered manager and other members of the management team were supportive and approachable. Staff knew about the provider's whistle blowing procedure and knew how to report any concerns they had.

Staff had the opportunity to give their views about the service through regular meetings. Meetings were used as a method of raising staff awareness of important issues.

The home had a robust quality assurance programme to check on the quality of care provided. Information from incidents, accidents and complaints was analysed and used to improve the quality of the service.

Briarwood

Detailed findings

Background to this inspection

We inspected Briarwood on 13 August 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was carried out by two adult social care inspectors, an expert by experience and a specialist adviser both with experience of caring for people with mental health needs and people living with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection 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 reviewed the information included in the PIR along with information we held about the home. We also contacted the local authority, the local healthwatch, the clinical commissioning group (CCG), an advocate, a clinical psychologist and two GP's. We did not receive any information of concern from these organisations.

We spoke with six people who used the service and nine family members. We also spoke with the registered manager, clinical lead, one qualified nurse and five care staff. We observed how staff interacted with people and looked at a range of care records which included the care records for four of the 24 people who used the service, medication records for the people living in the home and recruitment records for four staff.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Briarwood. People said they felt settled and found it easy to talk with staff. One person said, "I feel very safe here all staff are very kind to me." Family members confirmed that they felt their relative was safe living at Briarwood. One family member said, "I am very impressed with the care and support and my relative is very happy here."

People were supported to maintain their safety within the home. We saw that staff observed and engaged with people on both floors of the home to maintain their safety. For example, we observed staff assisting one person who used a wheelchair to negotiate around furniture safely.

On admission to Briarwood people were routinely assessed against a range of potential risks, such as poor nutrition, falls, skin damage and mobility. We saw that these had been completed consistently for each person and corresponding care plans had been developed to help staff manage any risks identified. Staff told us the service operated a 'positive risk taking approach' (weighing up the potential benefits and harm of doing something) and carried out specific risk assessments where risks had been identified. For example, a risk assessment had been completed to ensure the environment was safe for people to use.

Staff had a good understanding of how to identify and respond to any safeguarding concerns. Staff told us, and records confirmed, that they had completed safeguarding training. They were able to tell us about different types of abuse and gave us examples of potential warning signs to look out for. For example, bruises, scratches, people becoming frightened of other people and people not eating. Staff told us that if they had any concerns they would speak with either the nurse in charge, the deputy manager or the registered manager. The registered manager told us there had been no recent safeguarding concerns at the home. However, there were systems in place to log any safeguarding concerns received. The registered manager was aware of her responsibilities with regard to reporting concerns and the requirement to notify the Care Quality Commission where safeguarding issues were identified.

Staff had a good understanding of how to manage behaviours that challenged the service. They described the individual strategies they used. For example, talking to people, offering the person a cup of tea, holding their hand, having 'time-out' and clearly explaining what was happening. Some people had been prescribed 'as and when required' (PRN) medication to support staff with managing behaviours that challenged the service. We found that staff had specific care plans to guide them as to when to administer this medication and details of other strategies to try first to avoid the use of medication. Staff told us they would administer medication as a last resort and only after consulting with a qualified nurse. Staff told us they had completed training in managing behaviours that challenged the service. At the time of our inspection training was currently in the process of being updated. One family member said, "My partner has challenging behaviours but the staff are well trained and can handle him in a way that is not overpowering. They can even talk him down, the staff care and they do their best I can trust them with his care."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and followed the requirements of the MCA. MCA is a law that protects and supports people who do not have the ability to make decisions for themselves and to ensure that decisions are made in their 'best interests.' We found examples of MCA assessments and best interest decisions in people's care records. For example, one person had a MCA assessment carried out as they regularly refused meals. Another person had a MCA and best interest decision for the decision to admit them to Briarwood. This meant people who were unable to make decisions for themselves about specific issues had decisions made for them which took into account what was the best thing to do.

The provider acted in accordance with the Deprivation of Liberty Safeguards (DoLS). These are safeguards to ensure care does not place unlawful restrictions on people in care homes and hospitals. Staff told us that most people had DoLS authorisations in place. They said they had submitted applications for all residents in a phased approach. We viewed people's care records and found evidence that they had DoLS decisions in place.

We looked at the medication administration records (MARs) for all people who used the service. We found some instances where there were gaps in signatures on people's MARs where medication had not been signed for to confirm it had been given. We found the provider had a robust

Good

Is the service safe?

system in place which ensured that these gaps were identified and investigated immediately. The manager was made aware of the gaps and this information was used to identify any trends and patterns. We found that two people who used the service administered their own medication. We saw that risk assessments had been carried out and checks were in place to ensure the person took their medication safely.

One person we spoke with told us, "Bedtime depends on who is on and giving medications out, but sometimes it can be quite late." We found that the evening medication round was not normally undertaken until 10.00 p.m. We spoke with four members of staff about this who told us that residents had no restriction on the time that they retired to bed and it was very rare that they wanted to retire early. However, we found no evidence that there was a process in place to assist residents who wanted their night time medication a little earlier. This meant that some people may be unable to retire to bed early if they wanted to.

We found the provider carried out medication audits and the prescribing pharmacy also carried out audits. We viewed the most recent audits and found that these had been successful in identifying some minor areas for improvement. We also found that the provider had taken action to resolve these areas. Staff responsible for administering medication had completed safe handling of medicines training. We found that staff also maintained other records relating to medication such as medicines received and disposed of, fridge temperature checks and records relating to drugs liable to misuse (known as 'controlled drugs').

There were enough staff to meet people's needs. The registered manager said, "Staffing levels are very good, when short staff step up to the mark. We can access staff from other homes but it is rare." Staff we spoke with did not have any concerns about staffing levels. One staff member said, "Staffing levels are absolutely brilliant, we have time for meaningful activities." Another staff member said staffing levels were, "Really good." We observed throughout the day that people had regular helpful and friendly interactions from staff. We found that there was an overlap of the morning and afternoon shifts between 12.30pm and 3.20pm. This meant that there were additional staff available to support lunch time and early afternoon activities.

There were systems in place to ensure that new staff were suitable to care for vulnerable adults. We viewed the recruitment records for five staff. We found the provider had requested and received references in respect of prospective new staff, including one from their most recent employment. A disclosure and barring service (DBS) check had been carried out before confirming any staff appointments to check that new staff members were suitable to work with vulnerable adults. The provider operated a rolling induction programme which was held twice a year. The registered manager told us that staff worked supernumerary until they had completed their induction and training. New staff were subject to a six month probationary period with a formal review after three months. Staff we spoke with told us they thought their induction had been thorough.

Good

Is the service effective?

Our findings

Staff received the training they needed to carry out their caring role. Staff we spoke with said the training was very good. They said, "Sometimes it can be a bit difficult but it is the nature of the work", "There is lots of training going on", "They [the provider] are very good with training and development", and, "I am very happy to work here, I really love my work." Staff gave us examples of more specialised training they had completed to meet people's individual needs. This included catheter training, dysphagia (swallowing difficulties), wound management, stroke care and phlebotomy (taking blood). We found there was a competency programme in place specific to the various job roles, such as qualified nursing staff.

Staff told us, and records confirmed, that they received regular supervision and appraisal. Staff said they had specific targets to work towards as part their appraisal, such as ensuring their training was up to date. The provider had developed a 'staff support policy' covering induction, appraisals and supervisions. Support for staff included individual development, team meetings and day to day meetings. This meant staff had regular opportunities to have one to one time with their manager and opportunities to give their views about the service.

People were supported to meet their nutritional needs. We found that people were routinely assessed for the risk of poor nutrition. We viewed previous assessment records which showed that they were reviewed regularly. Where people had experienced weight loss staff had taken action to keep the person safe. For example, for one person diet and fluid recording charts had been put in place to monitor their nutritional intake until their weight had increased.

People were supported to make decisions about what they wanted to eat. We saw that staff held a regular weekly menu meeting involving people who used the service. Staff supported people to cook a meal they had chosen. The menu was based on healthy living and shopping lists were devised following decisions from the meeting about what people wanted to eat. We found that a dietitian attended Briarwood bi-monthly to review people at risk of poor nutrition as required.

We observed a meal-time and saw that some people were independent with eating and drinking. Where people required assistance staff provided help in a patient and friendly way.

Staff told us people had protected mealtimes to ensure they were able to provide the support people needed uninterrupted. They said they supported people to choose what they wanted to eat either verbally or using a pictorial menu. Staff told us people weren't rushed and were given enough time to make up their mind. They also said they encouraged people to be independent and eat their meals themselves if they were able.

People were supported to meet their healthcare needs. Records showed that people were referred to their community GP as necessary. A GP also carried out two clinics within Briarwood to attend to any needs people had. However, we found some people's notes from the GP's visit were not readily accessible as there was a backlog of filing. People confirmed they were supported to attend hospital appointments. One person said, "Staff go with me when I need the dentist, the doctor comes in twice a week to see those who need them." We found the provider sought the assistance of other services to ensure people's health needs were met. For example, an in-house psychologist was available to the service to assist with additional issues that may need attention. This was a new initiative so feedback about it's effectiveness was not yet available.

Good

Is the service caring?

Our findings

Most people said they were happy with their care. One person said, "I have been here for 3 years the staff are good and do what they can to help." Some people did give us less positive views about their care. However, when we viewed their care records we found that their views were consistent with their diagnosed mental health condition and had been captured in their care records. All of the family members we spoke with told us they felt the service was very good, that their relatives were well cared for and their needs were met. One family member said, "My [relative] is very content in there, I cannot fault the place, they are courteous and kind and I can visit whenever I want. The staff always ask me how I am and what I've been up to." Another relative said, "My [relative] is really happy there which is a joy for me as I live out of area, I can contact them if I am not able to visit and they always seem happy."

We carried out a specific observation in the downstairs dining room using SOFI. Due to renovation work people spent most of their time in the dining room to ensure they were safe. Despite this we saw that throughout the 30 minutes of our observations people received regular attention from staff. We saw that staff were considerate and kind towards people and people responded positively. Staff spent one to one time chatting with people and looking through magazines. Staff checked that people were alright and asked if they needed anything.

Staff told us people had one to one time while they were supporting them throughout the day and as often as possible at other times. During our inspection we observed staff and residents engaged in one to one activities. For example, staff members were painting people's nails, having conversations with people and looking at a book. We saw that staff were friendly and gave people the time they needed.

People were treated with dignity and respect. Staff had a good understanding of the importance of maintaining people's privacy and dignity. They gave us practical examples of how they delivered care to achieve this aim. For example, knocking on people's doors before entering their room, keeping people covered up when delivering personal care, keeping their curtains closed and ensuring toilet doors were shut when they were being used. One staff member said, "We treat everyone as equally as we can." One family member said the, "Care is excellent in here, my [relative] has been here over five years, has a clean change of clothes each day, the staff do the laundry, visiting is very flexible I come each day at times to suit me." People had 'privacy required' cards which were utilised on their doors when carers were attending to their personal care needs.

Staff described how they maintained confidentiality. They told us they were aware of the provider's confidentiality policy. They gave us examples of how they maintained confidentiality, such as not talking about people in public areas and storing people's personal information securely in the office.

Staff described how they adapted their communication when supporting people to help them to understand what was happening and told us some people did not use verbal communication. They said they had a good understanding of people's individual communication needs, such as using pictures, flash cards, gestures and facial expressions to communicate with people. They said they spent time with people to explain what they were doing.

We spoke with staff about the care they delivered to people and we particularly asked them to tell us what the service did best. They commented, "We provide excellent care for people who need it and support for families", "Everything, caring for residents", "Very person-centred, all about the resident and how we can improve their life", "Treat people individually, we do a good job of meeting people's individual needs", and, "People have their own personalised bedrooms."

Good

Is the service responsive?

Our findings

People were asked to give their consent before receiving any care. We found that care plans had been signed by either the person or a relative on their behalf. Staff said they would always ask a person first before delivering care. For example, staff said they would ask people what they wanted to drink and told us they would not presume that a person always wanted a cup of tea.

Staff told us they received referral information about each person when they were admitted to Briarwood. They said they also spent time with people and family members gathering information about their likes and dislikes. This helped to develop an understanding of people's past experiences and what they used to enjoy doing. For example, we found that people had a 'This is me' profile in their care records which contained a summary of important information about each person. Information gathered during the initial assessment had been used to develop people's care plans. We found that these had been evaluated consistently. We viewed previous evaluation records and found they contained meaningful information about the person's care. This meant they had access to detailed information about each person, such as their life history to enable them to better understand the people they cared for.

People were supported to pursue their interests. One person told us they had an interest in knitting and sewing. We found that staff had supported the person to continue with this interest. For example, the person attended a weekly knitting group and they had access to wool in their own room. We saw from viewing the person's care records that staff were supporting them to access a knitting and sewing course. We found that other people attended a range of other groups within the home, such as a creative arts group and a baking group.

People had the opportunity to be involved in a range of activities, such as having time outside, mini-bus trips, reminiscence, hand massages, listening to music, quizzes, dominoes, the knitting group, the baking group, the creative arts group and helping out around the home. People said, "The staff clean my room and do my laundry and it comes back quickly. We have a pub night here on a Saturday which is good, sometimes we have a quiz and a sing along", "Staff get me up quite early for breakfast, when I go out with staff I go in a wheelchair and I love going to Mcdonald's, I like shopping as well", "I like the Activity Room (art) and would like to do more in there but know that staff are busy as well. I also like the cooking we do with the staff", and, "I like to be quiet in my room and listen to the radio or TV." One family member said they would like to see the residents get outside into the garden more. Some staff members also said they felt people could go out more and into the garden.

People were supported to maintain their independence. One person said, "I can iron my clothes so the staff watch me and help." Staff told us they encouraged people to do things for themselves. For example, offering them the flannel or sponge when bathing and helping people to keep their room tidy. One staff member said, "We supervise rather than do, so that we do not take away skills from people." Another staff member said, "We give people choice as much as possible like choosing their clothes, their food and if they would like to go out or have a bath." During our inspection we observed staff supporting and encouraging people to develop their daily living skills. For instance at one point we observed that staff supported people to prepare vegetables for their lunch-time meal.

People and family members we spoke with knew how to complain if they had any concerns about their care. The service user guide contained information for people about how to complain in an easy read format. One family member said they, "Have no complaints or concerns currently but if I did I would not hesitate to discuss with staff or the manager." The registered manager told us there had been no complaints made about the service in the past 12 months. However, the provider had a system to log and investigate any complaints received.

Family members had opportunities to give their views about their relative's care. The registered manager told us that two qualified staff had been designated as 'family carer champions.' Their role was to meet with family members and carers and develop positive relationships. We viewed copies of minutes from previous meetings and saw that family members were encouraged to give their views about people's care and make suggestions to improve the quality of care. For example, family members had been asked for suggestions for additional resources and social events. The family carer champions were in the process of developing an information booklet for carers and were delivering 'dementia talks' specifically for family members and friends.

Good

Is the service responsive?

People had the opportunity to give their views about the care they received and these were acted on. For example, the registered manager told us they had changed the meal time arrangements following feedback from people who used the service. She said the service had responded to people's feedback and had changed the structure of the meal times. The registered manager said, "The ladies decided to have light lunch and then a main meal in the evening."

Good

Is the service well-led?

Our findings

The provider had a set of specific values which underpinned its work, based around 'improving the mental health and well-being of the people we serve.' These included compassion and hopefulness, being open and friendly, inclusivity and fairness, experience and expertise, hard work, creativity and innovation and going the extra mile with people to achieve the right outcome. Staff we spoke with told us that they were aware of these values but not all staff were able to tell us what they were.

Management told us they advocated an 'open door' policy to all their staff, residents and families. We observed that they had a visible presence on the units throughout our inspection. Staff we spoke with told us that management listened to them. They told us they were well supported to carry out their role. One staff member said, "I am very well supported, we work well as a team and everybody gets on. [The registered manager] is easy to talk to and the qualifieds (qualified nurses) are approachable." Another staff member said, "The management team are approachable." Staff also said they felt their "points of view about things" were listened to and considered.

We found that regular staff meetings were held including a separate meeting for qualified staff. We viewed the minutes from previous meetings and saw that these were used to raise staff awareness about important information. For example, healthy eating, health and safety and involving people in meaningful activities had been topics at recent meetings. The meeting was also used as a forum to discuss actions required to improve people's care, such as ensuring staff recorded positive and negative outcomes from people undertaking meaningful activities.

Staff knew about the provider's whistle blowing procedure and knew how to report concerns. One staff member said, "[The registered manager] is there if there is a problem, nothing gets by her. I definitely feel able to raise concerns." Another staff member said, "I would definitely raise concerns. They would definitely be taken seriously by the management team."

The provider undertook a range of checks and audits as part of its 'balance of care audit' programme to assess the quality of care provided. This included checks of care records such as care plans and risk assessments to ensure they were at an appropriate standard and up to date. We found that the audit was successful in identifying areas for improvement and ensuring that action was taken to address these areas. For example, previous actions identified had been to ensure that the contribution of family members and carers to care planning was evident and that support plans were archived in a timely manner. In addition to the 'balance of care audit' the provider had a range of other quality audits in place including medication, supervision and appraisal audits.

There was an 'on-line' system to log any incidents and accidents that happened at the home. The registered manager showed us the system and explained how it worked. Staff completed the record on the computer which the registered manager then reviewed within 24 hours. The system had in-built checks so that all incidents were reviewed by senior management. Records showed that staff regularly logged any incidents and accidents, which included the specific details of the incident or accident and the action taken to deal with the situation. For example, for one person who had fallen, staff had checked the person over and monitored their condition to ensure they were alright. The system was also used to analyse incidents and accidents and look for trends and patterns. For instance, records showed that one person experienced a higher number of falls in the evening. Therefore, staff increased the number of observations in the evening to reduce the risk of falling.