

Sanctuary Care Limited

# Briarscroft Residential Care Home

## Inspection report

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Date of inspection visit:  
07 August 2019  
19 August 2019

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12 September 2019

## 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

About the service:

Briarscroft is a 'care home' that is registered to provide personal care and accommodates up to 66 people across four separate units, each of which has separate facilities. Two of the units provide care to people living with dementia. There were 64 people living at the home on the days of the inspection.

People's experience of using this service:

Since the last inspection in August 2018 we found improvements had been made to address the areas we identified as requiring improvement.

People were supported by staff to stay safe and who treated them with respect and dignity and encouraged them to maintain their independence.

People were supported to receive their medicines as required and were supported by staff who were aware of the risks to them on a daily basis.

Staff had a good understanding of the importance of gaining consent from people before providing support and the registered manager had a good understanding of the principles of the Mental Capacity Act (MCA). However, we found that improvements could be made in the provider's paperwork to record assessments to ensure the principles of the act were promoted consistently.

Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted.

Staff liaised with other health care professionals to meet people's health needs and support their wellbeing. Care was provided in the way that people preferred, and people felt able to raise any concerns they may have with staff.

People gave positive feedback about the choice of food provided which they told us they enjoyed. We saw people were offered regular drinks throughout the day to support their wellbeing.

People, relatives and staff all told us there had been an improvement in the activities provided and we saw people enjoyed a range of activities.

The provider had quality assurance systems in place and we saw where action had been taken to make improvements.

Staff felt supported and said they could talk to management and felt confident any concerns would be acted on promptly.

People, relatives and staff spoke of improvement within the service since the last inspection. The provider had a home improvement plan in place to develop the service further and they worked in partnership and collaboration with other key organisations to support care provision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection:

The last rating for this service was requires improvement (published 08 August 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

#### Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Briarscroft Residential Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector, a specialist professional advisor and two Experts by Experience. The specialist professional advisor on this inspection was someone who had nursing expertise. An Expert by Experience is someone who has had experience of working with this type of service.

#### Service and service type

Briarscroft 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced and took place on 07 August 2019. We agreed with the registered manager to return and complete the inspection on 19 August 2019, when the inspection team consisted of one inspector.

#### What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we

require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with 14 people using the service and 14 relatives to ask about their experience of care. We also spoke to two relatives by telephone. We spoke with the operational manager, the registered manager and the provider's support manager who was working with staff at the home at the time of our inspection. We also spoke to two senior carers, four care staff and the chef. We also spoke to two healthcare professionals who were visiting the service on the days of the inspection.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to staff recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed. Details are in the Key Questions below.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and relatives told us they felt the home was a safe place to be. One relative said, "[There's] 24/7 care to keep resident's safe."
- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff received training in how to recognise possible abuse and knew how to report concerns. Staff said they had not had reason to raise concerns but were assured action would be taken by the management team. They also were aware of external agencies they could report concerns to such as the local authority or CQC.

Assessing risk, safety monitoring and management:

- People were supported by staff who were aware of the risks to them on a daily basis. People told us of the safety measures in place to support them and one relative commented, "There's a sensor mat in their bedroom to keep [person's name] safe."
- Staff had a good understanding of the risks to people and we saw that they took care to keep people safe. For example, where people were at this risk of falls and needed assistance when walking.

Staffing and recruitment:

- People and staff we spoke with felt there was enough staff employed at the home to keep people safe. We saw staff responded to people's requests for support in a timely way during the inspection.
- The provider had completed checks on staff before they started work in the home to make sure they were suitable to work with people.

Using medicines safely:

- Records showed people received their medication at the right time. Medicines were stored safely and staff received training in how to support people with their medicine as prescribed.
- Some people needed medication 'as and when required' for example, pain relief medication and staff understood when these were needed and how to give them. One person said, "They give me painkillers if I am in pain."
- Medicine records were checked and audits completed by the management team to ensure medicines were administered and stored as required.

Preventing and controlling infection:

- At the last inspection we noted a malodour in one unit. At this inspection we found the home to be clean and tidy. Some relatives we spoke with told us improvements had been made in the cleanliness of the home. One relative said, "It is much better in the last 3-4 months."
- The registered manager completed a daily walk around of the home, so they could ensure the required standards of cleanliness were maintained.
- During the inspection we saw staff used protective equipment such as gloves and aprons. One member of staff said, "[There is a] good stock available. The home is kept clean and tidy." We also saw domestic staff completing a deep clean of some rooms.
- Briarscroft was awarded a Food Hygiene Rating of 5 (Very Good) by Birmingham City Council on 23 March 2018.

#### Learning lessons when things go wrong:

- The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again. A computer record was also kept and viewed by the operations manager, so they could view the actions taken by the home and any lessons learnt.
- There was shared learning across the providers' homes at manager meetings and information shared via the home's auditing system. For example, the registered manager told us another home within the provider group had experienced a delay in prescribed medication. In response the provider had introduced a flow chart regarding delayed prescriptions which had then been issued to all homes.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

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 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the importance of gaining consent from people before providing support. One person said, "Staff ask permission to support me."
- The registered manager had a good understanding of the principles of the Mental Capacity Act 2005, however we found that improvements could be made in the provider's paperwork to record assessments to ensure the principles of the act were promoted consistently. The registered manager said this would be discussed with the provider immediately following the inspection.
- The registered manager was aware of their responsibilities regarding DoLS and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty. The management team had record of the authorisations in place showing the expiry date, so people could be reassessed if required.
- People's needs were assessed before they moved into the home to make sure their needs could be met; this included assessing people's individual preferences and choices.

Supporting people to eat and drink enough to maintain a balanced diet;

- We received positive feedback about the choice of food provided. People told us they enjoyed the meals provided and a choice was available to them. One person said, "The cook knows my diet, and if I want something special, they would do it for me."
- We observed a lunchtime meal and saw this was a sociable mealtime. We saw people enjoyed a choice of meals and when they were finished people were offered seconds if they would like them. We also observed people being offered regular drinks throughout the inspection, which reflected the hot weather and ensured people were supported to stay hydrated.
- We spoke to the cook about the meals provided they advised information of specialist diets. For example, a diabetic diet or where a person may have a food allergy, was supplied by care staff. The cook visited the

separate units throughout the week, so they could gain feedback on the meals provided. A book was also available for staff to record feedback on meals.

Adapting service, design, decoration to meet people's needs

- We looked at how people's individual needs were met by the design and decoration of the home. The home was clean and tidy and well-furnished, and people had personalised rooms.
- We noted signage to support people, for example, people had photographs on their doors to help them recognise their own room. Since the last inspection we found improvements had been made with the introduction of an old-style shop, a cinema room and a sensory room.

Staff support: induction, training, skills and experience

- People and relatives said staff had the skills to support them. One relative said, "Here at this home, the staff are trained to look after [person's name] with patience."
- Staff told us, and records confirmed, they were supported through training and guidance to provide effective care for people. Staff told us access to training was good.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People told us they were supported to access healthcare services. One person said, "We can see the GP if needed.....can see the optician and chiropodist."
- Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside assistance. Records showed the input of the GP, district nurses etc.
- We saw that the provider had an Oral Healthcare champion in place to promote and protect people's oral health. The member of staff had reviewed oral care and ensured all people were registered with a dentist of their choice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with said they were treated with kindness. People gave positive feedback about the caring approach of staff. One person told us, "The girls [staff] are lovely and I enjoy their company."
- Relatives told us they felt welcomed when they visited. One relative told us, "When you walk in you get a nice feeling compared to the other care homes. I have a peace of mind that [person's name] is being looked after well and is well settled here."
- Staff told us they enjoyed working with the people they supported. One member of staff said, "I enjoy working here."
- Staff spoken with respected people's individuality and diversity. Care files contained information about people's preferences, so staff could consider people's individual needs when delivering their care.
- We saw the service had received a number of compliments from relatives. For example, one relative had written to compliment staff and wrote, 'You have loved and looked after [person's name] and you gave me peace of mind.'

Supporting people to express their views and be involved in making decisions about their care:

- People said they felt listened to and made choices about their day-to-day care. One person commented, "I have full capacity to make my own decisions about my daily tasks."
- Staff told us where people were not able to give verbal consent they were aware of people's ways of giving consent. One member of staff told us how this was done for one person. They said, "Not everyone is able to give verbal consent. [Staff] look for body language. For example, facial expressions when in pain. We know [person's name] well enough."
- We had mixed reviews about how people were involved in formal reviews of their care. One relative said, "When [person's name] needs change they [staff] always update [person's name] care plan and also involve me to make sure I am satisfied." However, other people said they were not involved in care planning. We discussed this with the registered manager, they confirmed that a 'resident of the day' system had recently been introduced, so each person had opportunity to discuss their care and menu choices etc. We also saw records of some reviews.

Respecting and promoting people's privacy, dignity and independence:

- People told us they were treated with dignity and respect. One person said, "They [staff] treat me with respect, they are friendly and speak to me."
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy, for example by always knocking people's door before they entered. This was confirmed by

people we spoke to.

- People told us that staff promoted their independence. One person told us, "The staff here support me to be independent." They added that staff respected their choices, they said "I choose what time I get up and when I go to bed."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff knew people's preferences, for example, during lunch we saw one person offered a cup of tea and they took into the garden area. We were informed by staff the person preferred their lunch in the late afternoon, so they keep the person's food for them to have later.
- Care plans were updated and reviewed as required and information was shared as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover. One relative commented, "Staff are always communicating with each other when they go on their breaks."
- We spoke to two healthcare professionals who were visiting the service on the days of the inspection. They both said staff were responsive to advice given in supporting people's healthcare. One healthcare professional added, "Previously [there was a] lack of coordination and communication, [we were] called in several times for same thing. This has improved now."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had an AIS procedure in place that ensured people's accessibility needs were identified prior to admission.
- We saw that following the last CQC inspection easy read posters were developed showing the improvements made (You said; We did posters). These were designed to keep people updated on the changes within the home.
- Some information such as the complaints information was available in an easy read format and information provided stated documents could be translated on request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People, relatives and staff all told us there had been an improvement in the activities provided. One relative commented, "Improvements have been made. Activities were good .... then went back down, back up now."
- People told us they enjoyed a range of activities and we saw the provider employed an activities co-ordinator who lead on activities within the home. We spoke with the activities co-ordinator who showed us a record of various recent activities. We saw that a resident choir had recently been started where one resident played the piano. We also saw that local children's nursery visited weekly. One relative said,

"[Person's name] loved the children coming in."

- Since the last inspection the provider had put in place an old-style shop, a cinema room and a sensory room. We spoke to one person who was working in the shop on the day of our inspection. They spoke proudly of their role and it was clear their role gave them a sense of purpose. Throughout the inspection we also saw several people enjoying a hand massage or manicure at a nail bar which one member of staff had set up in the sensory room.

Improving care quality in response to complaints or concerns:

- People and relatives told us they knew how they would complain about the care if they needed to. Most people told us they had not made any complaints, but if they had a concern they were happy to speak to staff; One person said, "They [staff] are very polite and listen to me. If I am upset about something I can talk to the staff."
- We saw that where complaints had been received these had been investigated and the outcome recorded. The registered manager also kept an overview of complaints, so they could easily track actions taken and identify any trends.

End of life care and support.

- At the time of the inspection there was one person being supported with end of life care. The person's care plan showed the input of other healthcare professionals and where specialist equipment was in place. The registered manager advised that when providing this care, they ensured people, their families and other healthcare professionals were involved in the care provided.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection the provider systems had failed to identify some of the areas for improvement and the provider was unable to sustain the improvements required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- People and relatives, we spoke with commented that since the last inspection improvements had been made. One relative said, "Improvements have been made. Nobody goes uncared for." Staff also reported that improvements had been made. One member of staff said, "We've worked so hard since last time... It's improved leaps and bounds." They added, "We are proud of the service and what we have achieved."
- Staff had been appointed as champions to act as a point of contact and lead in areas such as dignity and respect.
- The provider had quality assurance systems in place and we saw where action had been taken to make improvements. Areas identified for improvements formed part of the home's improvement plan.
- The registered manager reported key events to the provider, such as accidents and incidents, so the provider could be assured people were receiving good care. The operations manager also advised that the provider's systems recorded areas such as number of falls, registered manager in post etc. and calculated an overall score for each home. This score identified which services need input from the provider.
- Throughout the inspection the management team were open to the findings of the inspection.

### Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us under the new management team they felt listened to and that management team were approachable and supportive.
- On the day of our visit the registered manager interacted in a relaxed and caring way with people living in the home.
- The senior carers held a '10 at 10' meeting each day to share information and the registered manager held meetings to with the operations manager to review the running of the home.

### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider held residents' meeting to involve people in the service provided. We also saw that in May 2019 the provider had sent a questionnaire to all residents for feedback on the activities. We saw positive

feedback had been given and the information had been used to plan further activities.

- Staff told us and we saw records of staff meetings held to share information and provide an opportunity for staff to feedback their views and suggestions.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff were supported to understand their roles through regular supervision meetings and 'sit and see' sessions. This was a management initiative where staff were given the opportunity to see how care was being provided.
- There was a clear staffing structure and staff were clear on their role and who to report any comments or concerns to. One member of staff said, "Overall team is very good. Much better than before. Improvements have been made and staff are clear about their roles."
- The latest CQC inspection report rating was on display in the reception of the home and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Working in partnership with others

- Health professionals we spoke with felt there was a positive working relationship between the registered manager and themselves. One health professional told us they felt improvements had been made with the current management team and communication had improved.
- The service also looked to develop community links, for example, we saw a links to a local children's nursery and local church. Volunteers also worked at the home to support community links.