

Mr John Kelly

Briar Dene Retirement Home

Inspection report

73 Burniston Road
Scarborough
North Yorkshire
YO12 6PH

Tel: 01723361157
Website: www.briardene.org

Date of inspection visit:
01 October 2019

Date of publication:
18 November 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

Briar Dene is a residential care home providing personal care for 25 older people aged 65 and over at the time of the inspection. The service can support up to 27 people.

At the time of our inspection the provider was in the process of constructing a larger care home to the side of the existing building. The provider's aim is to transfer the service, with necessary permissions and consents, into the new building, however, a time frame for such a move has yet to be established. The inspector asked them to submit applications to register with CQC. These documents have now been submitted and are in the process of being considered. The local authority is working with the provider to ensure meetings take place to discuss the future placements for the residents living at Briar Dene Retirement Home.

People's experience of using this service and what we found

People received care and support in a safe environment. Risks had been identified, assessed and measures were in place to guide staff on how to reduce them. Health and safety audits were completed to ensure maintenance of the premises. Staff understood and practiced good infection prevention and control procedures. Staffing levels were regularly reviewed to ensure people's needs were met. Recruitment procedures ensured staff were suitable to work in a care setting.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received regular training, supervision and annual appraisals. People were supported to access support and advice from health professionals when needed. People told us the food was very nice and it looked appetising.

Staff respected people's privacy and dignity, whilst supporting them to remain as independent as they could be. People told us staff were caring and kind towards them.

People told us they chose which activities they would like to participate in and made some suggestions for future events and activities which we brought to the attention of the provider. Complaints were appropriately responded to, and systems were in place to support people with end of life care.

Quality assurance systems were being updated and records changed from paper based to electronic during this inspection. This had been identified by the provider as an areas requiring improvement so more oversight was in place to drive and enhance the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 01 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Briar Dene Retirement 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Briar Dene 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who worked with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people living at the home and two visiting relatives. We spoke with five members of staff including the cook, two care workers, the deputy and care manager. We also spoke with two visiting health professionals.

We reviewed a range of records. These included three people's care records and multiple medication records. We looked at three staff files as well as records relating to the management of the home. This included policies and procedures, maintenance checks and audits carried out by the provider.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at this service and that staff looked after them well. One person told us, "Yes, there [staff] pretty good with me."
- Staff could describe how they protected people from harm and abuse. The provider ensured staff received regular training and incidents were reported to the appropriate agencies.
- A whistle blowing policy was in place. Staff told us they felt confident that if they needed to use it, there concerns would be dealt with and resolved.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place which detailed known risks to people and how to manage them. The provider was in the process of enhancing these to contain more detail as they moved to a new digital system.
- Health and safety checks were in place to maintain safety within the premises. Equipment had been regularly serviced.
- Processes were in place to record and analyse incidents that happened in the service. Where necessary appropriate advice was sought from other health professionals.
- When things had gone wrong the provider had analysed incidents and discussed them with staff. This ensured a consistent approach to risks such as falls and weight loss. Staff worked with the falls team and dieticians to ensure people's needs were re-assessed.

Staffing and recruitment

- There were enough staff to meet people's needs. However, some feedback from people and staff suggested that during busy periods staff felt pressure to meet people's needs in a timely way. The provider advised they were keeping staffing levels under review.
- People's dependency levels had been assessed and rotas developed based on people's needs. The provider had contingency plans in place to cover any staff shortages.
- Recruitment practices ensured staff were suitable and safe to work in a care setting.

Using medicines safely

- Medicines were managed, stored and disposed of in line with best practice guidance.
- Staff received training in medicines administration. Staff had a period of shadowing more experienced staff until they were deemed competent to administer medicines alone.
- Medicines audits had been regularly completed so that errors could be identified and addressed in a timely way.

Preventing and controlling infection

- The premises were clean and free of any malodours.
- Infection prevention and control policies were in place. Staff were observed wearing gloves and aprons when needed.

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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People enjoyed a nutritious mealtime experience. Fresh homemade food was cooked daily and there were plenty of choice on offer. The cook told us how they accommodated specific diets such as diabetic and fortified to increase calorie intake when needed.
- Staff had awareness of when they may need to refer people for more specialist support, such as a dietician.

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

- The decoration and layout of the premises met the needs of people living at the service. However, we did discuss the need to review signage should people's confusion increase.
- People received an initial needs assessment prior to moving into the home, which determined the suitability of a placement for them.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they were competent and confident to meet people's needs. One member of staff advised, "Some training is online, written or people come in. One lady comes in from the college to do safeguarding and health and nutrition training. Nurses come in and support us."
- Staff completed an induction which included an introduction to the home, fire safety and various other topics. Staff told us they received regular refresher training and had informal supervisions. We spoke with the provider to ensure they recorded all future supervisions and appraisals with staff.

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

- A visiting health professional told us they had positive working relations with staff at the home. They advised, "I have no concerns, this is a really good home."
- Records showed that staff accessed the right advice and support from other health professionals and/or agencies when needed.
- Where people required the support of a chiropodist or dental care, arrangements were made for health professionals to visit the home to provide treatment. Detailed care plans were in place for foot and oral care which were regularly reviewed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was aware of how to make suitable applications for DoLS where people may be deprived of their liberty in the future. At the time of this inspection there were no DoLS in place.
- The provider had completed mental capacity assessments when necessary to determine whether people were able to make decisions about their care. The provider was aware of when they may need to complete a best interest decision involving health professionals and people's families.

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 Good. At this inspection this key question has now remained the same. 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; respecting equality and diversity

- People were positive about the care they received. Comments included, "I genuinely feel they [staff] care about me" and, "Yes, they are kind and caring." One member of staff told us, "Staff come in on their days off and talk with people. They take them out when they have no family or ask do you need anything and take them into town clothes shopping."
- Care records considered whether people had any religious or cultural needs. Some people chose to attend church services in the local area.
- Staff communicated and interacted with people regularly.

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

- People were encouraged to share their views in relation to their care. Regular residents' meetings took place and the provider operated an open-door policy for informal chats and conversations.
- People told us they felt involved in their care planning and were asked for feedback about the service. Some people told us they had made suggestions such as changes to meal choices which had been actioned. Staff advised, "We listen to [people living at the service] and their views come first, we are here for them."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. One person said, "They always knock on my door before entering." Staff could describe other examples of how they promoted people's dignity and privacy such as keeping them covered during personal care. Staff spoke quietly when asking if people needed to visit the bathroom and maintained eye level contact with them.
- Staff supported people to be as independent as they could be. One member of staff told us, "On a morning we say do you want help, some ask for a bowl of water as they are unable to stand at the sink. They will do what they can, then we ask what they would like to wear today."

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 ensure people have choice and control and to meet their needs and preferences

- People received personalised care that considered their likes and preferences. Care plans were being updated to include more detailed information and staff were completing personal profiles which summarised people's needs.
- Staff told us that care plans and risk assessments were regularly reviewed and updated when people's needs changed.
- People's life histories had been recorded when this information was available. Staff spoke with families to explore and document further details when they could.
- Health professionals told us the service followed any advice and guidance they provided. One health professional said, "I've given advice, this home is particularly very good and encourages patients with their exercise programmes."

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.

- Staff adapted the way they worked to meet people's communication needs. One member of staff advised, "Some people can't see so we have brought in talking books and have large print format available. [Name] is not very verbal, they can say yes and no and odd words. We give time to respond and [name] writes backwards. They process information slower due to their health condition, so we give them more time."

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

- We observed visitors and health professionals at the home during our inspection. There were no restrictions on visiting times and both friends and families were encouraged to visit people.
- People told us there were some activities on offer. One person told us, "I read books and watch TV, my choice." Activity plans showed people had participated in group quizzes, singing, knitting and exercises.
- The cook told us how they prepared cakes for special occasions such as birthdays. People had a choice of flavours such as chocolate, victoria sponge or lemon drizzle cake.
- The hairdresser attended regularly, and a few external events had been organised which the residents told us they really enjoyed. This was something the provider was looking to increase taking into account people's suggestions.

Improving care quality in response to complaints or concerns

- A complaints process was in place and people told us they would use this if they had any concerns or speak directly with staff. The provider had responded appropriately to any concerns or complaints in line with their policy.
- People and their relatives were encouraged to raise any concerns. One member of staff said, "There's a complaints book in reception for residents, families and our team leader is a point of contact. They relay back to management in meetings or if serious/private concerns have been raised. We have a complaints box that's locked and only management have a key, so they can address the issues."

End of life care and support

- At the time of our inspection there was no one being supported with end of life care.
- Staff told us that they had recently received training from the local hospice. Advanced care plans were being updated to ensure peoples wishes, preferences and religious needs were respected.
- Staff advised their training had helped them to understand how they could make people feel more comfortable should they require end of life care.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People made positive comments about the management of the home. Comments included, "It's a well organised service" and, "They look after us well, I love living here."
- Staff were positive about the support they received from the current management team. Comments included, "[Manager] is constantly looking at how I do things and will tell me if I need to do anything differently" and "Nice family to work with, very approachable. If you want anything doing it is done straight away."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and worked closely with people, their relatives and health professionals to ensure they adopted a transparent culture. For example, staff informed people's relatives when incidents occurred such as falls and discussed any injuries that had occurred. These were clearly recorded and reported to the appropriate agencies.
- Records showed that when something did go wrong the provider worked openly and honestly to resolve any issues. Lessons learnt were shared with all staff to drive improvements in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their registration requirements and had submitted appropriate notifications to the appropriate agencies.
- The provider had quality assurance processes and audits to drive improvements in the service. At the time of this inspection they were in the process of moving to a digital system to further enhance the governance of the service.

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

- People were asked for their feedback about the service. The last survey results recorded positive feedback from people and their relatives about the service provided.
- Residents meetings were held so people could provide feedback and make suggestions for improvements. Topics of discussion included; activities and the dining experience.
- Staff attended regular staff meetings and had informal chats regularly with the management team. Issues

discussed had been addressed and maintenance work actioned as a result of these meetings.

Continuous learning and improving care; Working in partnership with others

- The provider had been updating peoples care plans onto a new digital system and making other improvements across the service in preparation for their change of location.
- The provider worked in partnership with the local authority and health professionals to ensure people were suitably placed and their needs met. Where people needed specific plans tailored to their health conditions, these were put in place following guidance from physiotherapist, chiropodists and dieticians.