

Coverage Care Services Limited

Briarfields

Inspection report

Raby Crescent
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SY3 7JN

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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 ●

Summary of findings

Overall summary

This inspection took place on 2 August 2016 and was unannounced.

Briarfields is registered to provide accommodation with personal care to a maximum of 43 older people. There were 40 people living at the home on the day of our inspection. The home is divided into four units which each have their own communal areas.

A registered manager was in post and was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and were supported safely by staff within the home. Staff had received training in recognising when people may be at risk of harm or abuse. They knew how to protect people and how to report any concerns they may have about a person's safety. Where risks to people's safety were identified action was taken by staff to make sure those risks were reduced as far as possible.

People were supported safely by sufficient numbers of staff. Although people had experienced a high use of agency staff for a short period of time recently this had now settled. People now had a better consistency of staff due to the provider recruiting into all staff vacancies. The provider completed employment and character checks on staff before they started work to check they were suitable to work with people at the home.

People were supported to take their medicines safely and when they needed them. People only received their medicines from staff that were trained to support them. Staff practice was continually re assessed to make sure the support they gave people with their medicine was safe.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received training that was relevant to the people they supported and their specific needs. Staff received the support and guidance they needed to complete their roles effectively.

People were only supported with their consent. Staff involved people and helped them to make choices and decisions about their day-to-day care. Staff understood how to protect people's rights if they could not make their own decisions in making sure all decisions were made in a person's best interest.

People had enough to eat and drink and were supported to maintain a well-balanced diet. People's health needs were met and they were supported to access healthcare services when needed.

People received support from staff who had a caring approach. Staff were polite and friendly. Staff listened to and respected people's wishes about how they wanted their care delivered. People's dignity and privacy

was respected by staff at all times.

People received care and support that responded to their changing needs and was reviewed regularly by staff to make sure it met their needs. People enjoyed the social events that took place at the home although some people wanted more events to happen. The registered manager had recently sought people's views on how they wanted to spend their time and had arranged for extra events to happen based on their feedback.

People enjoyed the atmosphere of the home and were involved in what happened at the home. People's views on the care they received were sought by the provider and registered manager and this was used to make improvements. The provider had systems in place which meant the quality of the service they provided was continually monitored and action taken to drive improvement.

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.

Risks to people's safety were identified and measures were in place to help reduce these risks. There were enough staff to respond to and meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so.

People were supported to eat and drink enough and access healthcare from other professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who had a kind and caring approach. People were kept involved in their own care and treatment and staff treated people with compassion and dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual to them and that was reviewed regularly. People were provided with opportunities to make comments or raise complaints about the care they received.

Is the service well-led?

Good ●

The service was well-led.

People were kept involved in what happened within the home. Systems were in place that monitored the quality of the service provided and action was taken when improvements were identified.

Briarfields

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 2 August 2016 and was unannounced.

The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with 13 people who lived at the home and one relative. We spoke with 11 staff which included care and support staff, the assistant manager, deputy manager and registered manager. We viewed records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed records which related to staff training and recruitment and the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people.

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. They told us they felt safe living in the home and with the staff that supported them. One person said, "All the staff are very good. I fully trust them." Another person told us they felt safe when staff supported them and told us they felt, "in safe hands". Staff told us they had received training in protecting people from harm and abuse and were able to tell us their role in keeping people safe within the home. They knew that if they had any concerns about a person's safety they needed to report this straight away to their manager. One staff member told us that they had not been allowed to work alone with people until they had completed moving and handling training. They explained this was in order to keep people who needed support with their mobility safe. We saw that where an allegation of abuse had been reported the provider had taken the appropriate action, followed local authority safeguarding procedures and notified us as required.

People told us they trusted the staff with their care and how they were protected from risks associated with their care. One person told us they had support from staff when they walked because they were prone to falls. They said, "They help me when I walk as I can fall over." Another person told us how their mobility had improved recently. They told us the staff had arranged for them to see a physiotherapist who came to the home. This was because they had had several falls. They now felt more confident when moving around and told us they had not had any more falls. As we were talking with this person one staff member went to get their walking frame and reminded them they needed to use this to keep them safe whilst they were standing.

Risks to people's safety and wellbeing had been assessed and were monitored regularly by staff. Staff followed people's care plans which gave detailed information on how to minimise these risks and support people safely. We saw staff support people safely with their mobility. Staff explained to people how they were going to support them and we saw people were relaxed when they were being moved. Accidents and incidents were monitored. The deputy manager told us this information was monitored so they could identify any trends which could indicate deterioration in someone's health or their wellbeing. We saw action was taken to reduce the risk of re occurrence and falls analysis was completed when needed. One person had a high number of falls over a 72 hour period. The person's doctor was contacted and it was found they had an infection which had been the cause of the increase in falls. The person received the medicine they needed and their risk of falls was reduced considerably.

People had mixed views about the staffing levels at the home. People told us staff were sometimes, "stressed and rushed". One person told us that although they felt rushed on occasion they always received the care they needed. People felt the consistency of staff had been a problem recently and they felt staff did not always know how to support them. Staff told us there had been a lot of agency staff used recently which had affected the consistency of care. This had now settled and they considered there was now enough permanent staff working at the home. The registered manager confirmed they had a recent period of high agency staff use due to staff absence and staff leaving. They had recently recruited 10 new care staff who had either started work or were waiting to start work at the home. Staff told us they could ask for help from care and support staff on the other units within the home if needed. We saw that people were supported

safely and their needs were met by sufficient numbers of staff. One new staff member told us they did not start work at the home until the provider had completed checks on their identity and background. We saw the provider sought references from potential staff's last employers and carried out a criminal records check called a Disclosure and Barring Service check before they started work at the home. This helped to ensure potential new staff were suitable to work with people living at the home.

We saw that people's medicines were managed safely and they received them when they needed them. We spoke with one person who due to their medical condition needed their medicine at the same time each day in order for it to be effective. They told us staff did this and when they went out the staff arranged for them to take their medicine with them. Some people had medicine which was prescribed for them to take only when they needed it. One person said, "If I ask for a headache pill I get one." Only staff who had received training administered medicine. Staff told us that they had regular competency assessments to ensure the on-going safe management of medicine.

Is the service effective?

Our findings

People felt that the staff who cared for them knew how to look after them well and in the right way. One person said, "They do their jobs very well. They are very well trained and they know what I need." When we spoke with staff we found they knew people's individual needs well and understood the care and support they needed.

Staff were supported in their roles and received a range of training to ensure they were equipped with the skills and knowledge to deliver care effectively. They told us they had opportunities to develop within their roles and improve their knowledge and skills with additional training. One staff member said, "The training is excellent." Some staff told us they were completing recognised national qualifications in health and social care and had been supported by managers in this. Staff received regular one to one time with their line manager where they discussed and received feedback on their practice. They told us it was also an opportunity to discuss training and their development within their role. One new staff member told us they worked alongside more experienced staff when they first started working at the home. Staff completed a structured induction programme when they first started working at the home. Staff who were new to care had a mentor to support them and completed the care certificate which provided them with knowledge and experience of the standards in care delivery.

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 were encouraged to make their own choices and decisions about their day-to-day care and support. For example, we saw people were offered the choice of where they wanted to eat their meals. Staff encouraged them to eat at the dining tables but respected their decisions when they did not wish to. People told us staff always asked for their permission prior to supporting them. Where people needed some support staff gave them simple choices and gave them the time they needed to make their decisions. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 of their liberty were being met. The registered manager told us that seven Deprivation of Liberty applications had been made to the local authority. These had not been authorised yet. Risk management plans were in place to ensure people's safety whilst these applications were being processed.

People were supported to have enough to eat and drink throughout the day. Drinks and snacks were provided to people in between meal times. People had access to a kitchen area where they and their visitors could make their own drinks. We also heard staff ask people if they wanted drinks. One person said, "Yes, I

can have something between meals if I want." People told us they had a good choice of meals and they could choose what to eat from a menu of freshly prepared food. Alternatives were offered if people did not want the choices available. People complimented the food they received and said, "The food is brilliant", "There is always a choice" and "Good choice of meals". Staff asked people to choose what they wanted to eat from the menu and there were also pictures of the food available to help people make their choices. People's nutritional needs were identified and also any risk which may be associated with eating or drinking. Where risk or potential risk was identified plans were in place to support people to ensure they had enough to eat and drink.

People told us they had access to healthcare services when they needed them. They told us the optician and chiroprapist came to the home regularly and that staff arranged this. During our visit we saw one person supported by a staff member to attend their hospital appointment. Transport had been arranged and the staff member went with the person for their appointment. Staff arranged for people's doctors to visit them at the home as needed. We saw referrals were made to other healthcare professionals such as physiotherapist and district nurses.

Is the service caring?

Our findings

People were supported by staff who had a caring approach. People's comments about staff included, "They are wonderful", "They are lovely" and "They are so caring". One person told us the staff were "Nice people. Everyone is very kind and helpful." They thought the staff went out of their way to make them comfortable. One relative told us they had a, "very good relationship with staff" and found them to be, "always friendly and welcoming". One staff member told us that making people happy and feeling at home was the most important thing to them. When staff spoke with us about the people they supported they did so with warmth and affection and showed they had respect for them.

We saw staff were polite and friendly to people at all times. We saw lots of positive interactions where people were fully engaged with the staff member who supported them. One person was assisted by a staff member to eat their lunch. We saw relaxed communication between the person and staff member with lots of smiles and laughter. However, on occasion we did see that staff did not always explain fully what they were doing or they spoke too quickly for the person to easily understand. We saw that meals or medicine were occasionally put in front of people with very little communication from staff. This meant the person did not have the opportunity to fully engage or interact with the staff member who supported them. We passed this information to the registered manager who told us they would speak with staff about the importance of always involving people in what they are doing.

People told us they were supported to express their views and make decisions about their care. People felt listened to by staff and their wishes about their care were respected. One person said, "I had a chest infection and the doctor wanted me to go to hospital. I wanted to stay here though and they [staff] listened and let me. They were very good." We saw staff asked people how they were and gave them choice about what they wanted to do next. We saw one person having their breakfast at 10.30am. They told us they had a lie-in that morning and staff had respected their decision.

People told us that staff respected their privacy and dignity. One person said, "If I want privacy I go to my room and they leave me alone." Another person said, "They always respect my privacy if I need the toilet." People were encouraged to maintain their independence. Staff told us if people could do something then they encouraged them to do so. They gave examples of people being encouraged to make their own drinks in the kitchenette areas, put their own mugs away or tidy up after meals if they wanted to. We saw staff asked people what support they wanted, for example, what support they wanted with their meals.

The registered manager told us the home had been involved in a dignity action day in June 2016. They told us this was to bring dignity to people's attention. People had been encouraged to identify what was important to them about dignity. Their answers were written on 'leaves' which were pinned to a dignity 'tree'. The registered manager told us this was to help raise awareness between people, relatives and staff about what was important to people.

Is the service responsive?

Our findings

People received care that was individual to them and was delivered in the way they preferred. People told us they were happy with the care they received and that the way staff supported them was to their comfort and liking. They felt that staff knew their preferences and that these were respected. We observed that staff were aware of people's preferences but still confirmed these with people prior to supporting them. One staff member told us they found out people's needs and preferences through reading their care plans and talking with staff. However, they went on to tell us that the most important place to find this information was to talk with people themselves.

People received care that responded to their changing needs. Staff were attentive to people's needs and responded in a timely manner when changes were identified in people's health or wellbeing. We saw one person had lost weight over a short period of time. Staff had identified this as a risk and contacted the person's doctor. Food supplements were prescribed and fortified meals and drinks given. This person's weight had been closely monitored and we could see that this person was now putting on weight again. Another person required regular changes in the dose of medicine they took. These changes in dose were dependent on the results of regular blood tests which the district nurse completed. We saw a system was in place which ensured staff knew the correct dose to be given. This system meant that staff responded to these changes to make sure the person always received the correct dose of medicine.

People were supported to practice their religious beliefs. The registered manager told us they had a good relationship with the local church who provided opportunities for people to worship. They confirmed that this was the only form of worship for people but if people did have alternative beliefs support would be arranged for them to continue practicing their faith.

People told us they enjoyed the events that were put on such as singing, music, bingo and trips out but some people wanted these events more often. Seven out of 10 people we spoke with told us they wanted more to do. In the morning we saw staff were kept busy and did not have the time to sit and talk or engage in one to one interests with people. Staff were less busy in the afternoon and were able to spend some time with people. One staff member said, "We usually have enough time to do individual things with them [people] but we are busy today." People had been encouraged to complete a questionnaire in March 2016. They had been supported to identify what hobbies and interests they had before they came to live at the home, what they would like to do now or if they had a skill they wanted to share. People had identified they wanted more trips out. This had been organised and several trips had been arranged in the local area. One person had started a knitting circle with a staff member and other people. They told us they had taught the staff member to knit. This was a regular hobby which people told us they enjoyed. Another person told us they did gardening and tried to get others involved in this. Vegetables were grown and some had been sold at the recent summer fair where money had been raised for the 'resident's comfort fund'. The registered manager told us they also invited relatives to the home for afternoon tea, cheese and wine and quizzes. They said this helped to make them feel a part of the home.

People were encouraged to give their opinions about the care they received and to raise any concerns or

complaints. One person told us that any minor queries were, "always sorted out by the staff". People told us that staff always asked them if they were happy with things. One person said, "They are always asking me if I am happy with my care." No one we spoke with had raised any concerns or complaints but told us they would talk with staff or the registered manager. They all told us they would have no problem with approaching staff or managers with their concerns. People also attended meetings and were given questionnaires to complete as a way of gaining their feedback. We saw that past complaints had been acknowledged and investigated. The registered manager provided the complainant with outcomes from their investigations and where errors had occurred these were acknowledged and apologies given.

Is the service well-led?

Our findings

People told us the atmosphere at the home was one they enjoyed. One person said, "It's a lovely friendly atmosphere." Another person said, "It's friendly and homely here." Staff echoed these comments and described the home as, "homely" and "one big family". The registered manager completed a monthly newsletter which helped to keep people and relatives involved in what happened at the home. People told us they were aware of who the managers were at the home although one person commented that they did not see them often. The registered manager told us they frequently were around the home as this was an opportunity to talk with people and relatives. They also told us this was an opportunity to observe staff practice and how they interacted with people. They felt this was important to make sure the values of the home and provider were being upheld.

Staff told us that they were supported in their roles by managers, colleagues and the provider as a whole. They felt recognised by managers for the work that they did and told us this mattered to them. Staff attended meetings which were an opportunity for all staff to get together. They told us these meetings were useful to them. One staff member said, "As a team, we discuss what improvements we need to do and how we can improve things here." Any issues identified through complaints or accident and incident investigations were shared with staff along with areas of practice that needed improvement.

The registered manager had been in post since December 2014 and felt supported by the provider in their role. They told us they had worked with Coverage Care for a number of years so were familiar with their systems and processes. They understood their regulatory responsibilities in keeping us informed of specific incidents through statutory notifications. We saw actions were taken when poor practice was identified. Disciplinary actions were taken if necessary and staff that needed it were put forward for additional training or supervised practice. Staff knew how to whistleblow and told us they would not hesitate to report any poor practice they saw. They had confidence that managers would take action straight away.

Resources were made available to help drive continual improvement within the home. Improvements to the décor of the home were underway and some bedrooms were to be re-decorated. Some staff training was sourced from outside the company which contributed to improving staff skills and knowledge. Managers had found a training course which they told us would improve staff knowledge on the management of specific types of medicines. The registered manager told us they had requested this through the provider and it was agreed staff could complete this.

The provider received information from the registered manager on key areas such as complaints, accidents and incidents. This helped to keep them involved and updated in what happened at the home. The registered manager told us these were analysed and compared against the provider's other homes to look for themes or trends. Systems were in place for assessing and monitoring the quality of service provided at the home. The registered manager completed regular quality checks on areas such as care records, the management of medicines and health and safety. This was in order to identify actions and improvements that may be needed. The provider's operations manager also looked at the actions and investigations completed by the registered manager as part of their own quality visits to the home. This helped to ensure

the provider's own systems and processes were being followed.