

Mrs Anna Geraldine Ellis

# Briar House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This was an announced inspection that took place on the 16 November 2015.

Briar House is a large semi-detached house which is registered to provide accommodation and personal care for three people with a learning disability.

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

The registered manager compiles the staff rota, conducts the staff supervisions and staff meetings. They were available by telephone at other times. There was also a manager in day to day charge; they visited the home twice a week and were available by telephone at other times.

During this inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not robust procedures in place to assess people's capacity to consent to their care and treatment. We found the provider was not meeting the requirements of the

# Summary of findings

Deprivation of Liberty Safeguards (DoLS); these safeguards ensure that any restrictions in place are legally authorised and in a person's best interests. You can see what action we have told the provider to take at the back of the full version of the report.

People told us they felt safe at Briar House. There were sufficient staff on duty to meet their needs.

Staff had received training in safeguarding adults. They were able to tell us of the correct action they would take if they witnessed or suspected abuse.

Staff recruitment procedures were not robust. The record keeping did not evidence that the people who used the service were protected from the risks of unsuitable staff being employed.

Systems were in place to ensure medicines were safely administered and people received their medicines as prescribed.

All areas of the home were clean. Systems were in place to deal with any emergency that could affect the provision of care such as utility failures. Personal evacuation plans were in place and regular checks were carried out to ensure staff were aware of the action they should take in the event of a fire at the service.

People's care records showed that risks to people's health and well-being had been identified. However the risk assessments for falls were not detailed. This meant that

staff may not know how to support people safely. Staff supported people to attend regular appointments to ensure that their health needs were met. People's needs were documented in their care records. There was evidence that people had been involved in reviewing their care plans.

Staff received the training they required to meet people's needs including an induction, manual handling and emergency first aid courses. However, staff members did not have a clear understanding of their responsibilities under the Mental Capacity Act. The registered manager undertook regular supervision and appraisals with the staff.

People we spoke with said that the staff were kind, caring and knew them well. We saw the staff demonstrate that they knew the needs of the people who used the service. Staff told us that they enjoyed working at Briar House and that the manager and registered manager were approachable and supportive.

Activities in the local community were arranged by staff every week. Whenever a person had a medical appointment additional staff were arranged to support people to attend the appointment.

A number of quality audits were in place. Evidence was seen that any actions required were identified and completed.

# 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?

The service was not always safe.

An alarm to alert staff if one person who used the service got up at night was not working and had not been working for several days despite staff raising the issue with the manager in day to day charge.

People told us that they felt safe at Briar House. Staff knew what action to take to protect people from abuse.

Medicines were administered safely and people received their medicines as prescribed.

Records of staff recruitment did not fully support that a robust process was in place to safeguard people.

Staffing levels were sufficient to provide safe care.

**Requires improvement**



### Is the service effective?

The service was not always effective.

We found procedures were not in place to protect the rights of people who were unable to consent to their care in Briar House.

Systems were in place to help ensure that people's health needs were met.

Staff received the training they required to meet people's needs. However, staff members did not have a clear understanding of their responsibilities under the Mental Capacity Act.

A system of supervision and appraisal was in place

**Requires improvement**



### Is the service caring?

The service was caring

People spoke positively about the staff. The staff demonstrated that they knew the people well. We observed positive interactions between staff and people who used the service.

**Good**



### Is the service responsive?

The service was responsive.

Care plans were regularly reviewed and updated to help ensure that the information reflected people's needs. People were involved in the review of their care.

Activities were arranged within the local community each week.

**Good**



# Summary of findings

## Is the service well-led?

The service was well led

Staff told us the manager was approachable and that they enjoyed working at Briar House.

Systems of audits were in place to monitor the quality of the service.

**Good**



# Briar House

## 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 the 16 November 2015. The provider was given 72 hours' notice because the location was a small care home; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service, including notifications the provider had sent us. We contacted the local Healthwatch organisation and the Local Authority Commissioning team to obtain their views about the provider. No concerns were raised about the service provided at Briar House.

During the inspection we spoke with all three people who used the service, the registered manager, the manager in day to day charge of the service, the senior support worker and the cleaner. We observed interactions between people who used the service and staff.

We looked at the care records and medication records for all three people who used the service. We also looked at a range of records relating to how the service was managed, including staffing records and policies and procedures.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe at Briar House. One person told us, “I feel safe because staff look after me.” All care staff had received safeguarding training. One staff member told us, “I would report any concerns to the registered manager.” Staff were confident that the manager and registered manager would listen to any concerns raised.

We noted that one person who used the service had an alarm fitted on their bedroom door to alert staff if they left their room at night. This was not working on the day of the inspection and had not been working for several days. This meant that the staff member on sleep-in duty would not be aware if the person who used the service got up during the night. A member of staff told us they had requested a new battery to be fitted the previous week although this had not yet been actioned. We raised this with the manager responsible for the day to day running of the service. The battery was fitted before we left the premises.

We looked at the care files for all three people who used the service. All three people have lived at Briar House for many years. Their likes, dislikes and the support they require is well known to the staff team. We found that these contained risk assessments that were reviewed monthly and updated when people’s needs changed. These provided guidance for staff to minimise the risks. However we noted that a risk assessment was not particularly detailed for one person who had experienced a fall on the stairs. This meant that care staff might not have all the information they needed to safely manage the risk. However, records showed the person had not experienced any further falls and staff were observed to offer appropriate support to the person when mobilising on the stairs.

We found that the general environmental risks assessments were all up to date.

We checked the systems that were in place in the event of an emergency. We found that Personal Evacuation Plans were in place for all people who used the service. Records showed that a fire risk assessment had been completed and fire drills were carried out every six months.

Records showed that regular checks were carried out on fire systems, gas and electrical items. This helped to ensure that people were kept safe.

We looked at the personnel files for two members of staff. These files included an application form with the applicants’ employment history, two references from the most recent employers, an induction checklist, and an assessment to show competence in administering medicines and completed training course certificates. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant.

In one personnel file we looked at we found that there was a gap in the staff members’ employment history. The manager explained the gap to us; however this was not recorded in the personnel file. We saw in one personnel file that the applicant had disclosed previous convictions. The manager told us that these had been discussed with the applicant and the manager concluded that there were no additional risks for the people who used the service; however this was not recorded in the personnel file. Records of staff recruitment did not fully evidence that the people who used the service were protected from the risks of unsuitable staff being recruited.

We asked the people who used the service about the staffing levels at Briar House. They told us, “I get to go out with staff whenever I want” and “I shout for staff if I need them and they come straight away.” We saw from the rotas that there was one staff on duty at all times. The manager told us that they would provide cover at the home or arrange for additional staff to be on duty if a person who used the service had an appointment and staff were needed to support them. The registered manager and the manager in day to day charge were on call in case of an emergency.

We looked at the administration of medicines in the home. We found that they were administered safely and people received their medicines as prescribed. One person who used the service told us about the medication they needed and commented, “Staff give me my medicines at breakfast time.”

We saw that the home was very clean throughout, with a cleaner employed on two days per week. Policies and procedures were in place for infection control and regular checks were carried out to ensure a high standard of cleanliness was maintained.

# Is the service effective?

## Our findings

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. 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.

People who used the service told us that they made choices about their day to day lives. One person said, “I choose my clothes” and another said, “I can go to bed at any time and I can get up when I want.”

We looked at the care files for all three people who used the service and found that the MCA assessment concluded that they did not have capacity to make decisions. However the assessment was not specific about the decision to which it referred. This meant that it was not clear if the people who used the service had been able to consent to their care and treatment at Briar House. The assessment also did not guide staff to what action they should take to ensure any decisions taken were in each individual’s best interest. Best interest meetings had not been held.

We saw in one care file that staff had signed a consent form on behalf of a person who used the service. This is not in accordance with the MCA.

One person who used the service had an alarm on their bedroom door to alert night staff if they got up. This meant that the person who used the service was under constant staff supervision. This person’s care records also documented that they were not allowed to leave the service without staff support. The MCA DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. The manager told us that DoLS applications had not been made for any of the people who used the service.

The DoLS policy did not include up to date guidance for when a DoLS application was required following the court judgement affecting people living in a residential setting.

We saw records of staff having attended MCA training. This was confirmed when we spoke with care staff. One staff member told us, “If I have a concern about anyone’s capacity I would contact the GP or psychiatrist.” However, our findings showed that the staff had not fully understood the requirements of the MCA.

The lack of appropriate arrangements to ensure that people who used the service had consented to their care was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements to ensure staff received the necessary support and that they had the skills and knowledge necessary for their role.

We looked at the staff file for the person most recently recruited to work in the service. We saw an induction checklist and an assessment to show competence in administering medicines had been completed. We saw certificates of attendance for training, including safeguarding, infection control, dignity in care and emergency first aid. We looked at one further staff file. Both files we looked at showed that the staff had achieved a nationally recognised qualification – one at level 2 and one at level 3. We were told by the manager that all staff were offered the opportunity to complete the level 2 course. This meant that staff were provided with the skills and knowledge to help them to deliver safe care.

We saw staff supervisions were held every three months. The staff we spoke with confirmed that they had supervision three or four times a year. We noted that the supervision notes were brief and did not include details of the discussions held. Although an annual appraisal meeting was held, this did not detail the training needed or planned for the forthcoming year.

One staff member told us that, “The manager is always checking that we are up to date” with training. We were also told that, “We did a mental health awareness course over three months, which was really good.” The manager told us that they used local authority training courses as well as linking with other local providers for training.

We looked at the systems in place for ensuring that the people who used the services’ nutritional needs were met.

## Is the service effective?

People who used the service were involved in writing the shopping list and planning the menu each week. Staff told us, “We talk to people at weekends and write a menu.” Individual’s preferences were catered for with an alternative choice being offered where a person did not like part of a meal. One person who used the service had diabetes. Staff had information about the recommended diet and talked about this with them.

People who used the service told us that they enjoyed the food; one person said, “The food is lovely – I like bacon and eggs.” Another person told us, “I can get fruit or biscuits when I want.” We observed lunchtime at the service and found it to be relaxed and unhurried. Staff offered choices to people who used the service. We found that people’s weight was being monitored monthly.

Records we looked at showed that people’s health needs were clearly documented. Records of visits to health professionals were maintained. Referrals had been made for regular health screening appointments. This should help ensure that people receive the health care that they need.

Staff told us, “I can tell if people are unwell. I phone the GP if I am worried about anyone.” One person told us, “Staff go with me if I need to see the doctor.”

Our observations during the inspection showed that the home was spacious, well decorated and well maintained. The manager was aware that adaptations may be required in future as the people who used the service become older and frailer.

# Is the service caring?

## Our findings

All the people we spoke with were positive about the staff. One person said, “I like all the staff” and another said, “Staff are always kind; they know me well.”

During the inspection we observed warm interactions between staff and people who used the service. Staff offered people choices and listened to the people who used the service.

One staff member told us, “I know the people well; I can tell if they are unwell.” We saw evidence that staff had attended a dignity in care training course.

The manager told us that, “We try to let people be as independent as possible.” This meant that people who used the service completed the tasks that they were able to such as getting dressed and washed. One person told us, “I can have a shower whenever I want; staff just have to turn it on for me.”

Care records we saw included an individual ‘All About Me’ document. This was a personalised document completed

with the person who used the service. It detailed their likes and dislikes, information about their routines and how they wanted staff to support them. We were told that the staff team was very stable, with the last person being recruited in April 2014. This should help ensure staff were able to form meaningful and caring relationships with the people who used the service.

We observed that care records were stored securely. This should help ensure that people’s confidentiality was maintained.

The manager told us that there were currently no end of life care plans in place and that staff had not received any training in end of life care. However, we noted that none of the people who used the service were considered to be approaching the end of their life. The manager acknowledged that end of life plans needed to be discussed with people who used the service as they became older and, where appropriate, with their families. The completion of these plans should help ensure that people received the care and support they wanted at the end of their life.

# Is the service responsive?

## Our findings

The care plans we checked were personalised and addressed all areas of need, including personal care, medication and nutrition. We saw evidence that they were reviewed monthly and updated when a person's needs had changed. We noted that people had been involved in the writing of the care plans and where possible signed the care plan to show their agreement with it.

One person told us, "I get all the help I need." Another person said, "There's nothing I would change about being here."

A communication book was in place to inform staff of any changes in people's support needs. Staff also completed a handover at the start / end of each shift. This should help ensure that staff were kept up to date with the needs of the people who used the service.

One person who used the service attended a day centre twice a week. Other activities were arranged by staff and centred on going to the local market or out for lunch or tea. One person engaged in day to day tasks around the home such as drying the dishes after meals and told us, "I sometimes bake scones."

The manager told us that the needs of the people who used the service had been re-assessed in November 2015 by a Rochdale Metropolitan Borough Council social worker. This was because their needs had increased. The manager said that if the funding were to be increased they would be able to support more activities with people.

The manager told us that they had a complaints policy in place, but they had not received any recent complaints. People who used the service told us, "[The registered manager] is in charge. They would listen to me if I had any complaints."

The manager sent all families a survey in September 2015. Replies were received from members of one family, all being positive. One comment was, "I received a warm welcome and staff were friendly and sincere with all family members."

The last resident questionnaire to be completed was in October 2014; all feedback was positive. The manager said that they were due to send out the annual questionnaire again in December 2015.

The manager told us that staff would raise any issues with the registered manager or with them. One staff member confirmed, "I will contact [registered manager] or [the manager] if I need anything; they are very approachable."

# Is the service well-led?

## Our findings

The service had a registered manager in place. The registered manager compiles the staff rota, conducts the staff supervisions and staff meetings. There was also a manager in day to day charge, they visited the home twice a week and were available by telephone at other times. The manager in day to charge managed the staff training requirements; completed the quality assurance audits and completed the medicines administration practical competency assessments for staff. A senior carer was on the home's rota to work five shifts a week.

We spoke with the registered manager for twenty minutes at the beginning of the inspection as they were unwell on the day of the inspection. The manager in day to day charge of Briar house was present throughout the inspection. We asked the manager responsible for the day to day running of the service about what they considered to be the key achievements of the service. They told us that this was maintaining a happy home, keeping the people who used the service stable and not having any admissions to hospital due to a deterioration in people's mental health.

Staff told us that they enjoyed working at Briar house and that the managers were approachable. The staff said that they were confident that if they had a concern the managers of the service would listen to them and act on

their concern. One staff member told us, "I love working here. I've been here a long time and couldn't imagine being anywhere else." We were also told, "If there is a problem that I can't deal with, the managers will always deal with it."

We saw brief handwritten notes stating the topics that had been raised by the registered manager at the staff meetings that had been held every four months. However, there were no formal minutes detailing the discussions that took place. One staff member told us that the staff team were asked if they were happy at the staff meeting held in November. The staff team had said that they were.

We noted that the CQC had not received any notifications from the home in the last 12 months. The manager told us that they knew the notification process and discussed the events that would need to be notified to the CQC. We saw in the records that one person who used the service had had a fall in the previous month and was admitted to the local hospital. The manager informed us that they had not notified the CQC as, after professional medical attention and observation, the person had sustained bruising and not a fracture as they had initially suspected.

From the records that we reviewed we saw that there were audits in place relating to medication, the environment and the kitchen. These audits had been completed monthly and actions identified and completed. This showed that the manager had monitored the service and should help ensure that people had received their medicines as prescribed and the environment of the service was maintained.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider did not have effective arrangements in place to ensure that people who used the service, or those acting lawfully on their behalf, had given consent before any care or treatment was provided.

The provider did not have effective arrangements in place to obtain authorisations where a person is deprived of their liberty.