Derbyshire County Council

Briar Close House Care Home

Inspection report

Briar Close
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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 8 March 2016 and was unannounced.

There is a requirement for Briar Close House Care Home to have a registered manager and a registered manager was not in place in place at the time of this 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.

The service is registered to provide residential care for up to 40 older people. At the time of our inspection 36 people were using the service.

The service could not demonstrate that the numbers of staff deployed were specifically planned in relation to people's needs. In addition the service could not produce recruitment records to assure us that all staff had been recruited using pre-employment checks designed to ensure staff working with people using the service were suitable to do so.

Practices to prevent and control infection had not always been implemented, however the manager provided assurances that these issues would be addressed.

Incidents were recorded and actions had been taken to reduce risks to people. However consideration had not always been given to whether a referral to the local safeguarding authority needed to be made. Risks to people's health were identified and care plans were in place to ensure that these were reduced. We found medicines were being managed and administered safely to protect people from the risks associated with the management of medicines.

People were asked for their consent to their care and support. For people who lacked capacity to consent to their care and support the provider had followed the principles of the Mental Capacity Act (MCA) 2005. The provider had also applied for assessment and approval of any restraint on a person's freedom in line with the Deprivation of Liberty Safeguards (DoLS). Staff knowledge on the MCA and DoLS was variable and staff had not received up to date training, however staff training in other areas relevant to people's care needs was up to date.

Staff received supervision and demonstrated knowledge of people's needs. People were supported to access other health care services as required. In addition, people were supported to enjoy mealtimes and received sufficient food and drink that met their nutritional needs.

People were supported by staff who were kind and caring. People enjoyed the conversations that staff shared with them and people shared fun and laughter with the staff that supported them. People's choices and decisions were respected by staff. Staff were mindful of respecting people's dignity and supporting their

privacy.

People did not always receive responsive and personalised care. People, and where appropriate families, were involved in planning people's care and support. People could share their views in a variety of ways, including meetings with staff. People were able to maintain relationships with those who were important to them. People received support to engage in interests and activities, although some people had aspirations for more activities to take place.

Some records regarding the employment of staff were kept at a different location and could not be retrieved. Other records and audits were available to check on the quality and safety of services provided to people using the service.

The manager was viewed as being supportive. The manager had involved people and staff in the development of the service and they were supported in their leadership by a motivated and supportive staff team.

People had been asked for their views and the manager told us new surveys to gather people's views had been planned. We saw information had been made available advising people and their families how to make a complaint or offer feedback. People knew how to raise concerns or make suggestions.
We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff deployment did not always take into consideration people's individual needs. Measures to prevent and control infection required improvement and not all potential safeguarding incidents had been considered for a safeguarding referral.

Risks to people were identified and well managed, including the administration and management of medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The principles of the Mental Capacity Act (MCA) were followed where people lacked the capacity to make decisions, however care staffs' knowledge on the MCA varied and their training was not current.

Staff training in other areas was up to date and enabled them to care for people effectively. People received support from external health professionals when required. People enjoyed their meals and received sufficient nutrition.

Is the service caring?

Good

The service was caring.

People were supported by kind staff who shared fun and laughter with people. Staff respected people's privacy and promoted their dignity. People's views and opinions were respected and people were involved in planning their own care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Not everyone received personalised and responsive care. People's preferences were understood by staff and people

maintained relationships with those that were important to them. People had opportunities to take part in activities and trips out, although the activities on offer did not satisfy all people.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Some records were stored at a different location and were unable to be located. Other records were available and included checks on the quality and safety of services. The manager showed an open and approachable management style and people understood how to complain should they have need to.

Briar Close House Care Home

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 was unannounced and took place on 8 March 2016. The inspection was completed by one inspector.

We reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about.

We spoke with eight people who used the service. Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the relatives of three people who used the service and one healthcare professional involved with the care of people using the service. We spoke with eight members of staff, including domestic staff and the manager. We looked at three people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt confident they would receive help from staff if they needed it. One person told us, "If I want help, it's there, I've got my buzzer. It's the same for nights, the night staff come in at 2.30am but if I need them they come to my buzzer, I'm not waiting." We saw call bells were available in people's rooms and in communal areas so that people were able to request assistance if they needed it.

Families we spoke with told us they felt their relative's needs were met by the amount of staff at the service. However, one family member told us they were concerned that on some visits to the service staff were not always visible in the main lounge areas. Some staff raised concerns with us that they could not always be present in communal areas when they were assisting people with personal care. During our inspection we found staff were not always present in the communal lounge areas. We observed one lounge area for ten minutes when no staff were present and not all people in the lounge would have been able to use the call bell to request assistance if they needed it. In addition, one person living with dementia showed signs of disorientation and would have benefited from a member of staff present to orientate and reassure them.

One person we spoke with told us they felt the staffing levels had not increased even though the needs of people using the service had increased. Staff we spoke with told us there had, at times, been a shortage of staff available to work at the service. Staff told us they had felt, at times, under pressure to cover shifts. They also told us they had experienced a reduction in the time made available for staff to support people with any activities in the service. We spoke with the manager about staffing levels and deployment. They told us how many staff hours were allocated to operate the service and that additional staff could be arranged to meet changes in people's needs, for example, attendance at hospital appointments or when they needed more care. However, this did not demonstrate how people's day to day needs and any risks were met by the by the deployment of staff. The manager confirmed they would look at staff deployment in the communal areas with regards to people's needs and risks.

People we spoke with told us they felt they were cared for safely at Briar Close House Care Home. One person told us, "I feel safe enough." Another person told us, "If there's anything worrying me I only have to go and talk to [staff]." Families we spoke with also shared this view. The provider had a policy for the safe recruitment of staff and the manager informed us this was followed. We also saw checklists in place for the stages of the recruitment process, and although not complete, these did show recruitment was being planned in line with the provider's policy. However, we could not be assured that care workers had been recruited safely. This was because the recruitment records we requested to see were stored at another location and could not be located during the time of our inspection. This meant we could not be assured these staff had their identity confirmed, their previous work experience verified or had a current Disclosure and Barring Service (DBS) certificate checked.

We observed not all staff followed guidelines for the prevention and control of infections. For example, care workers told us they disposed of gloves used for personal care in open topped general bins instead of in the clinical waste bins in the sluice areas. We observed gloves in open topped bins in communal areas and on the floor around the open topped bin in the laundry room. Another care worker told us they would carry any

used gloves in their uniform pocket until they went past a bin. These practices introduce the risks of spreading infection and did not safely protect people from the risks of infection. Following our inspection visit the manager sent through evidence to show they planned to discuss issues with staff in infection prevention and control to address our concerns

We looked at all four sluice rooms and found these were kept safely locked. However, we found the lids on the clinical waste bins had broken off and although the clinical waste was bagged inside, the missing lids meant a barrier to prevent offensive smells and reduce the risks of spreading infection was missing. We also found the cleaning trolleys and other items were kept in the sluice rooms. The general clutter made it difficult for staff disposing of clinical waste to reach the hand washing facilities. We were also concerned that cleaning equipment stored in these rooms could become contaminated and introduce the risk of spreading infection around the building. The manager confirmed actions would be taken immediately after our inspection visit to address these issues and confirmed actions were planned to address our concerns.

All staff we spoke with told us they would report any concerns or worries about people to their manager and staff received training in safeguarding and how to respond to concerns. However we were aware of two incidents where no contact had been made with the safeguarding team. This meant there was a risk that potential safeguarding incidents would not be reported appropriately and investigated. The manager confirmed that after our inspection they had advised all staff that such incidents should record any safeguarding considerations and decisions.

People told us staff helped them manage any risks. One person told us, "[Staff] make sure I get into bed alright." Care plans and risk assessments were in place to help reduce any risks to people. For example, we found assessments and regular checks completed for people at risk of skin damage. We also found that where any falls risks had been identified, people had equipment provided to help reduce any risks to their safety. Risks to people's health were identified and steps had been taken to mitigate risks.

People had personal emergency evacuation plans in place for staff to follow to help keep people safe should there be a need to evacuate the building. Staff told us they were confident to report any accidents or incidents and records confirmed this. We saw these were reviewed by the manager in order to identify, where possible any further steps that should be taken to mitigate risks to people. For example, risk assessments had been reviewed. Actions were taken to mitigate risks to help keep people safe and plans were in place to help manage an emergency situation should one arise.

One person told us they managed their own medicines and other people we spoke with were satisfied with how staff managed their medicines. One person said, "I get my medicines on time." One family member told us they thought their relative's medicines had helped to stabilise their health condition. We also observed people being supported to take their medicines as part of our inspection. People were asked if they needed any pain relief and received any medicines that had been prescribed for them. We saw the medicines administration record (MAR) charts were completed by staff after each person had taken their medicines. Any medicines that were spoilt were disposed of in line with guidance. For example, we saw one tablet was accidentally dropped on the floor. This was put in a separate container for collection by the pharmacist. Some people received medicines subject to additional checks and we saw these were in place in line with guidance. Medicines were administered and managed safely.

Requires Improvement

Is the service effective?

Our findings

One person told us staff always asked what support they needed before assisting them, they said, "Staff know us [and that staff member is] lovely." People were asked for their views and provided consent for their care. Families we spoke with told us they were regularly invited, along with their relative to contribute and agree to how any care and support should be provided. We also observed staff asking people whether they required any help throughout the day. People were asked for their consent and given choices over their care.

Where people did not have capacity to make a decision the provider made sure that any decisions relating to their care, followed the principles of the Mental Capacity Act 2005 (MCA). 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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made 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 the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found they were. We also saw mental capacity assessments and best interest decisions had been made for specific decisions, such as receiving personal care. People's family members were consulted when required to help determine care in people's best interests. We also saw people were free to move around the service. This showed people's freedom was not unlawfully restricted.

However, staff knowledge on the MCA and DoLS varied and not all staff knew which people had a DoLS approved. We also found the training material used as an introduction to the MCA was out of date. Although the manager had followed the principles of the MCA and applied for DoLS when required, it is important that all staff have up to date knowledge and understand how any DoLS affect people in their care. The manager confirmed they were organising for staff to attend new, formal training on the MCA.

We found staff skills and knowledge in other areas relevant to people's care had been kept up to date. One staff member told us, "They [the management] are good with training here, it's all kept up to date." Staff we spoke to told us how recent training was relevant and useful to their work. Records confirmed staff had received up to date training in areas such as dementia care, moving and handling and fire safety. Staff had relevant skills and knowledge to support people's needs effectively.

Staff told us they felt well supported by their colleagues and the manager. One staff member said, "[The manager] is very supportive with any work or personal issues, they are always at the end of a phone." Staff told us supervision was available when they needed it rather than having supervision at set times. Records showed supervision meetings with staff reviewed their training and support needs and provided staff with

opportunities to discuss their role. We also saw staff had supervision and feedback on their practical skills, such as ensuring the safe use of equipment. This showed staff were being supported to develop their skills and knowledge to provide care and support to people using the service.

We observed people enjoyed their lunchtime meal. One person told us, "The food's good." Another person told us, "There are plenty of choices with food and drink." We saw one person required a different diet and they told us they received alternative meal choices. They said, "There is always a choice [of puddings for diabetics] and diabetic marmalade or jam is available." We heard people being offered different choices for lunch. One person told us, "Sometimes I ask if I can have soup and they always provide it." Records showed risk assessments were in place to help identify people at risk of malnutrition and whether people were required to have any fortified foods to help them maintain a healthy weight. People were prompted with drinks throughout the day. People were supported to receive sufficient food and drink of their choosing.

We saw an external health professional had visited some people on the day of our inspection. Records also showed health care professionals were involved in people's care where appropriate, for example, opticians, GP's and District Nurses. This showed that people received appropriate care and support for their health and care needs.

Good

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring. One person told us, "[Staff] look after me here; they're kind." Another person told us, "Most of the staff are very nice, not everyone's perfect, but, all in all, they're very good." Families we spoke with told us they felt staff were caring and they were made to feel welcome when they visited their relatives. We saw families were warmly greeted by members of staff and could help themselves to refreshments when they visited.

We saw people enjoyed their relationships with staff and they had fun together. One person told us, "[Staff] make us laugh, if we are down they talk to us." Throughout the day we saw people enjoying laughter and sharing jokes with members of staff. We heard staff joining in with people singing songs and asking them how they were feeling. People had developed positive relationships with staff who they enjoyed spending time with.

People, and where appropriate their families, were asked their views about the care and treatment provided. For example, families told us they had been invited to meetings to review the care and support provided. We observed people had their choices supported. For some people with dementia, this included their choices to have important items with them and we saw this helped people feel content and secure. Staff told us they promoted people's choices, for example, by supporting them to choose which clothes they wanted to wear. Staff also told us they supported people's independence by providing encouragement for them to do the things they were able to do themselves. People's choices were respected and their independence promoted.

People we spoke with all told us they felt respected by staff. One family member also told us, "[Staff member] always dress [my relative] nicely." Information promoting people's dignity was on display in the service. Staff we spoke with understood how to respect people's dignity, for example, staff told us they would always knock before entering a person's bedroom. We observed staff offering people clothing protection at meal times so their clothes stayed fresh. The service had also been awarded a 'silver award' as part of the local authority's 'Dignity Campaign'. Staff also prompted people discretely if their face needed wiping after dinner. People received support from staff who supported the principles of dignity and respect in their day to day work.

Requires Improvement

Is the service responsive?

Our findings

We found one person had not been supported to have a bath when they wanted one. This meant they had not had a bath for over one week. They told us, "I didn't get a bath last week," and, "I love having a bath." We discussed this with the manager who confirmed it was because a member of staff was not available to support the person on this day. Although, the manager took immediate action to allocate a care worker to this person so they could receive the support they needed, this had only been taken after we had bought this to the manager's attention.

One person told us they enjoyed Church services and we saw people from the local church visited regularly. People also told us they enjoyed having their hair done by the visiting hairdresser. We saw people who were able to go on trips out enjoyed these and they happened on a monthly basis. We also saw the manager had arranged for an arts project to work with people using arts. However, some people told us they missed certain events, such as quizzes and other social gatherings that were now not as frequent as they had been previously. Staff we spoke with told us they were aware that people missed these events and there had been a reduction in support for people's pastimes due to changes in staff. People could enjoy some activities, however some people missed the type and frequency of some activities that had been previously supported.

People's care plans reflected the care people needed and we could see where people's needs had been reviewed and updated. For example, we could see when staff had reported changes in people's mood and we could see how this had been monitored with the involvement of other relevant professionals. We also saw people received care and support that was personalised. We observed staff provided drinks in different cups and used different chairs and aids to meet people's different needs. Families told us care workers would promptly assist their relatives if they required any support with their personal care needs. This helped to ensure people received care responsive to their individual and changing needs.

Families we spoke with told us they were involved in reviewing their relatives care plan with them and their views were listened to. One family member we spoke to told us, "They do keep us informed." Another family member said, "[Staff] soon put us in the picture." In addition, families told us they would speak with staff on their visits and staff would always provide an update on their relative. Records showed where people had given their consent to their care plans. Care plans also included people's views and preferences. People, and where appropriate their families, had contributed to the planning of their care and support.

In addition, people were asked for their preferences on how they would like their care and support provided. Meetings were held with people using the service. Meeting minutes showed people had recently shared their views on meals and what pastimes they were interested in. People's preferences were discussed and listened to.

One person we spoke with told us they were happy because they could spend time with their friend. They told us, "We choose to sit together." Families we spoke with told us they could visit when they liked and they were made welcome. We saw families used the communal kitchen facilities when they visited for

refreshments and these facilities helped visitors feel welcomed. People were supported to maintain their relationships.

People we spoke with told us they would feel confident to make a complaint should they need to. One relative told us, "I have nothing to grumble at but I would talk to any of the senior staff if I had any worries." We saw details of how to make a complaint were displayed in the service. Families we spoke to told us they would know who to speak with should they ever need to make a complaint. We also saw families had sent thank you letters and cards to the staff for the care and support they had given to their relatives. Procedures were in place for people to raise any concerns and share their views.

We saw people and their families had been asked for their views on the quality of services they received. We read some of the questionnaire type surveys used for this, which people had completed. The results reviewed from this were mostly positive, however we could not see how the results had been used to plan actions in response to areas that could be improved. In addition, the quality assurance survey was over a year old. We discussed this with the manager who told us a new approach to obtaining people's views was being planned for the coming year where people were asked more details about a theme which could be more easily linked to improvements. This meant the manager had plans to learn from people's comments and suggestions.

Requires Improvement

Is the service well-led?

Our findings

During our inspection, we reviewed records relating to the care people received and how the home was managed. We could see records had generally been well maintained, however some records we requested were stored at another location. These records had still not been located a month after our inspection. The provider had failed to maintain securely records relating to persons employed at the service. They could therefore not assure themselves that they had protected people that used the service appropriately and carried out all relevant pre-employment checks before people started work. They were also not able to evidence that staff employed by the service were suitable to carry out their work.

This constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Briar Close House is required to have a registered manager, however there was no registered manager at the time of our inspection. The manager told us the service was looking to establish a registered manager in position in the near future. The current management team had not always fulfilled their responsibilities to the Care Quality Commission. This was because they had not always sent written notifications when required to tell us about any important changes, events or incidents at the service. We discussed these occasions with the current manager who confirmed any future notifications would be submitted. In addition, the manager sent through notifications for the previous incidents we were aware of.

The current manager had support from other relief managers and an established staff team. Staff working at the service were motivated and were clear on their own, as well as other people's roles and responsibilities. One staff member told us, "I love my job." Another staff member told us, "This is a really happy home." The service was being developed and led by committed and motivated staff.

People using the service knew the manager and senior staff and told us they were able to talk to them about any issue. One person told us, "They've always been excellent." Another person told us, "It's a nice little place this is." Staff we spoke with confirmed this and one staff member said, "The manager is very good and supportive, they are brilliant, absolutely wonderful and very professional."

Families' comments on the service included, "The best thing we did," "Brilliant," and, "It's very good here." The meetings held with people using the service and staff showed the manager kept people informed, and included in any developments at the service. The manager also aimed to involve people directly in any developments at the service. Records showed people were included on interview panels to recruit any potential new staff working at the service. We also saw staff had taken the lead in completing an audit and action plan to develop the environment in line with best practice on dementia care. People experienced the service being managed in an open and approachable way.

Systems to check on the quality and safety of services were in place. For example we saw audits on medicines, fire alarm checks, health and safety and general audits of the environment. The manager made sure improvements were identified and planned for. Systems were in place to check on the quality and

safety of care provided and identify improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating to persons employed in the carrying on of the regulated activity had not been maintained securely. Regulation 17 (2) (d) (i)