Mental Health Concern

Briarwood

Inspection report

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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 unannounced inspection took place on 10 November 2016. We last inspected the service in August 2015 when it was rated overall as 'good'.

Briarwood is set in its own grounds within a residential area of Blaydon. It compromises of two separate units that provide nursing care to people with mental health issues. 'Meadows' is a 12 bedded unit that cares for people who live with dementia and may exhibit behaviour that challenges. 'Mill View', is an all-female unit and provides support for 12 people to enable them to live independently within the local community.

The service had a registered manager. 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.

Care plans were subject to regular review to ensure they met people's changing needs. They were easy to read, based on assessment and reflected the needs of people. Risk assessments were carried out and plans were put in place to reduce risks to people' safety and welfare

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff were aware of how to identify and report abuse. There were also policies in place that outlined what to do if staff had concerns about the practice of a colleague.

Staff were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff. The service was not using a dependency tool to help them set staffing levels, we made a recommendation about this.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with the prescription. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

Staff had developed good relationships with people and communicated in a warm and friendly manner. They demonstrated good communication skills in relation to supporting people who lived with mental health difficulties. They were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area.

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns

they had. The registered manager understood the importance of acknowledging and improving areas of poor practice identified in complaints.

The home was well led by a registered manager who had clear ideas about the purpose of the service. A quality assurance system was in place that was utilised to improve the service.

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.

We made a recommendation about the use of a dependency tool to help set staffing levels.

Appropriate checks were carried out during the recruitment of staff.

Staff knew how to identify and report potential abuse.

Medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to provide the care people required.

The service worked in conjunction with other health and social care providers to try to ensure good outcomes for people who used the service.

People received adequate support with nutrition and hydration.

Is the service caring?

Good

The service was caring.

People told us they felt they were well cared for.

Staff treated people in a dignified manner.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Good

The service was responsive to people's needs.

People made choices about their lives and were included in decisions about their care. They were included in planning the care they received.

Support plans were written in a clear and concise way so that they could be easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Is the service well-led?

Good

The service was well-led.

The service had a robust quality assurance system in place.

The registered manager was clear about what the service provided and why.

People were asked for their views about the service and knew how to contact a member of the management team if they needed.

Briarwood

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 10 November 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. In addition we spoke with representatives from adult social care and the clinical commissioning group (CCG). We planned the inspection using this information.

We spoke with four of the people who used the service and one relative. We also spoke with eight members of staff including the registered manager, clinical leads for both units, nursing staff and care staff.

We read four written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction and examined the training record and quality monitoring documents.

Good

Is the service safe?

Our findings

We spoke with people who used the service and asked if there were sufficient staff within the service. One person told us, "On the whole, yes"

During our inspection we noted that there were sufficient staff on duty to meet people's needs in a timely manner. Staff appeared calm and unhurried. When we spoke with staff they told us, "There isn't always enough of us."

According to the duty rota there were occasions when some shifts had less staff on duty than others. This was due to short term sickness. The registered manager explained that on these occasions staff would move between units to ensure there were sufficient staff if people required support. We asked the registered manger how staffing levels were set. She told us that she set staffing levels according to people's needs. However there was no evidence that the provider used a formal assessment tool to support the registered manager in this process.

We recommended that the provider consider the use of a dependency tool to assist them in ensuring that there are adequate staff to support people.

We looked at the recruitment records for staff. We saw that safe systems were used when new staff were recruited. The registered provider had obtained a Disclosure and Barring Service check for all staff which demonstrated they were not barred from working with vulnerable people. The registered provider had obtained evidence of their good character and conduct in previous employment by seeking references from previous employers.

There were contingency plans in place to deal with emergency situations such as fire or power cuts. For example people had personal evacuation plans which outlined how they would be kept safe in a fire. The registered manager or her deputies were always available to talk to out of hours via telephone and would attend the home if necessary.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw, where staff had concerns about a person's safety, both the staff and the registered manager had taken appropriate action.

We asked people who used the service if they felt safe. One person told us, "Yes it is safe here, the staff look after you."

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how

to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example some people were identified as being at risk of hazards such as traffic whilst out in the community. Plans were in place to ensure people were able to cross roads safely.

Medicines were stored appropriately and administered by registered nurses. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. There were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures. We noted that the service was clean and odour free.

Good

Is the service effective?

Our findings

We spoke with people who used the service and their relatives. We asked them if they felt staff were able to provide appropriate support. One person commented, "They definitely know how to look after me." A relative told us, "There is a trained nurse on every shift, my wife is unwell, both physically and mentally and she has complex problems. The beauty of this place is they look after all aspects of her care."

All of the staff we spoke with told us that they had received induction training before working in the home. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care. For example the care of people with chronic obstructive pulmonary disease.

The registered manager had good systems in place to record the training that care staff had completed and to identify when training needed to be repeated. In addition to the training that the provider deemed mandatory, additional training was available, for example vocational qualifications. Staff we spoke with confirmed they had completed training courses; this was reflected in their personnel files. One member of staff told us, "Training has got much better." Another said, "We would like basic life support training, there is always someone on shift who can do it but we would all like it." We spoke with the registered manager about this and they explained that this training was available on request and they would ensure staff were aware of this.

The registered manager was carrying out supervision and appraisal sessions regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly. When we spoke with staff they told us the registered manager made them feel, "Very much supported."

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. We checked whether the service was working within the principles of the MCA.

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. We found that DoLS applications had been made to the local DoLS Authority and were being correctly implemented and monitored.

The service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's files including who had been involved and how the decisions had been made in the person's best interests. Staff were aware that some family members had lasting powers of attorney and ensured that these were acted upon in relation to making decisions about people's care or to update family members about a person's welfare. Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both.

People we spoke with told us that they were always asked for their consent before staff supported them to do something. Staff told us that they would not provide any support without first asking for permission. One person confirmed this and told us, "Oh yes, they always ask permission." Care plans in the home contained references to consent throughout.

People we spoke with about the nutrition and hydration support in the home told us that they enjoyed the food provided, "The food is good here."

Each person in the home had a nutritional needs assessment. In addition to the service's assessment, professional advice from dieticians and speech and language therapists had also been obtained. The kitchen staff were aware that some people required specialist diets and others required fortified food. People's weight was monitored on a regular basis and food and fluid intake was accurately documented. This helped staff to ensure that they were not at risk of malnutrition.

Individuals' care records included guidance for staff about in what circumstances they should contact relevant health care services if an individual was unwell. We found evidence to show people who used the service could be confident they would be supported to access appropriate health care services, for example a visit from a GP.

The registered manager had risk assessed the environment. This risk assessment included information about areas of the home, any risks present and the mitigation for the risk. The registered manager used this assessment to help inform her as to what areas of the home required refurbishment and why. She had identified the home was in need of significant refurbishment throughout. Our observations confirmed that some areas of the home required attention. to ensure they were compliant with the regulations relating to cleanliness and hygiene. The registered provider already had plans in place to develop the building to improve people's living environment. They provided assurances that building work would commence in 2017. We will continue to monitor this.

Good

Is the service caring?

Our findings

We spoke with people who used the service and they told us that staff were caring and treated them well. One person commented, "The staff are lovely, they are all very nice." Another added, "They are respectful, none of them are horrible or nasty." A relative told us, "My wife likes the staff, they have helped her to feel calmer, they are very kind I am content with her being here."

Throughout our inspection we observed staff speaking with people in a kind and caring manner. Some staff demonstrated good distraction techniques when interacting with people who lived with dementia, others encouraged positive lifestyle choices when working with people.

We looked at people's written records of care and saw that care plans were devised with the person who used the service or their relatives. This meant where possible, people were actively involved in making decisions about their care treatment and support.

The service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against. We observed staff knocking on people's doors before entering and ensuring that people had a dignified meal experience.

During the inspection we saw staff worked hard to ensure people were aware of protecting their own privacy and dignity and were devising person centred strategies to support people in this.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager described what they would do to ensure that individual wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives and friends. We found evidence within people's care files to show advocacy involvement.

When we spoke with staff it was clear they knew people well. They were able to tell us about people's preferences and what kind of support they required. There was information within people's care files that gave staff information about people's life histories. This provided the staff with information to help build relationships with the people they supported.

The service had policies, procedures and training in place to support people who required end of life care. The registered manager told us staff had undertaken specific training for this. Staff were able to talk with us about how this would be delivered and the things that were important during this time in somebody's life. This included offering support to people's families as well as to the person themselves. The service worked alongside other providers to ensure that this care was carried out correctly.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and

support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

Care plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence. For example some people's care plans identified they required support to structure their day with meaningful routine and activity. On the day of our inspection we found that care plans were being correctly implemented.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and they told us they knew who to speak with if they had a comment or complaint about the service. One person said, "I would speak to whoever is in charge!"

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager showed us a response to a recent complaint. It included an apology and an action plan outlining what would be done to prevent further recurrence of the incident raised in the complaint. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

When people were referred to the service an assessment of needs was carried out. This included assessing their mental wellbeing, their dietary needs and their mobility. The information was then used to write a care plan. This was then further developed and reviewed on a regular basis and as people's needs changed. Written records outlined the support that people required in all aspects of their life.

The service was formulating clear and concise care plans that were easy to understand. Reviews of care plans were carried out regularly and involved the person receiving support or their relatives and health and social care professionals. The care plans gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

We saw evidence that confirmed that where possible people had been consulted with about their care plans. People had been able to express their wishes and preferences as part of the process and this was in line with what staff delivered.

There was evidence within the care plans that showed people had exercised their choice. For example some people's care plans recorded their preferred choice for how they wished to spend their time. Other people were encouraged to make choices as part of maintaining their independence.

The service had recently adopted a new approach to activities. They had sourced activity training for all staff and were keen to develop activities in the home both on a one to one basis and in groups. In the meantime staff were engaging with people on a daily basis. We saw that one person was going out for the day and a carol concert was being arranged with a local school.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers and the commissioners of the service to ensure that there were clear lines of communication and responsibility in place.

Good

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the home. People told us they were satisfied with this aspect of the service. The registered manager addressed all the people we spoke with by name and demonstrated knowledge of each person we spoke with them about. The staff told us they felt supported by the registered manager.

We spoke with a nurse and asked how they provided leadership within the home. They were aware of their professional accountability and ensured that all staff were aware of their responsibilities.

People were asked for their views about the support they received. They registered provider had sent out quality monitoring questionnaires so people and their relatives could share their experiences with them. We looked at the returned questionnaires and saw many positive responses. The registered manager used the information to help improve the service. For example it was relatives who had raised that they wanted a wider variety of activities made available to people.

We spoke with the registered manager and asked her about her vision for the two units. She told us, "We care for people who, because of their dementia, behave in ways that can be challenging or hard to understand. Our main focus is on getting to know the person as well as we can, so that we can meet their needs in ways that improve wellbeing." She then added, "On our other unit our main purpose is to help people with complex enduring mental health problems to live well and independently in the community. We work with people to understand and manage their mental health condition, as well as to develop and practise the skills which are important to live independently. We focus on 'recovery' wellbeing as well as good physical health."

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. She was keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

All audits and checks were shared with the registered provider who visited the home regularly to monitor quality. As a result of a recent visit resources had been allocated to refurbish two bathrooms in the home.

During the inspection the registered manager and her team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings held with members of staff so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed staff coming to speak with the registered manager throughout our inspection. Staff told us that they felt they were listened to and could influence the delivery if the service in order to improve people's experience of care and support.