

J&S Healthcare Limited

# Brierfield Residential Home

## 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

### About the service

Brierfield Residential Home is a residential care home providing personal care to up to 26 older people, in one adapted building. At the time of our inspection there were 18 people using the service, the majority were living with dementia.

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

Systems were in place to reduce the risks of people experiencing avoidable harm and abuse. Risks to people were assessed and systems were in place to reduce them. Medicines were managed safely, and people received their medicines when they needed them. There were enough staff to meet people's needs and recruitment of staff was done safely.

The service was visibly clean, and systems reduced the risks of cross infection. The environment was suitable for the people who lived there.

Staff were trained to meet the needs of the people they supported. People's needs relating to their health and diet were assessed and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support from a kind and compassionate staff team. People's rights to privacy, dignity and independence were promoted and respected.

People's needs were assessed, planned for and met. People's decisions and choices relating to their care preferences were valued and documented, including people's end of life decisions. People had access to meaningful activities to reduce the risks of boredom and isolation.

There was a complaints procedure in place and people's concerns and complaints were addressed and used to drive improvement. There were systems to monitor the service provided to people and address any identified shortfalls promptly to provide people with good quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 August 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Brierfield Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

Brierfield Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission, however they no longer worked in the service and they had not applied to cancel their registration. Registered managers are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had started working at the service in September 2019, they had not yet submitted their registration application.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the manager, assistant manager, senior care worker and activities staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including the action plans for ongoing improvement.

#### After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and understood their roles and responsibilities in identifying signs and indicators of abuse and reporting to the appropriate authorities.
- The manager told us about an example of how they had made a safeguarding referral to the organisation who is responsible for investigating abuse. They had maintained clear records identifying actions taken to reduce risks to people.
- The minutes of a recent staff meeting demonstrated staff received a safeguarding quiz to complete and their roles and responsibilities were discussed.

Assessing risk, safety monitoring and management

- People's care records included risk assessments which identified the risks to people in their daily living and how these were reduced. This included risks associated with moving and handling, pressure ulcers and nutrition.
- The manager told us there were no people living in the service who currently had a pressure ulcer. They explained the support provided to one person who was at risk of developing them.
- People's falls were documented and analysed for potential patterns, to reduce further risks. The manager was aware of actions to take in case of a potential head injury, they assured us they cascaded to staff the importance of seeking health care support should a person have hit their head when falling. Written guidance was also in place.
- The manager showed us their action plan to reduce the risks to people in the environment. This included obtaining a quote from an organisation to ensure the stairs between the first and second floor were safe. There were no people living on the second floor, we were assured this work would be completed before people were accommodated on this floor. Following our inspection, the registered manager told us wardrobes had been secured to walls to prevent risks of them falling on people.
- Regular fire safety checks were undertaken. The provider's fire risk assessment was completed in 2019 and recommendation were marked as completed. Records showed portable electrical appliances and mobility equipment had been checked to ensure they were safe and fit for purpose.

Staffing and recruitment

- The manager told us the service was fully staffed and they explained how each shift was staffed, this was confirmed in the rota.
- Staff were attentive to people's needs and any verbal or non-verbal requests for assistance were addressed promptly. Staff had time to spend meaningful time with people, which ensured they received person centred care.

- Records showed people received care and support from staff who were recruited safely, this included appropriate checks being done to ensure staff were suitable to work in the service.

#### Using medicines safely

- There were systems to ensure people received their medicines when they needed them and safely. We observed a staff member supporting people with their medicines, and this was done in a safe way.
- Medicines were stored, obtained and disposed of safely. Records reviewed demonstrated people received their medicines as prescribed.
- Audits of the medicines systems supported the management team to quickly identify any risks and address them. Staff had received training in the safe management of medicines and their competency was checked by a senior staff member.

#### Preventing and controlling infection

- There were systems to reduce the risks of cross infection, this included staff wearing appropriate personal protective equipment (PPE), including gloves and aprons, where required. Records of a staff meeting demonstrated staff were reminded of the importance of wearing PPE.
- We noted an odour in two areas of the service. This had already been identified by the manager and they were in the process of obtaining new flooring to ensure the odours were reduced.
- The service had achieved the highest rating in a local authority food hygiene inspection in March 2019.

#### Learning lessons when things go wrong

- The manager had developed systems to identify and address shortfalls. Staff were kept updated in any changes to improve the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving into the service there were needs assessments undertaken, which identified people's specific needs and if they could be met in the service.
- One person's relative told us about the assessment process, which included speaking with them and their family member. They said, "They know [family member] so well, I trust them."

Staff support: induction, training, skills and experience

- There were systems to provide staff with the training they needed to meet people's needs. Our observations during our inspection visit demonstrated the training had been effective. This included safe moving and handling and staff interacted with people in a professional manner and which demonstrated an understanding of the person and their individual needs.
- The manager had a plan in place to ensure one to one supervisions for staff were undertaken. Supervisions provide staff with a forum to discuss their practice and receive feedback.
- One person's relative told us how they felt the staff had the skills to support people in the service, "Some of the people here swear at the [staff] and never once in all the time I have come have any answered back, a few minutes later they ask if they want a cup of tea. They understand the dementia so well, it's not for everyone but they work so well and care."

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

- People had a choice of meals. Staff were attentive to people's needs including any support they needed to eat, at their own pace. One person asked for ketchup and they pointed to where they wanted it and directed staff to how much they wanted, which was done to their satisfaction. Lunchtime was a relaxed and social occasion for people.
- When people were at risk of losing weight, dieticians were contacted, and actions taken to support people to maintain a healthy weight.
- People's care records included information about the support they required with eating and there were risk assessments in place relating to choking and guidance for staff on how the risks were reduced.

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

- We spoke with two people about the service they lived in, one said, "We are very comfortable, warm and cosy, we are happy, aren't we?" The other person said, "Oh yes."
- On the day of our inspection a new maintenance staff member started work. They were addressing some areas in the service needing attention, including decorating.
- Prior to our inspection there had been some issues with the passenger lift in the service. This was now

repaired, the manager kept us updated throughout and ensured people received care and support during this time and the risks of isolation were reduced.

- The service was decorated in a way which engaged people in their surroundings, for example there was a room with all the walls painted in a seaside theme, the dining room in a bistro theme, spaces on walls were painted to resemble a window with a view and a fireplace. There was a board with fiddle items such as plugs, towels and mop heads. The garden was secured, well maintained and had paintings of garden themes.
- People's bedrooms had memory boxes near to their door, this helped people to find and recognise their personal space.

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

- Records demonstrated people had access to health care professionals were required. One person told us how they had recently seen their doctor. This was confirmed by their relative who told us they had told staff about their family member being, "Wheezy," they said the staff already knew and had got the doctor in.
- The manager told us the majority of people were registered with a local GP surgery and weekly surgeries were held in the service. This ensured people received a consistent service. During our inspection visit, we saw the manager discussing people's wellbeing with a member of staff from the surgery, identifying any concerns. The manager told us if people needed to see a health care professional out of the weekly surgeries, and for the people registered at different surgeries, they were able to contact them to ensure people received the care they required.
- The manager was aware of the importance of ensuring people received appropriate mouth care. Oral health risk assessments and care plans were in place.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager understood when DoLS referrals were needed and had completed applications, where appropriate.
- People's care plans identified their capacity to make decisions and any support they needed to assist them in this area, including those authorised to make decisions on their behalf. Best interest decisions were documented, including who had made these in the person's best interest to ensure their care needs were met.
- Staff had received training in MCA and DoLS and they demonstrated they understood the importance of gaining people's consent before providing any care, this included asking permission before supporting people such as assistance with their meals.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Some people we spoke with, due to their levels of dementia, could not tell us how they felt about living in the service. However, they were all able to tell us they were happy, and they liked the staff they could see in front of them. Staff were extremely caring in their interactions with people and they clearly knew them and about their needs well.
- One person's relative said about the staff, "They are wonderful, they love [family member] and they support me as well which is really important...they love [family member]." Another relative said, "Staff are very good and caring."
- The manager was clear the staff team worked with people with, "Love and understanding." They told us the staff knew people well and supported them in a compassionate way which met their needs, specifically relating to their levels of dementia. This was reflected in our observations during our inspection.

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

- One person's relative showed us the life story book they had completed for their family member. They said they had included things about what their family member liked, which gave staff an understanding of them. The activities staff member said they were working through these for all people.
- People's preferences about how they wanted to be cared for were included in their care records and guidance for staff about how to ensure their preferences were met.

Respecting and promoting people's privacy, dignity and independence

- We saw staff encouraged people's independence and dignity, such as when they were eating their meal. A staff member placed a fork in a person's hand and talked them through how to get the food onto the fork and what to do with it.
- Staff encouraged people's independence when supporting them with their mobility needs, people were included in the process and staff explained their actions throughout.
- Staff respected people's privacy, this included discreet discussion with people about if they needed to use the toilet and ensuring doors were closed when being supported.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service had a very calm and comforting atmosphere. We saw people were engaged with the staff and each other throughout our inspection. Staff were attentive and responsive to people's needs, this included being observant when people mobilised. One person said sometimes, "My legs do not work." Staff saw this was the case and quickly got them a walking frame to help them to mobilise.
- One person's relative said, "I know [family member] is looked after and cared for." Another relative told us, "If you mention something it is done. [Family member] is so well looked after."
- The manager was in the process of reviewing people's care records to ensure they were all up to date and reflected people's current needs and were reviewed appropriately. The care plans reviewed were very person centred and guided staff in how people's individual needs were to be met.
- Some people living in the service, due to their dementia related conditions, could demonstrate their distress reactions in behaviours that others may find challenging. The care plans identified potential triggers to people's distress and guided staff in the action to take to reduce their anxiety.
- Staff were a very visible presence in the service and spent meaningful time with people. They quickly identified any distress and took swift action to support the person and ensure others living in the service were not adversely affected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included information about how people communicated and guidance for staff how to communicate effectively.
- The manager told us documentation could be made available in different formats if needed to ensure they were accessible to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was music playing in the background during our inspection visit and we saw people chose what they wanted to listen to. Before lunch there was a scene of a city at night on the television screen, we saw one person who was engaged in this and they were telling us what they could see and what to look for.
- There were photographs of people enjoying activities in the service, this included visiting entertainers, the opportunity to meet and stroke different types of small animals and themed parties, such as for Halloween.

We looked at the photographs with one person and they happily pointed out where they were.

- During our inspection people were making hats in readiness for the national hug day the week after our inspection visit. One relative said, "Every day is a hugging day here." As well as the activities staff, care staff moved around the service ensuring all people had some quality time. Staff sat with people after tea, doing colouring and puzzles.
- People's relatives were made welcome in the service to ensure people could maintain relationships which were important to them, and they were kept updated with their family member's wellbeing. One relative said, "It's a home from home we have a laugh."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and records showed any concerns or complaints were investigated, addressed and used to drive improvement.

End of life care and support

- One person was cared for in bed and was effective care which met their needs. The manager told us they had medicines in place to reduce the risks of them being in pain.
- Staff had received training in end of life care. People's records identified where they had made decisions regarding their end of life preferences, including in they wished to be resuscitated.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The manager was very passionate about ensuring people received high quality care at all times. This was shared by the staff team, which was demonstrated in the person centred and compassionate care provided to people.
- The manager told us how the provider was caring and showed people they were valued, this included paying for the toiletries they used. In addition, the manager recognised the importance of staff having breaks, to demonstrate they were valued, the provider provided staff with meals whilst they were working, free of charge.
- One person's relative said, "I thank god every day we found here, everyone I know knows about Brierfield and how good it is." Another relative told us how they had been recommended to the service by another relative when they visited, "We feel lucky to have found the home."

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

- The manager understood their responsibilities relating to the duty of candour. The provider's duty of candour was displayed in the entrance hall to the service, which was accessible to people's families.

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

- Since our last inspection, the registered manager had left, and another registered manager had also left. There was a new manager working in the service since September 2019. They told us they were in the process of submitting their application for being a registered manager.
- The manager had a clear understanding of the requirements of managing care services, including providing good quality care to people and working within regulation and good practice guidelines.
- There was a range of monitoring systems in place designed to identify potential shortfalls and address them.

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

- People and their relatives were asked for their views of the service in quality assurance satisfaction surveys. A survey was undertaken in October 2019, which showed a high level of satisfaction with the service. However, where people had commented, an action plan had been developed as a result of people's

comments. This demonstrated people's views were valued and used to drive improvement. For example, starting to decorate, addressing missing items of clothing from the laundry and sending out the complaint procedure.

- A staff meeting held in November 2019 showed they were praised for the care and support they provided to people and the improvements being made in the service.

#### Continuous learning and improving care

- Since the manager had been working in the service they had developed an action plan to ensure improvements were made and had addressed or were addressing these. There were clear targets for improvements and the plan was regularly revisited to ensure improvements were implemented. This included ensuring control of substances hazardous to health storage and documentation was in place, reviewing and updated people's care records, recruiting permanent staff and removing the use of agency staff.
- The manager told us how they had registered to receive bulletins and updates from various organisations to ensure their knowledge was up to date and any changes in the care industry could be addressed.

#### Working in partnership with others

- The manager told us they had good working relationships with other professionals involved in people's care, such as commissioners.
- The manager was starting to develop links with the community and was considering contacting other services in the area to reduce isolation of the service and to share good practice ideas.
- The service held a Christmas party in the community for people to attend, people who used the provider's domiciliary care service were also invited.