

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

About the service

Briarwood is registered to provide accommodation for up to 29 people with residential and nursing care needs. 17 people were using the service at the time of the inspection. Some of the people were living with a dementia type illness or had mental health needs.

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

Risks were well managed. The provider learned from previous accidents and incidents to reduce future risks. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they started using the service. Staff demonstrated a person-centred approach and had created strong personal links with people. Staff treated people with dignity and respect. They helped to maintain people's independence by encouraging them to care for themselves where possible.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider had a complaints procedure and people were aware of how to make a complaint. An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Briarwood

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

One inspector carried out this inspection.

Service and service type

Briarwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 and professionals who work with the service. We also contacted Healthwatch. 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 two people who used the service and six family members about their experience of the care provided. We spoke with eight members of staff including the registered manager, two clinical leads, three nurses and two care 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 multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure. They carried out relevant security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people. Family members told us, "There are always plenty of staff" and "Whenever I ask them [staff] to do something, they do it straight away."

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood safeguarding procedures and had followed them. Statutory notifications had been submitted to CQC and staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider learned from accidents and incidents. They made changes to reduce the risk of them reoccurring.
- Risks were well managed. The service used a specific tool to monitor and manage risks associated with mental health needs.
- The service was proactive at reducing restrictive practices. An example of this was a person who often went out unaccompanied but was identified as being at risk of fluctuating capacity. The person has a risk assessment in place and carried a card with their address and contact details on in case of an emergency. A staff member told us, "We question restrictions to see whether they need to be in place."
- Support plans were in place for behaviours that challenged. These described potential risks, such as lack of understanding of social boundaries and risk of violence and aggression to others.
- Staff were appropriately trained and understood potential risks and how to mitigate them.

Preventing and controlling infection

- The home was clean and checks were carried out to ensure people lived in a safe environment.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Medicine administration records were regularly audited.
- The service worked closely with GPs and healthcare professionals to reduce the need and use of anti-psychotic medicines. We saw examples of when this had been successful.

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

- People's needs were assessed before they started using the service to ensure their individual needs could be met.

Staff support: induction, training, skills and experience

- People and family members told us they thought staff were appropriately trained and skilled. Comments included, "I've got nothing but praise, the staff are very good" and "They [staff] really are wonderful."
- Staff were supported in their role and received regular supervisions and an annual appraisal.
- New staff completed an induction to the service. Staff training was up to date and staff told us they had received sufficient training for their role.

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

- People's dietary likes and dislikes were discussed and recorded. People were able to choose what they would like to eat. A selection of drinks, fruit and snacks was available throughout the day.
- Records described the support people required with their dietary needs. Guidance from healthcare specialists, such as dietitians and speech and language therapists (SALT), was documented and followed by staff.

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

- People were supported with their healthcare needs and to attend appointments when necessary. A family member told us, "The staff are very proactive at reporting things to the doctor."
- Family members told us communication from the service was good and they were kept up to date about their relatives' health. Comments included, "If [relative] was ill, they [staff] were always forthcoming and told us about it" and "Communication is very good. They [staff] contact all the time with updates."
- The service worked with health and social care professionals such as GPs, community nursing teams, consultant psychiatrists and physiotherapists.
- Specific staff training in oral healthcare had taken place. Family members were also invited to attend the training. This resulted in a family member purchasing an electric toothbrush for their relative, which encouraged the person to brush their teeth more often.

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

- The premises incorporated environmental aspects that were dementia friendly. Signage was in place to aid people's orientation around the home. Handrails clearly stood out and corridors were light and clear from

obstruction.

- People were consulted and involved in the décor. People were asked to suggest creative and positive words to represent how they viewed the service. These were placed around a mosaic of tiles on the staircase. One person liked butterflies, so butterflies had been printed on their care records and on their bedroom wall.

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 registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.

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

- People and family members told us staff were kind and considerate. Comments included, "You would think [name] was their relative. The care is wonderful" and "They [staff] are like a family."
- Staff demonstrated a person-centred approach and had created strong personal links with people. For example, one member of staff had come into work on their day off with ice creams for people and staff. One of the clinical leads had taken a person to a coffee shop where they enjoyed tea and cake. A member of the public complimented the clinical lead on how attentive and supportive they were, whilst promoting the person's independence.
- None of the people using the service at the time of the inspection had specific religious or spiritual needs. However, a church service was held on a Sunday for people who wanted to attend.
- People were treated as individuals and staff supported them to live their lives how they wanted.

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

- Staff included people and family members in the care planning process. Family members we spoke with confirmed this. A staff member told us, "We put the service user at the heart of what we do."
- Some of the people using the service at the time of our inspection had independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A family member told us, "They [staff] ask me to leave and close the door [when carrying out personal care]." A staff member told us, "I think what I would want, or if it was one of my relatives" and "This is their home at the end of the day."
- Staff were sensitive to times when people needed caring and compassionate support. For example, the service had created a private space to maintain the privacy and dignity of one person whose health often fluctuated.
- People were supported to be independent. Care records described what people could do for themselves and what they required support with.
- People were involved in domestic chores, such as setting the tables, peeling vegetables and vacuuming. A staff member told us, "We promote as much [independence] as possible."
- One person was being supported to potentially move on to a supported living environment in the future. A staff member told us, "We are trying to get out of this institutionalised view that people who come here aren't necessarily here for life. [Name] has stated they don't want to be here for life so we are supporting

them to achieve it. We have got their advocate involved."

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 good. At this inspection this key question has remained the same. 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

- Care records were regularly reviewed, included important information about the person and were person-centred.
- The service had achieved the provider's 'Gold Standard'. This was to ensure care records were person-centred and had the person and their family members at the centre of their care.
- People's individual aims and goals were recorded. These described what the person wanted from their care and support, and what they wanted to achieve in the future. For example, one person wanted to continue to be an active person and for staff to support them to continue with domestic tasks.

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 were given information in a way they could understand and support plans described the level of support they required with their communication needs.
- Staff were aware of how people communicated and the service had invested in tools to support people with communication needs. For example, sign language, brail and picture cards.

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

- People lived full and active lives and were protected from social isolation. For example, one person did not interact well with other people when they arrived at the service. With support from staff, they now often come out of their bedroom, engage with people and enjoy going out for lunch.
- The service worked with a wellbeing company for older adults to introduce person-centred activities and events to the service. Regular workshops took place so staff could keep up to date with new initiatives and best practice.
- An unused space at the service had been converted into a bar and bistro for activities, social engagement and relaxation. A garden shed was in the secure garden, where people could participate in arts and crafts. There were plans to get some ducks for the garden and staff were developing an area for them to use, including a pond.
- People were supported to take part in activities they enjoyed. These included holidays, concerts, artwork, pampering and baking sessions. The baking sessions were very popular with people. They chose from a book what cakes they would like and helped staff to make them.

- Events took place such as 'Walking Wednesdays', 'Fruit Fridays' and karaoke nights. The service also had links with a national bakery. They provided products for people to try at social events held with family members.
- The registered manager told us, "We try to empower the staff. They come up with the ideas and we will provide what they need." They told us activities could be "as simple as holding someone's hand, brushing their hair, painting their nails". A clinical lead told us, "It's got to mean something to that person."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. This was available in an easy to read format. People and family members told us they did not have any complaints but were aware of how to make a complaint.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- The provider had an end of life policy. None of the people using the service at time of our inspection were receiving end of life care. However, when conversations with people and family members had taken place, their wishes had been recorded.
- The service used the commissioning for quality and innovation (CQUIN) framework to support improvements in the quality of the service. This had included end of life care and resulted in a change to the provider's policy, specific staff training and improved recording of people's wishes with regard to their end of life care.

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

- Staff told us they were comfortable raising any concerns and the management team were approachable. Comments included, "I can go and see [registered manager] at any time and she will make time for me. I get really good support" and "I can go to [clinical lead] or any of the staff. They are all really good. I feel like I've learned a lot."
- Family members told us communication was very good and the registered manager had an open door policy. Comments included, "[Registered manager] and [clinical lead] are really approachable. I know their door is always open" and "If we ever had any questions, the management were approachable." The registered manager told us, "We are very proud of what we provide."

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 registered manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.

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

- The registered manager and staff understood their roles and responsibilities.
- The provider monitored the quality of the service and visited regularly to make sure a high standard of care was being delivered.
- The management team carried out regular audits. These included; support plans, daily records and medicines. These were up to date.

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

- Residents' meetings took place monthly. Annual questionnaires were sent to people and family members so they could feed back on the quality of the service. These were analysed and actions put in place for any identified issues. People and family members were also able to feed back as part of the review process.
- Staff were consulted and involved in the running of the service. Staff meetings took place regularly. A 'you said, we did' response was provided to the most recent employee survey. This included agreed actions, timescales and updates. For example, a request for more opportunities for continuous professional development and training. This had resulted in the provider introducing a new learning and development

policy and the appointment of a learning and development practitioner.

- The provider had a staff recognition and awards programme. Staff nominated colleagues or teams in recognition of achievements.

Continuous learning and improving care

- Participating in meaningful activity was recognised by the provider as being highly beneficial to people with dementia. In partnership with a local NHS Trust and the Futsal Partnership Football Team, an intergenerational football project took place. This involved two people who used the service. The project also involved a sensory, reminiscence sessions, which the participants thoroughly enjoyed.
- The service identified ways of developing relationships with family members. One of the clinical leads introduced a folder with pen pictures of each member of staff. This meant family members knew who they were leaving their relatives with and helped to put their mind at ease.
- The provider had a 'Safer care framework'. This involved each member of staff being asked to identify a specific area of interest and becoming the service's lead for that area. For example, tissue viability and catheter care. The staff member attended forums and researched best practice, then fed back their learning to other staff.
- The registered manager had plans for the development of the service. This included employability and education opportunities, and the possibility of converting part of the building into a flat for more independent living. There were also plans for a beach themed area, including sand pits and deck chairs.
- The registered manager had put forward a business case to the provider for the purchase of new interactive information technology. This would be used to stimulate physical activity and promote social interaction. They told us, "If it benefits the residents, the staff will do it."

Working in partnership with others

- The service worked with other health and social care professionals, such as the local authority, clinical commissioning group, the Careline emergency contact service and the local reablement service.
- The service had links with a local university and local colleges. They offered placements for nursing and health and social care students. The registered manager told us they were attending a recruitment event at the university to promote working at the service. The service also had good links with a local school and church.