

# Adiemus Care Limited

## Briar House

### Inspection report

Losinga Road  
Kings Lynn  
Norfolk  
PE30 2DQ  
Tel: 01553 760500  
Website:

Date of inspection visit: 03 June 2015  
Date of publication: 23/10/2015

#### Ratings

### Overall rating for this service

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



#### Overall summary

We carried out an unannounced comprehensive inspection of this service on 02, 08 and 12 December 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the five breaches we found. These were with regard to meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, recording the amount that people ate and drank, how they planned care for people who used oxygen or needed their drink intake monitored, monitoring the quality of the service provided and how staff members spoke to people and treated them.

We undertook this focused inspection on 03 June 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Briar House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

People at risk of being deprived of their liberty had been identified and advice sought from the relevant local authority team.

The improvements in other areas meant that the provider was no longer in breach of the remaining four regulations.

# Summary of findings

Mental capacity assessments and best interest decisions had been completed and were available for staff for those decisions that people were not able to make for themselves.

Care plans were available to guide staff in caring for people using oxygen and whose drink intake needed to be monitored. Records to show how much people ate and drank were completed appropriately, with adequate guidance regarding how much this should be, as were checks for oxygen equipment.

Staff were polite to people, they offered people choices and people were able to make decisions regarding different aspects of their daily lives.

Quality monitoring systems were in place and identified actions that addressed issues that had been found.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Mental capacity assessments and best interest decisions were carried out for people who could not make decisions for themselves.

People at risk of being deprived of their liberty had been identified and advice sought from the relevant local authority team.

Good



### Is the service caring?

We found that action had been taken to improve the caring of the service.

People were treated with dignity and respect.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



### Is the service responsive?

We found that action had been taken to improve the responsiveness of the service.

Clear information was available for staff in caring for people who used oxygen and whose drink intake was monitored. Records associated with these were completed.

Good



### Is the service well-led?

We found that action had been taken to improve well-led in the service.

Assessing and monitoring systems were in place and identified the areas that required improvement. Actions had been identified and the issues had been addressed.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



# Briar House

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Briar House on 03 June 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our December 2014 inspection had been made. The team inspected the service against four of the five questions we ask about services: is the service effective, caring, responsive and well-led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector.

During our inspection we checked the information that we held about the service and the service provider. For example, action plans that the provider sent us since our last inspection.

During our inspection we spoke with three people who used the service. We also spoke with five staff members, including care staff, the manager and the provider's representative. We completed general observations and reviewed records. These included six people's care records, and records relating to audit and quality monitoring processes.

# Is the service effective?

## Our findings

At our inspection in December 2014 we identified concerns around people's ability to consent to the care they received and make decisions about their lives. The provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 by not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). We also found that inadequate action was taken when people did not have enough to drink and records did not accurately show what people had eaten. The provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider wrote to us and told us that they would provide staff members with further training and guidance, they would reassess food and drink records for accuracy and mental capacity assessments would be fully completed.

During this inspection on 03 June 2015 we found that there had been an overall improvement in all areas, except with meeting the DoLS requirements. The manager had identified that some people at the home may have been deprived of their liberty and consulted with a representative of Norfolk County Council regarding submitting authorisations to ensure that any deprivation was lawful.

We spent time with people and staff members and observed that people were spoken with appropriately and

they were able to make decisions regarding their care. Staff members told people what they intended to do or asked for explicit permission before completing any tasks. Mental capacity assessments had been completed for those decisions people could not make for themselves. We saw that these records were specific to each decision the person was unable to make for themselves and included advice in the form of best interest decisions regarding any actions staff should take to enable the person to be able to make the decision for themselves. The manager confirmed that the process of completing these assessments was ongoing. The provider was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

We examined records that detailed how much people ate and drank and found that these had improved. Drink intake charts indicated an optimum amount that each person should drink in every 24 hour period. These were specific to each person and were based on their body weight. The amounts had been reviewed and amended each time people had been weighed. The amounts recorded in each 24 hour period for the records we saw indicated that people received appropriate amounts of drinks to ensure they remained hydrated. Food records had improved to show what each person ate, although additional items, such as toppings for jacket potato or sandwich fillings were not always recorded. The provider was no longer in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

# Is the service caring?

## Our findings

At our inspection in December 2014 we identified concerns around how people were treated by staff in that they were not always treated with respect and that they were not always provided with the opportunity to make decisions. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider wrote to us and told us that they would provide staff members with additional training and give senior care staff responsibility for checking at key times throughout the day that staff members had seen all of the people that they cared for on a regular basis.

During this inspection in June 2015 we found that staff members spoke with people in a respectful way. We spent time observing staff in all three areas of the home and found that no member of staff referred to people or used terminology in a way that labelled them. Protective

clothing was removed as soon as people had finished their meals and people were encouraged to change soiled clothing after their meal which promoted their dignity. Staff training records confirmed that staff members had received additional training in supporting people in a person centred way.

We overheard staff members speaking with people and identified that they were polite and asked people how they could help them. People were able to make decisions regarding where in the home they wished to spend their time and what they wanted to do. We saw that one staff member spoke with people about their meal choices for the lunch meal and recorded that person's decision before providing this information to the kitchen.

The provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

# Is the service responsive?

## Our findings

At our inspection in December 2014 we identified concerns around the information and guidance available to staff members in relation to planning care for some identified needs, such as care for people receiving oxygen and for those people whose drink intake needed to be monitored. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

The provider wrote to us and told us that they would review all of the care records for these people and provide adequate guidance and training for staff members.

During this inspection in June 2015 we found that the information and guidance for staff members had improved significantly. We examined care records for two people who received oxygen. The guidance included specific information about care of the oxygen equipment and care of the person receiving the oxygen. The provider's procedure was available for staff members and when we

spoke with senior staff members they were able to explain the checks that they completed to ensure that oxygen was delivered safely. They confirmed that they had received training from a health care professional specialising in the care of people using oxygen. Oxygen equipment checks were completed to ensure that equipment was changed regularly and that there was always enough oxygen available.

Care records for people who needed to have their drink intake monitored included a hydration plan and hydration guidelines. These provided information regarding which staff members had responsibility for adding up the records and actions staff should take if people had not drunk enough. Staff members told us that each person should drink a certain amount each day and senior staff were able to explain that this amount was determined using a formula determined using recognised guidance.

The provider was no longer in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

# Is the service well-led?

## Our findings

At our inspection in December 2014 we identified concerns in relation to actions taken to address issues identified in the provider's quality monitoring or those identified during our inspections to the home. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

The provider wrote to us and told us that they would increase the number of quality monitoring visits completed by the provider's representatives from their head office and that they would complete an audit of the care provided and monitor how well the home's own audit systems were working.

During this inspection in June 2015 we found that there had been an improvement to the information in the quality

monitoring systems used. The provider's team had carried out monitoring visits and completed full audits of the systems in place to monitor risk and the quality of the service provided. Action plans had been developed for all identified issues and actions taken to address and improve these issues. We found that actions had been taken to improve issues that we had identified at our previous inspections and that the provider had continued to monitor the home to ensure that improvements continued following the immediate action. For example, care plans for people using oxygen were monitored and showed that staff members completed the checks of equipment that were required.

The provider was no longer in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2010.