

The Briars and Rowan House Limited

The Briars

Inspection report

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Tel: 01455613749

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Briars is a care home that accommodates up to seven people who have learning disability or people who are autistic. People have their own rooms, with shared communal areas including lounge, dining area and garden. At the time of our inspection there were six people living in the service.

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

Right Support

Staff supported people to have the maximum possible choice, independence and control over their lives. Staff focused on people's strengths and promoted what they wished to do, so people had a fulfilling and meaningful everyday life. People had a choice about their living environment and were able to personalise their rooms.

Staff supported people to take part in activities and pursue their interests in their local area and to interact with people who had shared interests. Staff enabled people to access routine and specialist health and social care support in the community to maintain their health and wellbeing. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. People's medicines were managed safely and regularly reviewed which enabled people to achieve the best possible health outcomes.

Right care

Staff promoted equality and diversity in their support for people. They understood and responded to people's individual and diverse needs. People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

Staff understood how to protect people from poor care and abuse. The service worked with people, relatives and health and social care professionals to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care plans reflected their

range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. They received good quality care, support and treatment because trained staff could meet their needs and wishes.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did.

People and those important to them, including advocates, were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating

The service was rated as requires improvement at the last inspection when the service was under previous ownership (published May 2019).

Why we inspected

Since our last inspection there had been a change of ownership of the home. We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.
Further 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.

The Briars

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Briars House 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. 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 visit 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider the opportunity to

share this information as part of this inspection visit.

During the inspection

We spoke with two people who used the service and spent time observing people's interactions with staff. We spoke with the registered manager, the providers and two care staff. We also contacted five relatives of people using the service by telephone who shared their views about the care and support their family members received.

We reviewed a range of records. This included two people's care records and a sample of medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and maintenance action plans.

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 requires improvement. This was the first inspection under new ownership. At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "We know people really well and can tell if something is not right straightaway. The care logs are a really good way of auditing; seeing how people have been and identifying any patterns or changes."
- People told us they felt safe and relatives confirmed they felt people were safe. One relative told us, "What makes this place so special is that staff are all doing an excellent job looking after my relative, so that I have no worries at all. I know [Name] is happy because [Name] will be demonstrating some challenging behaviour and [Name] will be able to tell me if something is not right."

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

- Most risks from the environment had been assessed and actions taken in response. However, this was not supported by any formal recordings. For example, we found radiators did not have heat protective covers to protect people from the risk of surface burns. The registered manager told us this risk was low but was not supported by any formal assessments. Following our inspection, the registered manager provided us with a copy of a comprehensive risk assessment for all areas of the environment. They told us they would fit radiator covers as a precaution.
- People were supported to keep safe but without imposing unnecessary restrictions on them.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care plans included guidance and interventions for staff to provide safe and appropriate support in the event they became distressed or anxious. Physical restraint was never used.
- Maintenance records showed checks were carried out on installations and equipment to ensure these remained safe. These included gas, water and electricity. People's care plans included fire risk assessments to identify the support needed in the event of an emergency.
- Incidents were reviewed to look for themes or patterns. This information was used to make changes to reduce the risk of recurrence. For example, changes to staff responses in the event people became distressed or anxious.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were adapted according to the needs of the people at the time. For example, more staff were deployed to support people to attend community

activities and appointments.

- The provider completed pre-employment checks to ensure staff were safe and suitable to work in the service. These included references and checks with the Disclosure and Barring Service (DBS) which helps employers to make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines safely and as prescribed.
- Staff completed training and the registered manager undertook regular audits of medicines which helped to ensure staff were following safe practices in administering, storing and recording medicines.
- People's medicines were reviewed regularly which helped to make sure they were not taking unnecessary medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Staff followed robust screening and testing procedures for all visitors.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. We observed staff putting on and taking off PPE safely and regularly sanitising hands.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We raised a concern about dry vegetables being stored in the laundry area. The registered manager told us this was staff oversight and immediately rectified this.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager ensured people received visits and went out on visits in line with current government guidance.

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. This was the first inspection under new ownership. At this inspection this key question has been rated as good. 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 help ensure their needs and expectations could be met.
- People and their relatives or representatives were at the heart of the assessment process. One relative told us, "We were very much involved in the start and tried to hand over all we knew so staff will be able to know what to do."
- Care plans were developed based on positive behaviour strategies. Plans provided guidance for staff to be proactive in their approach and support people when they became distressed through positive and proactive responses.

Staff support: induction, training, skills and experience

- Staff told us and records showed, staff received the training and support they needed to carry out their roles. Staff received regular support and supervision from the registered manager and provider.
- The registered manager had reviewed training and recently introduced an electronic training system. The registered manager had provided training and support sessions for staff to adjust to this. The provider was in the process of identifying trainers for practical face to face training, such as moving and handling.
- New staff and agency staff received induction training and shadowed more experienced colleagues until they were assessed as competent.

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

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The environment was homely and stimulating. The registered manager provided us with a copy of planned maintenance to update the inside of the premises. For example, improving décor and bathroom.
- The design, layout and furnishings in the service supported people and recognised their individual needs.

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

- People were supported to eat and drink and encouraged to maintain a balanced diet. This included informing people about healthy choices when choosing meals and snacks.
- People were involved in choosing their food and planning their meals. One person told us, "Cooking is my best activity. Today is stir fry and I cook for myself."
- Mealtimes were flexible and planned around activities and events to meet people's needs. This meant

people could eat when they wanted to and were not rushed.

- Where required, staff supported people to follow dietary advice and guidance from Speech and Language Therapists.

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

- Staff worked with other health and social care professionals to understand and meet people's needs.
- Records showed staff were proactive in supporting, enabling and advocating for people to access routine and urgent healthcare.
- People had an emergency grab sheet in place which contained information that other healthcare professionals might need to know, for example in the event of an emergency hospital admission.

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.

- Care plans referenced people's abilities to make decisions regarding their care and support, and the support they needed to make more complex decisions.
- There were systems in place to identify when a DoLS application might be required. The registered manager had submitted DoLS applications to the relevant authority.
- Staff understood the importance of supporting people to make decisions about their day to day lives. Decisions made in people's best interests were clearly recorded.

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. This was the first inspection under new ownership. At this inspection this key question has been rated as good. 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

- The provider had a clear vision which emphasised that people with a learning disability could, and should, be in control of their own lives.
- Staff displayed this approach in the way they supported people using the service. For example, staff spoke positively about people, their achievements, and strengths.
- We saw staff were kind, patient and caring and used appropriate, respectful styles of interaction with people. People enjoyed spending time with staff.
- Relatives felt staff were very caring. One relative told us, "Every staff member is of caring nature and they are doing this job because they do care about residents."
- Staff provided care and support that respected people's choices and individuality.

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

- Staff supported people to express their views using their preferred method of communication.
- Staff made sure they got to know people well so they could support the person's decision making and provide support the way the person wanted.
- Staff supported people to maintain links with those that are important to them and worked with health and social care professionals to ensure each person's voice was heard and respected.

Respecting and promoting people's privacy, dignity and independence

- People's care plans contained information on what the person could do themselves and how staff could support them. Staff demonstrated a good understanding of how to support people's independence and the importance of this.
- For example, one person preferred to attend appointments by themselves. This was included in the person's care plan.
- People described opportunities to be independent, both within the service and out in the community. One person told us, "My room is my room. I sometimes clean, but if I don't want to clean it I don't have to. Sometimes staff help me if I need them to."

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. This was the first inspection under new ownership. At this inspection this key question has been rated as 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

- Care plans lacked personalised information around people's life histories and experiences. This is important to understand how events and experiences may impact on each person's choices and responses. Risks were mitigated as people received care from staff who knew them very well, and had established positive relationships and meaningful engagement over a period of time.
- Care plans were regularly reviewed and outcomes of these recorded. Records of care reviews did not reflect people's voice or contributions to their review. People and relatives told us they were involved in reviews and always consulted about any proposed changes. The registered manager told us they would improve records following our inspection visit to reflect people's involvement.
- The registered manager had taken action prior to our inspection visit by implementing a keyworker system to support the development of personalised care plans. They were in the process of reviewing care and support plans to identify the most appropriate format to capture and record this information.
- People received care and support from staff that was individual to their needs and preferences.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs and enabling people to make choices through using their preferred communication styles.

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 communication needs were assessed, and staff used a range of different strategies to support people to express their wishes. One relative told us, "With my relative, it's all about getting to know [Name's] needs and the way [Name] might react if there is something they might not like. Staff have excellent rapport and they know [Name] well; even the new staff, which they don't have often, have no problem because of the positive communication."
- Care and support plans detailed how information should be shared with the person to enable them to understand it. We observed staff using a variety of forms of communication such as Makaton and objects of reference. Information, such as safeguarding, was available on notice boards in an easy read format.

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 led full and active lives and were supported to pursue a range of interests and activities in the

home and in the local community. One person told us, ""We go out, not every day, but a lot. Staff take me to my favourite shops. We have treat nights and we go and have a drink in the pub, with staff and other people who want to come. Not everybody goes, some people stay because they like quiet places."

- A relative described how staff were pro-active in ensuring people were engaged and stimulated with meaningful activities. They told us, "My relative is doing all sorts of activities, day trips , arts, drama, visits around places and going for day trips. That had to stop during pandemic and now they are starting again. Staff are very proactive to keep my relative busy and we can see photos around what [Name] is doing."
- People were supported to maintain friendships and relationships that were important to them.

Improving care quality in response to complaints or concerns

- The provider's complaints policy and procedure provided clear information to support anyone to make a complaint.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service had not received any formal complaints since our last inspection.
- Relatives felt the registered manager was responsive in resolving any queries or concerns at an early stage.

End of life care and support

- Although no one was receiving end of life care , the provider had recorded conversations with people and their representatives about their end of life wishes and preferences.

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 requires improvement. This was the first inspection under new ownership. At this inspection this key question has been rated as good. 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 service promoted an open, inclusive and person-centred approach. This supported people to achieve very positive outcomes.
- The registered manager and providers were visible in the home, directing care and providing positive role models for staff.
- People and relatives all spoke positively about the culture of the home. Comments included, "I was told a lot about the history of this service so I know it is like a family run place. They really raise standards in care for people with learning disabilities," and "I would have no problem to recommend this place because of the caring nature of staff who are working there. They are the right kind of staff to do this job and very hard to find. I know I can rely on everyone at The Briars to do a five star job of looking after my relative."
- The registered manager and provider spoke openly and honestly throughout the inspection process. They talked about the challenges the service had faced, such as change in ownership and management, and their plans for implementing and sustaining improvements.

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

- The service was well run. The registered manager and staff had systems in place to support the running of the service. These included some formal audits on areas including medicines, care plans and maintenance and informal oversight.
- Everyone we spoke with told us the service was of good quality. One relative told us, "I would have no problem to recommend this place for other families who have relatives with similar needs because staff look after people well. They do focus on each person and treat them respectfully."
- The registered manager had worked in the service for many years in a different role so knew people well. They had regular meetings with the provider to determine what support and systems were required to develop and sustain the service.
- Staff were clear on their roles and responsibilities and were committed to improving the quality of people's lives. One staff member told us, "We have a really good, solid staff team who genuinely care about people. The registered manager is approachable and supportive. I can make suggestions if I feel things need to change. [Registered manager] talks about things that need to improve or change. It's a two way process."

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 and provider was open and honest with us throughout the inspection. There was good communication in place with people, relatives, and professionals.

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

- People, and those important to them, worked with the registered manager, providers and staff to develop and improve the service.
- Staff encouraged people to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service, through customer feedback questionnaires. For example, feedback from relatives recognised and appreciated the efforts and measures staff followed to protect people from the risk of COVID-19 infections.

Continuous learning and improving care; Working in partnership with others

- The provider had systems in place to support continuous learning and development.
- Staff worked with a range of health and social care professionals to ensure they reviewed and developed the service to meet people's needs.