

Applevue Homes Limited

Briardene

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 

Overall summary

We carried out this inspection over two days on 20 October and 3 November 2015. The visit on the first day of the inspection was unannounced.

We last inspected this service on 25 November 2013 where we found the provider met the regulations we looked at.

Briardene care home provides care for up to 13 people with a learning disability. The home comprises of 13

bedrooms, two communal lounges, two kitchens and a dining room. The service is situated in the centre of Harrogate town with good access to all the local facilities. It is owned by Applevue Homes Limited.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Applevue Homes Limited was in administration, which meant that a court appointed administrator was responsible for the management of the company. The administrator had appointed a management company to oversee the management of the home to ensure that they met the requirements of the Health and Social Care Act 2008 and its regulations until the home changed ownership.

People spoke positively about the registered manager and said they were well looked after and happy. Staff told us that they received good management support from both the registered manager and from staff within the management company. There was an established staff team who knew about people's individual care needs and provided people with safe, consistent care in consultation with other social and healthcare professionals.

Risks were well managed and were kept under review to ensure that people were protected whilst minimising any restrictions placed upon them. Although no recent

appointments had been made we found that there were safe recruitment policies in place to recruit staff safely. Suitable arrangements were in place to support people with the safe administration of their medicines.

Staff were well trained and worked within the principles of the Mental Capacity Act 2005. The manager understood how to apply for an authorisation for a person to be deprived of their liberty lawfully. People had their care needs including their nutritional care needs assessed to ensure the care provided met their care needs and preferences. Care plans were person centred and included detailed descriptions about people's care needs and how staff should provide their support.

People who used the service could follow their own interests and pursuits and they were encouraged to try new activities and experiences.

Effective management systems were being used to monitor and improve the quality of the service provided and gave people who used the service opportunity to provide feedback on the care they received.

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 safe?

The service was safe.

There was a stable, consistent staff team who demonstrated a clear understanding about people's individual care needs. They knew about local safeguarding protocols to protect people.

Risks were well managed and were kept under review to ensure that people were protected whilst minimising any restrictions placed upon them.

Although there had been no recent staff appointments appropriate recruitment policies were in place to recruit staff safely.

Suitable arrangements were in place for the safe administration of medicines.

Good



Is the service effective?

The service was effective.

Staff were well trained and were confident and knowledgeable about people's care needs.

Staff had received appropriate training on and worked within the principles of the Mental Capacity Act 2005. The registered manager understood how to apply for an authorisation for a person to be deprived of their liberty lawfully.

People were supported to eat food that met their preferences and care needs.

Timely referrals were made to external health professionals and we found that people had a good level of access to health care services.

Good



Is the service caring?

The service was caring.

From our observations during the day we saw that staff had positive relationships with people who used the service.

There was an established staff team who knew people very well. We saw that staff approached and spoke with people in a kindly and respectful way. The interactions we witnessed were unhurried, friendly and supportive.

Good



Is the service responsive?

The service was responsive.

People had their care needs assessed before moving into the home. When this was not possible as in the case of emergency admissions, staff had taken steps to ensure people received appropriate care and support in a way that met people's wishes and preferences.

Care plans were person centred and included detailed descriptions about people's care needs and how staff should support those needs.

People who used the service were supported to engage in meaningful home and community based activities to promote their wellbeing.

Good



Summary of findings

People were given information on how to make a complaint.

Is the service well-led?

The service was well led.

Although the provider was in administration appropriate management arrangements were in place to protect people's safety and welfare.

The service had a registered manager who together with an established staff team provided people with a consistent and reliable service.

Effective management systems were being used to monitor and improve the quality of the service provided and gave people who used the service opportunity to provide feedback on the care provided.

Good



Briardene

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 October 2015 and 3 November 2015 and was unannounced. This meant that the registered provider and registered manager did not know we would be visiting on the first day of the inspection. However, they did know we would be visiting on the second day of the inspection, so that we could be sure that the people and information we needed would be available. The inspection team consisted of one inspector.

Before the inspection we reviewed all of the information we held about the service. We looked at the notifications we had received from the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send us.

The provider had completed and returned a provider information return (PIR) in December 2014. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider had not been asked to provide an updated PIR at the time of this visit.

During our visit we spoke with 12 people who used the service, the registered manager and three staff. We did not get the opportunity to speak with relatives. However, we left the telephone details of the inspector so that staff who were not available and relatives could contact us should they wish to discuss the care provided.

We reviewed daily activity records and the care files and associated medicine records for three people. We checked the personnel files for three members of staff and looked at records relating to the management of the service including audits, quality questionnaires, staff rotas, staff training planning and maintenance records. We contacted the local authority contracts and commissioning department and Healthwatch to gain their views. Healthwatch gathers the views and experience of people about their local services, and uses that information to help improve services and influence commissioning outcomes for people living in the area.

Is the service safe?

Our findings

People were positive about the care they received and said they liked the staff. We found that staff knew people well and understood what action to take to ensure people's safety. The local authority contracts and commissioning team raised no concerns in their feedback and confirmed that staff had attended the safeguarding training they provided. Policies and procedures in the home included safeguarding, whistleblowing, managing money and restraint, which helped to ensure that people were kept safe from abuse. Staff had received safeguarding training and staff confirmed that they were aware of and understood the procedure for safeguarding people and knew the procedure for whistleblowing. One member of staff told us that Briardene provided a "Safe environment for both residents and staff."

Appropriate policies and training were in place to provide clear guidance for staff with regard to all aspects of health and safety. Records were in place for staff to report incidents to The Care Quality Commission (CQC) and the Local Authority Safeguarding team. The manager demonstrated a clear understanding of the types of incidents that CQC and the Local Authority needed to be made aware of. This process helped to protect people. Training records showed that staff received training in areas such as first aid, safeguarding of adults, moving and handling and infection control. We also saw that staff undertook more specialist training in areas such as the management of percutaneous endoscopic gastronomy (PEG) tube feeding and dysphagia awareness for swallowing disorders. Peg feeding is used where people cannot maintain adequate nutrition with oral intake. In addition to the house risk assessments, each person had a personalised risk assessment programme which was continually updated. Risk assessments contained clear instructions for staff so that they knew how to protect people and keep them safe from potential harm.

Staff told us that the home did not practice any forms of restraint but always worked with people calming and reassuring them to reduce any anxiety or distress. We observed staff were patient and had a good understanding of people's individual needs. They gave people plenty of time to express their views and were reassuring and gentle with people.

The provider had appropriate arrangements in place to respond to emergencies and to make sure that people received consistent, safe care. One example was the 'hospital admission form' or 'hospital passport' used for hospital admissions, which provided hospital staff with important information to make sure that people received the care that they needed. On-call support systems were in place to support staff in the event of an emergency.

There was a stable staff group and no recent staff appointments had been made. However, we saw that appropriate recruitment procedures were in place to carry out the necessary checks in the case of future recruitment. Staff files contained the relevant pre-employment checks which included an application form, interview record, references and Disclosure and Barring Service (DBS) checks, which are used by employers to make safer recruitment decisions to protect people. We looked at the staff rotas and saw that the rota was well organised and gave consistent support to people throughout the day and night. Staff told us that there were always sufficient members of staff on shift and that they were never short staffed. One staff member confirmed that in the four years since they had been employed they had never needed to use agency staff. This meant that people were cared for by a consistent staff team who knew people very well.

Appropriate arrangements were in place in relation to obtaining, recording, administering and returning medicines. Senior staff completed a monthly house audit and medication audit and these were checked by the manager during their audits to ensure that practice was monitored and any areas of concern were highlighted and rectified. Any health and safety issues were discussed in staff meetings, and in staff supervisions and yearly appraisals with the registered manager.

We saw the provider had systems in place to ensure that medicines received into the home were accurately recorded and stock levels managed. Medicines were safely stored. People's care records contained information about the medication that was being prescribed. They showed people's medication was regularly reviewed with healthcare professionals and the home monitored the impact of medication on individuals. Records showed staff involved in the administration of medication had been trained as appropriate. Staff we spoke with had a clear understanding of their role in administering medication. This helped to ensure that staff had the necessary skills to

Is the service safe?

safely handle medicines. We also saw regular audits were carried out on the safe management of medication by staff. This ensured the management of medication was kept under review so that medicines were managed safely and ensured people received their medication as prescribed.

Is the service effective?

Our findings

People told us that they were involved in decisions about their care and day-to-day living. For example, people said they were asked about what they wanted to do that day and what they wanted to eat. They also helped to plan their weekly activities both in the home and in the local community. People told us about their outings and holidays, which they said they greatly enjoyed. Bedrooms were personalised and people said that they decided how their bedrooms were decorated and could decide what they wanted to have in their rooms.

Staff told us that they thought the staff team worked well together and that the skill mix was good. All staff had completed updated training on a range of mandatory topics, which included training on the Mental Capacity Act 2005 (MCA) to ensure that they had the required knowledge, support and training to carry out their role. Staff confirmed that they received ongoing supervision and support from the registered manager and this process included a comprehensive self-appraisal questionnaire. The manager told us that they had received excellent feedback from the staff team about the supervision and appraisal process resulting in improved staff harmony, which provided a positive mood for people to live in. We also saw regular staff meetings took place, which provided staff with a forum in which they could discuss complex cases and share best practice.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards which provides legal protection for vulnerable people if there are restrictions on their freedom and liberty. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The home had in place a policy on decision making that covered choice, advocacy and capacity. At the time of our inspection the manager told us that the majority of people living at Briardene had the capacity to make their own decisions and no DoLS applications had been made. Staff told us a range of people such as family and other healthcare professionals were involved in making key decisions for people when the person did not have the capacity to make their own decision.

Care records showed that people were involved and had given their consent to the decisions made within their assessments and care plans. People who were less able to give their consent were well supported by the use of different communication aids and good staff knowledge of their individual preferred method of communication. This provided us with evidence that people made their own decisions and showed us how people were able to make meaningful choices in their lives.

Staff were knowledgeable about the needs of the people they cared for and they told us that they explained situations to people to assist them in making a decision. Staff were able to explain to us what support people needed and what issues they needed to be aware of. For example, for people without verbal communication staff told us that they were alert to the changes in a person's behaviour, which could indicate they were unwell. This corresponded to the records we looked at. Staff told us about the low staff turnover at the home and how this ensured people received support from staff that they knew well. During our visit we observed that staff gave people plenty of time to respond to questions and to give their view. This helped to ensure that people were involved in making decisions about their care.

People were involved in planning the week's menus and during our visit we observed staff prepare and serve the lunch. People told us that the food was good and that they enjoyed their meals. We saw that people could eat separately in they wished and one person told us that they preferred to take their meals on their own and staff supported them to eat independently of other people. We

Is the service effective?

observed people were supported to eat at their own pace and staff joined them to eat where appropriate. Hot and cold drinks were available throughout our visit and people were seen helping themselves throughout the day.

We saw people's health and behaviours were recorded and that relevant health care professionals were involved in people's care or contacted as people's needs changed. Health care professionals were consulted when required and any health, nutritional and hydration advice they gave

was clearly represented in people's care records. This helped to ensure staff had access to expert help and advice to monitor and maintain people's health and wellbeing including their nutritional wellbeing.

People's families were encouraged to attend people's health appointments and take part in best interest meetings where appropriate. Staff had a handover between staff shifts to ensure essential information was shared and that care staff remained up-to-date with people's care needs and the care which had been provided. This helped to ensure that people received appropriate care and support to meeting their needs.

Is the service caring?

Our findings

People told us they liked living in the home and staff were kind. One person said “I like it here.” Another person said, “I am happy here, they [the staff] look after me well.” We observed that staff understood and responded positively to people’s different ways of communication. We saw that people asked for reassurance during our visit and that staff offered support promptly and willingly.

There was a relaxed atmosphere and people were at ease and comfortable with staff. This was confirmed by staff who said, “I wouldn’t work somewhere that I wasn’t happy for a member of my family to live, so that is why I work here,” and “I feel it is a relaxed homely atmosphere where the residents enjoy living.”

The home had a key worker system in place to ensure people’s needs and preferences were ascertained and met in a person centred way. People’s care plans documented all aspects of care, choices and decisions made to ensure consistency was maintained and the person concerned was the focus of the care and support implemented. Our observations showed us that people who used the service were able to spend their days as they wished. People looked well cared for and were supported in a dignified, respectful way throughout our visit. Interactions between staff and people living in the home were unhurried, friendly and sensitive.

We found that people had opportunities for further experiences and holidays beyond the home. We saw from people’s care and support plans that people were supported to do activities which would enhance their social lives and one person told us about their forthcoming holiday and shopping trip that they were planning. People’s

routines outside the home included sensory sessions, hydrotherapy, and jobs at a local recycling centre. They also followed their own interests and pursuits within the service and people’s rooms were all personalised.

People told us that they had regular ‘house’ meetings which gave them the opportunity to have their opinions heard and contribute to decisions made in the home. Annual quality surveys were sent out to people using the service, their families and advocates. The results from this were used to improve the care and service provided at the home. There was consistent consultation about the care people received at the home and the registered manager told us that they were looking to develop the programme of activities as people had requested in their reviews. This included arts and craft activity as we saw during our visit.

The home had an extremely low staff turnover. Nine staff had worked at Briardene for over 10 years and the newest employee had worked there over two years. This meant that staff were knowledgeable about each person. We found that staff were respectful with a strong focus on the people living at the home and what the staff could do to support people to achieve their goals. Staff told us that they strongly encouraged family and friends to play an active role in people’s lives and in the development of the home. They also encouraged and welcomed visits and advice from community based health and social care professionals to ensure that as many views and opinions were sought to provide the best care.

Although we did not speak directly to relatives all of the written feedback we were shown was positive. In addition an occupational therapist was complimentary about the approaches and support given to one person who has shown an improvement to their anxiety and distress since moving into Briardene.

Is the service responsive?

Our findings

People told us that they did what they wanted to and enjoyed a good range of activities during the week. When asked, people told us they were happy living at Briardene and were well cared for. One person said, “I am happy here, everything is good.” Because of the complex nature of some people’s health care needs we spent time with them and observed the care people received. We saw people were relaxed and comfortable with the staff. We found people’s care plans were kept up-to-date and gave staff the information they needed to provide care in a consistent and timely way. Each person who used the service had an individual support plan, which included information about the care people needed and was person centred.

The registered manager said that since our last inspection two people had moved into the service. The registered manager explained that because both admissions had taken place at short notice they had not been able to carry out planned discussions with people before their move. However, staff had visited people’s previous placement and taken photographs of their rooms so that their possessions were displayed in a way that was familiar and met their preferences. This showed us how people’s wishes and expectations were assessed and taken account of in the way the care was provided.

Staff demonstrated a good understanding of the needs of the people they cared for and were able to explain to us what support people needed and what issues they needed to be aware of. This corresponded to the records that we looked at. One member of staff told us that they acted as a keyworker to two people and had built a good relationship between the staff in the home and people’s families.

Care plans clearly outlined what was important to the person who used the service and reflected their wishes and preferences. Each care plan was reviewed on a monthly basis and people who used the service, their key worker and family met every six months to ensure the person’s care plan was up to date and relevant. The registered manager told us that reviews took into account the views of other social and health care professionals involved with people’s care wherever possible. In addition each person received a yearly questionnaire about the service and how they felt about the care they received. Responses were

collated and a report was published to respond to any issues. The registered manager told us that they were reviewing the questionnaire because the responses this year had produced limited issues and only positive feedback. This was obviously seen as a positive, however they wanted to make sure were asking the right questions in order to get the right responses and information out of the exercise.

People were involved in a range of person centred activities both within the home and the wider community. People told us that they decided how they wanted to spend their time. We found that people had the opportunity to take part in a range of activities and staff encouraged people to live fulfilling lives. Some of those activities were helping within the home with domestic tasks, whilst others were based in the local community. Activities included shopping and outings into Harrogate, participating in social groups and educational workshops. A programme of activities for each person was displayed so that staff could plan the transport and support arrangements. On the second day of our visit we saw several people were collected by taxi to travel to their jobs a local recycling centre while other people stayed at home to do a craft activity, which produced lots of chatter and laughter. People told us about recent outings they had undertaken including visits to a wildlife park and the seaside, which they had enjoyed. One person told us about their forthcoming shopping trip to Edinburgh which they did each year and which they looked forward to. We also saw evidence that people could follow their own interests and pursuits if they wished. For example, one person had a model train layout in their room and they enjoyed shopping to add to the collection.

Information about the complaint policy was displayed in the entrance to the home and the manager said that staff had explained the procedure to people. People told us that they would either tell their key worker or the registered manager if they had any concerns. Staff said they would also be able to tell from people’s behaviour if they were worried or upset and would take action to make sure any concerns were addressed by speaking with the registered manager. We observed that people were given support to make a comment where they needed assistance and staff said they would support people to make a complaint if they needed to.

Is the service well-led?

Our findings

The organisation that was registered with the Care Quality Commission to operate the service was in administration. This meant that under insolvency laws the company had been taken under the management of a court appointed administrator. The administrator had appointed a management company to oversee the management of the service to ensure that they meet the requirements of the Health and Social Care Act 2008 and its regulations until the service could be sold. We found that the day to day management of the service was good with strong leadership and effective management support provided by both the registered manager and the management company.

All staff said that the registered manager was approachable and supportive and felt that there was strong leadership in the home. We found that there was an established staff team, which had helped to minimise the impact of the changes on the people who used the service and on staff. Appropriate systems were in place to regularly assess and monitor the quality of service people received. Area managers from the management company, the registered manager and staff within the home carried out regular checks. Records showed audits were carried out in a wide range of areas including care plan reviews, medication, premises, and food and infection control. We looked at a range of these audits and saw evidence of actions taken or actions that were in progress to address issues that had been identified. The registered manager told us that staff from the management company had been supportive and said that they could contact them at any time for advice. The registered manager also said that regular management meetings gave them the opportunity to meet with managers from other care services in a similar position. They said that this had helped them to deal positively with their present situation and also gave them an opportunity to share ideas and discuss best practice.

Staff told us that the health and safety of the service was regularly monitored and that they were all responsible for making sure the service was safe. Staff were allocated key areas of responsibility which they were responsible for checking on a regular basis. This included areas such as fire safety, first aid equipment, cleanliness and the interior of the house. There was a fire safety policy and staff confirmed that they had regular fire drills. Health and safety policies were up to date. We saw that a manager from the management company visited the home on a regular basis and looked at all aspects of the service including staffing, safeguarding and health and safety. We looked at the documents they used for their quality assurance monitoring and found that these were completed regularly. This helped to ensure the quality of the care provided was monitored and corrective action was taken.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences. We saw safeguarding referrals had been reported and responded to appropriately. Effective management systems were being used to ensure staff training and routine maintenance was undertaken in a timely way and all paperwork we checked was accurate and up to date. There were staff meetings and staff could contribute to the agenda and raise any concerns they might have with the registered manager or the area manager from the management company.

The service had sent statutory notifications to CQC as appropriate. Statutory notifications are information about incidents or events that affect the service or people who use the service and are required by law to be provided to CQC.