Derbyshire County Council

Briar Close House Care Home

Inspection report

Briar Close
Borrowash
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Tel: 01629531559

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 14 March 2017 and was unannounced. At our last inspection on 8 March 2016, the service had one breach of the Health and Social Care Act 2008. This was in relation to being able to locate employment records. At this inspection, we found improvements had been made. The provider had also made improvements to infection prevention and control practices.

There is a requirement for Briar Close House Care Home to have a registered manager and a registered manager was in place. 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.

The service is registered to provide residential care for up to 40 older people, some who are living with dementia. At the time of our inspection 35 people were using the service.

Care plans and risk assessments for people with behaviour that challenged did not identify current risks and control measures to sufficiently reduce risks of harm to people and staff. Staff practice when caring for people with behaviour that challenged was not always consistent as care plans did not reflect current care needs and risks. Care plans and risk assessments for other areas of people's care and treatment reflected people's current needs.

Incident reporting and behaviour monitoring records were not always completed to enable the quality and safety of services to be assessed, monitored and improved, and in addition reduce risks relating to health, safety and welfare of people and staff. Other systems and processes to ensure good practice were in place, for example kitchen standards and fire prevention checks.

Procedures designed to uphold people's rights, in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) had not always been considered when people, who lacked the mental capacity to consent to their care, were resistant to their care and treatment.

Not all staff had completed training to the timescales identified as required by the provider for them to complete their role.

Medicines administration records did not always show people had been offered creams as prescribed. Medicines were stored securely, administered and records kept in line with the provider's policy. Other risks to people's health, for example from falls, were identified and actions taken to reduce those risks.

People told us most staff were caring, however they commented some staff were better with people than others. Some people experienced loneliness and not all staff took opportunities to reduce this.

People told us they felt safe and were able to raise any worries or concerns. Staff had been trained and had an understanding of safeguarding and how to keep people safe from potential abuse. Staff were recruited in line with the provider's policy and procedures, and checks were completed to ensure staff employed were suitable to work at the service. Staffing levels were based on meeting people's needs and enough staff were deployed to do so.

People were happy with the meals they received. We saw people's special dietary requirements were catered for and people had access to snacks and drinks throughout the day.

Other healthcare professionals were involved in supporting people's health care needs when needed. For example, people had access to district nurses and doctors when needed.

Most, but not all staff felt supported by their managers and found meetings with their managers useful.

Families were welcomed when they visited. Care plans were developed to include people and their relatives' views. Staff provided care that respected people's privacy and dignity.

Staff supported people with personalised and responsive care. People were supported to enjoy activities and events. People who needed help to orientate around the building, or needed help with communication received this personalised support.

At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

Risks were not always assessed and details in care plans did not always reflect people's current needs. Medicines were mostly well managed; however creams were not always recorded as being offered to people as prescribed. Sufficient staff were available to meet people's needs. Staff recruitment included checks on the suitability of staff to work at the service. Staff understood how safeguarding procedures helped to protect people.

Is the service effective?

Requires Improvement

The service was not effective.

Care and treatment provided to people without the capacity to consent had not always been considered in line with the principles of the MCA and DoLS. Not all staff training had been kept up to date in line with the requirements set by the provider. People had sufficient to eat and drink. People received support from external health professionals when required.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People commented some staff were better with people than others. Some people felt lonely and not all staff took opportunities to alleviate this. Families were made to feel welcome. People's privacy was respected and care promoted people's dignity.

Is the service responsive?

Good

The service was responsive.

Staff provided care that was personalised and responsive to people's individual needs. Staff supported people to enjoy activities and interests. People and their families felt able to contribute their views. Systems were in place to manage complaints.

Is the service well-led?

Requires Improvement

The service was not well led.

Systems and processes designed to ensure quality and safety of services were not always effective. The registered manager understood their responsibilities managed with an open and approachable leadership style.

Briar Close House Care Home

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.

This inspection was unannounced and took place on 14 March 2017. The inspection was completed 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.

We reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with seven people who used the service. Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three visiting relatives.

We spoke with three visiting healthcare professionals and six members of care staff including the registered manager. We looked at three people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, recruitment records and staff training records.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we found a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the provider was not able to fully locate records to assure us all pre-employment checks designed to help employers make safer recruitment decisions had been completed. In addition, improvements were identified as needed to infection prevention and control practices. At this inspection we found these improvements had been made.

One person told us, "Oh my room is always clean; they never stop cleaning." Another person told us, "We don't get chance to see dirt; it gets hoovered up daily." Family members we spoke with shared the view the home was kept clean. One relative told us, "I come at different times to visit [my relative] and I don't think I have ever seen anything out of place here." Staff we spoke with told us they always had access to gloves and aprons whenever they assisted with personal care; they told us these were disposed of in the clinical waste bins situated in each sluice. We viewed two sluice rooms and found these to be tidy and clean. We also viewed a separate storage area developed to store cleaning trolleys and materials. This meant cleaning trolleys were no longer stored in the sluice areas. These actions helped to reduce the risks associated with infections.

Records showed staff recruitment included checks to help the provider employ people suitable to work at the service. For example, the provider obtained written references and checked any information held by the Disclosure and Barring Service (DBS). The provider had taken steps to ensure suitable staff were employed to work at the service.

Daily logs showed one person had 16 separate incidents of behaviour that challenged since January 2017. Behaviour that challenges are behaviours which may put the person or others at an increased risk of harm. This person's care plan did not reflect what staff told us about their care. For example, the care plan stated staff were to assess the person's mood and only offer assistance when the person was accepting of this. However staff told us, and records showed, the person's mood could change half way through care. There were no details for staff to follow on what actions they should take in these circumstances to reduce risks to themselves or to the person concerned.

Records showed staff received injuries from the person scratching when they provided care to this person. We asked the registered manager what policy guidance staff should follow to minimise these risks. The registered manager showed us a policy that stated care plans and risk assessments should identify these risks and put in place control measures to minimise them. For example, keeping fingernails short or wearing mittens. This policy guidance had not been followed for this person and their care plan and risk assessments contained no control measures to reduce the risks that were present.

We were also concerned the person's care plan stated they preferred to receive care from one member of staff and the daily records showed occasions when this person had been assisted by two staff, and on one occasion by three staff. We were concerned why three staff had been required to provide care and that staff did not provide consistent details of how they supported this person; including one staff member who told

us they would hold their hand to distract them. We were concerned that this was not in their care plan as an assessed distraction technique and could potentially be assessed as a physical restraint. We spoke with the registered manager about our concerns. They told us two staff had been used to talk and distract the person while the third member of staff provided care. This arrangement was contrary to their current care plan that stated the person 'does not like a lot of people around her and prefers one to one support.'

We were not assured this person's care plan and risk assessments reflected their current needs. This was because they made no reference to the previous incidents of behaviour that challenged and not all incidents had been recorded on behaviour analysis forms. These are forms used to record an incident of behaviour and to identify any trigger, so this trigger can be avoided in the future as well as identifying what helped to resolve the situation. In addition the care plan was based on the advice of a health professional who assessed the person in 2014; the daily logs showed this person's behaviour had changed since the advice received in 2014. We were therefore not assured this person's needs were met or actions taken to mitigate risks to this person and staff.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed one person tell staff, "Oh that feels better," after staff had assisted them to take their medicine. One family member we spoke with told us, "The staff are really good here; they look after [my relative] well and always watch her take her medication because [they] can fall to sleep at the drop of a hat." We saw staff administer medicines to this person and saw staff stayed with them to ensure they took their medicines. Medicines administration record (MAR) charts were completed by staff and showed people had received their medicines as prescribed. However, the MAR chart for one person prescribed a pain relief cream showed they had not been offered this medicine as prescribed. Instead of the MAR chart recording the medicine had been given, or offered and refused, four times a day as prescribed, many of the records were blank. We discussed this with the registered manager who told us this person would often not need this medicine, however the offer of the medicine had not been recorded. They told us they would review this medicine with the person's GP to change the prescription to be given 'as and when required.'

Records showed medicines subject to additional controls were managed in line with good practice recommendations, including two staff signatures whenever this medicine was administered. Checks on a sample of medicines held in stock were found to match the records held for them. Other records showed the temperature for the safe storage of medicines was also met. Medicines were stored safely.

Care plans assessed people's other health and social needs and identified actions that could help to reduce any risks associated with these. For example, people had risk assessments in place if they had been identified at risk from falls and if people required any equipment to help them mobilise. For example, walking frames or wheelchairs. We saw staff assisted people to move at their own pace and any equipment used to help them mobilise was used safely.

The registered manager had planned staffing levels so that care was provided to meet people's needs. Staff we spoke with told us how staffing levels had been increased when one person required extra support. In addition to care staff, the provider employed domestic staff who worked on kitchen, cleaning and laundry duties. Throughout our inspection staff were organised so at least one staff member was available in each separate area of the building and we saw these staff checked at regular intervals on people who spent time in communal areas. Sufficient staff were deployed to provide care to meet people's needs.

People told us they felt safe in the home. One person told us, "I feel safe living here because [staff] know how

to look after me. So I really have nothing to worry about." Another person told us, "I am safe and well looked after; [Staff] take great care of me. Some people have wandered into my room, but I tell them to go and they go." Relatives we spoke with also shared the view people were cared for safely at Briar Close House Care Home. One relative told us, "I have never witnessed anyone being bullied or talked to harshly here. It always seems quite calm." Staff told us the procedures they needed to follow should they have any concerns about people's safety. Staff told us how they would recognise any suspected harm or abuse of a person. Staff told us they would be confident to report any safeguarding concerns through the provider's procedures. The provider had taken steps to reduce the risks of harm and abuse to people.

Requires Improvement

Is the service effective?

Our findings

Staff told us training was useful and helped them meet people's needs. For example one staff member told us the training on dementia care had given them lots of ideas and insight. They said, "It's helped to think from a person centred approach and understanding people more." However training records showed some staff had not completed training to the timescales identified as required by the provider for them to complete their role. For example, staff were required to repeat their first aid training every three years; however we found two staff had last been trained in 2012 and another three staff in 2013. This meant some staff training was out of date by over 18 months. Another two staff were out of date in infection control training, and one member of staff was out of date with their safeguarding training. The registered manager told us whilst no training dates were available at the current time, they would book staff onto training when it became available. Not all staff received the training necessary for their role, at the frequency identified as required by the provider.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and be as least restrictive as possible.The provider had procedures to follow to ensure people's care was provided in line with the MCA.

People can only be deprived of their liberty so that they can 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). The registered manager told us they were in the process of reviewing one person's DoLS to assess if it was still appropriate for their needs.

However, we saw another person did not have the capacity to consent to their care and treatment; records showed they had, on regular occasions throughout the previous three months shown resistance to their care and treatment. We asked the registered manager whether they had considered how a DoLS would apply to this person. They told us staff had raised the issue with them in the previous week and they were presently considering a DoLS application. They confirmed shortly after our inspection an application for a DoLS authorisation had been made. Although a DoLS application had been made shortly after our inspection, we were concerned this had not been considered sooner. People were at risk of not having their rights fully upheld. This was because when people resisted their care and treatment their rights were not assessed at the time in line with procedures designed to uphold those rights.

Most, but not all staff told us they received helpful support and supervision from their managers. One staff member told us they had regular dates scheduled for supervision meetings with their manager, however they also said, "If I need [support] before the scheduled date; it happens." Another staff member told us they

could always contact their manager if the needed support. Records confirmed staff had had supervision and appraisal meetings with their managers. However, some staff felt their concerns had not been fully understood and therefore the support they received had not always been appropriate.

People told us they saw a doctor and other health professionals when they needed them. One person told us they had seen the doctor that morning. They said, "[The doctor] came to see me [and] I now have to have antibiotics." Another person told us the district nurse came to see them regularly when they need it. During our inspection a person became unwell and paramedics were called and attended. People received support to access healthcare services when needed.

People we spoke with told us they were satisfied with the food choices. One person told us, "The food is really good; piping hot and tasty." A relative told us, "The food always smells nice." We saw people were asked for their choices of main meal and pudding and people enjoyed a sociable mealtime. Staff were available to assist people who required some support with their meals and we saw staff kindly encouraged the people they supported. People were offered a choice of drinks throughout the day. The registered manager had organised food and drink tasting sessions as part of the national 'nutrition and hydration' awareness week. People were supported to receive sufficient food and drink.

Requires Improvement

Is the service caring?

Our findings

People told us most staff were caring. One person told us, "The staff are really good here; they care." A family member also told us, "[Staff] are so kind." However other people told us, "Some of the staff are better with people than others," and, "Everyone is really nice; some of them just have more time for you than others, but that's life."

Our observations showed most staff took the time to make conversation and show they cared about people throughout the day. For example, staff spent time offering reassurance and made one person a cup of tea when they became unsettled. However this level of attention and care for people was not consistent. For example, another person sat in a communal lounge in the morning. The other people sat with them were asleep, and they had no-one to talk with. The staff member working in that area walked past them on three occasions over a ten minute period. Each time the person looked at them and watched them walk past, however the staff member did not show acknowledgement of them or spoke with them during this time. When we asked the person if they wanted to talk with us they said, "Yes, you've got to use your words or you lose them." Minutes of recent meetings with people included comments they were 'often lonely between meal times and a quick 'hello' or five minutes chat from staff makes a difference to their day.' However minutes of meetings with people in different areas of the home stated they enjoyed having a laugh and chat with staff. Most, but not all staff took opportunities to interact and show care and consideration to how people felt.

We saw families and friends visited people throughout the day and family members we spoke with told us they felt welcomed when they visited. One family member told us, "Staff here are really welcoming and courteous. They always offer you a drink and make sure you don't want anything to eat; but I know I can do that myself so I don't have to bother them." We saw each part of the home had a kitchen for use by people and their visitors. Staff also arranged for a family member to have dinner with their relative over lunchtime. One family member told us, "[My relative] has a friend who came here about the same time and they sit together in the lounge." Another family member told us, "I can visit any time I like as I fit it in around my work, which helps." Staff were welcoming and people were able to maintain relationships that were important to them.

People had discussed what dignity meant to them in meetings with staff. One person stated this was when their wishes were respected; another person also commented they felt treated with dignity by staff. One person we spoke with told us, "[Staff] do respect my privacy." Another person told us staff helped them feel comfortable with any personal care; they said, "The [staff] usually chat away to me and it's over and done before you know it." We saw staff always knocked on people's door before entering and spoke with people respectfully. People had their privacy and dignity respected.

People were supported in making day-to-day choices by staff. For example, we saw staff ask people where they would like to sit. Where staff assisted people with care, they made sure people understood what their choices were. Where one person had not understood what staff had spoken to them about, we saw the staff member got closer to them and explained the choices again in a slightly different way. We saw the person

then understood.

People and their families could not always recall being involved in their care plans but told us they remembered being asked about their care whilst they had lived at Briar Close Care Home. We saw care plans contained contributions from people and their families. For example, information about people's life history and details of what was important to them. This meant people were involved in planning and reviewing their care.

Good

Is the service responsive?

Our findings

People received responsive and personalised support from staff. One person told us, "I can get up when I want and I decide when I go to bed. They bring me a cuppa in the morning when they know I am awake." Another person told us, "[The staff] know what they have to do and just get on with it; my eyesight is virtually gone now and they sort everything for me, even down to where they put my clothes in the drawers so that I know what is what; They are great." A family member told us, "[My relative] likes to get up early and go to bed early and they let her do that here which is nice."

Staff told us one person with a visual impairment was helped to identify their own bedroom as staff had hung a ribbon on their door handle that the person could feel. Staff communicated with another person by writing; we saw this person kept a notebook with them and staff would use it to ask them whether they needed anything. People's preferences were met and care was personalised and responsive.

During our inspection people spent time sitting together in the different areas of the home; sometimes talking amongst themselves, watching the television or sometimes people fell asleep. Staff knew one group of people enjoyed listening to certain music and made sure this type of music was on. Some people preferred to spend time in their own rooms. People had been invited to various 'food tasting' events throughout the week of our inspection. Singers and entertainers regularly performed at the service and trips to places of interest were arranged. Minutes of meetings with people showed the registered manager had asked people what they thought of the new activities programme. People's views had been positive. Relatives we spoke with felt there could be more for people to do thorough out the day, one commented, "[My relative] is well looked after, but it would be nice to see more stimulating activities." One person we spoke with wanted to go into the garden more; we spoke with the registered manager about this who told us this would be supported more as the weather became warmer. People were supported to spend time enjoying various pastimes at Briar Close House Care Home.

Families we spoke with felt involved in planning their relatives care; most family members we spoke with told us this happened more informally rather than at meetings. One family member said, "[Staff] know I visit most days so they just let me know things when I come." Family members also told us they were kept informed when there were any changes to their relatives care. For example, one family member told us, "If anything ever happens to [my relative] or they change their medication, [staff] always give me a ring to let me know. [My relative] did fall once and [staff] called to tell me and ask me if I wanted to go to hospital with them. I couldn't as I was at work, but they kept me informed and I visited as soon as I could." Records showed people and their family members had been involved in care planning and review meetings.

People told us they had not made any formal complaints while using the service, and told us they felt able to do so if needed. One person told us, "Believe me, if I had something to complain about, I would, and I think it would be sorted." Information was available for people on the provider's complaints process and how to make a complaint. We also saw people were made aware of how to complain at a meeting for people. We saw one complaint had been formally investigated since our last inspection and we found this had followed the provider's process for investigation and response to the person concerned. Compliments were also

received and shared with staff. People and families were able to raise any concerns as well as express where staff and the service had provided a good service.

We saw meetings were held with people and their families regarding the service. These discussed people's ideas for activities as well as ideas for different food choices. We saw people were able to raise any issues or concerns as well as receive updates on any developments. People were invited to share their experiences and views on the service.

Requires Improvement

Is the service well-led?

Our findings

We looked at the daily records for one person who showed behaviours that challenged. Since January 2017 the records showed there had been 16 separate incidents of behaviours that challenged. Most of these incidents involved some sort of challenge to staff and included staff being spat at, hit, and scratched. On one occasion staff had recorded the person had been biting and on another occasion the person had scratched staff and had drawn blood. No accident and incident forms had been completed for the 16 incidents recorded for 2017. This meant there had been no records to use to assess and monitor these incidents and no records to enable the identification of any actions to reduce risks to the person and staff. In addition, inconsistent recording practices for behaviours that challenge had not been identified. Systems and processes designed to assess, monitor and improve the quality and safety of service, and in addition reduce risks relating to health, safety and welfare of people and staff were not always operated effectively.

Other systems and processes to check on the quality and safety of services were in place. However these did not always result in timely solutions to the issues identified. For example, although the registered manager was aware some staff training was out of date and told us the required courses had not always been available for staff to attend; there was no evidence to show what alternatives had been considered to ensure staff training was in line with the expectations set by the provider. In addition, audits had not identified one person's cream had not been offered as prescribed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other systems were in place to check on the quality and safety of services. For example, audits completed checks on health and safety practices and kitchen standards. Records also showed checks on such areas as infection prevention and control and equipment was checked and serviced.

People's views and experiences had been gathered and used to inform the service. We saw results from questionnaires completed by people and their families had been used to obtain people's views on the quality of the services provided. The results of the questionnaires were on display for people and visitors to read.

Briar Close House Care Home is required to have a registered manager and a registered manager was in post. The registered manager was aware of the provider's responsibilities to send statutory notifications to CQC when required. Notifications are changes, events or incidents that providers must tell us about.

People told us they knew the registered manager, and felt able to speak with them regarding any matter. One person told us, "I would talk to [the registered manager]; they would sort it out." Another person told us, "I would talk to [the senior carer] or [the registered manager]; they are both really good and do what they say they will do."

Throughout the day we saw the registered manager spending time with people and families as they visited,

as well as providing support to staff. Staff told us they could talk with the registered manager. One staff member told us, "They will always look into things; they listen and you wouldn't be scared to approach them." Another staff member told us, "We can always contact [the registered manager.]" However some staff expressed they did not always feel the registered manager understood their concerns fully. Links were encouraged with the local community and we saw people had trips out and about to places of interest. The service was led by a registered manager with an open and inclusive management style.

The registered manager was supported by a motivated and supportive staff team. Staff told us they enjoyed their job. One staff member told us, "Things are much better," and went on to say, "The senior care role has made a big difference; we're getting more support on the floor with people and staff are not taken away." Staff also thought the registered manager sorted out any issues quickly. One staff member told us, "I know if I raised anything it would get sorted." We saw regular staff meetings provided staff with opportunities to share views as well as receive reminders on any changes or updates. These meetings helped to provide support, build teamwork and reinforce good practice and quality care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a way where risks to the health and safety of people were assessed and all such reasonably practicable actions taken to mitigate those risks. 12 (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not always established and operated effectively to assess, monitor and improve the quality and safety of services; and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity. 17 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed in the provision of a regulated activity had not always received appropriate training as is necessary to enable them to carry out the duties they are employed to perform. 18 (2) (a)