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Briar House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Briar House is a small care home that provides care and support for up to 6 people who have a learning disability, such as autism or epilepsy. The home is owned and operated by Cavendish Care who operates several homes in the Surrey area. On the day of our inspection 6 people were living in the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager was present for the duration of the inspection.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

There were sufficient numbers of staff on duty to meet people's needs and support their activities. People and staff interaction was relaxed. It was evident staff knew people well and understood people's needs and aspirations. Staff were very caring to people and respected their privacy and dignity.

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way. Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported and told us the registered manager had good management oversight of the home.

Appropriate checks, such as a disclosure and barring record (DBS) check were carried out to help ensure only suitable staff worked in the home. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event and they had access to a whistleblowing policy should they need to use it.

People lived in a homely environment and were encouraged to be independent by staff. Staff supported people to keep healthy by providing people with a range of nutritious foods. Staff encouraged people as much as possible to be involved in the menu planning and shopping.

People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

People were encouraged to take part in a range of activities which were individualised and meaningful for people. Daily routines were flexible depending on how people felt or other activities available.

People had risk assessments in place for identified risks. The registered manager logged any accidents and incidents that occurred and put measures in place for staff to follow to mitigate any further accidents or

incidents.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were actioned by staff.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place to manage this.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand. People and their relatives were encouraged to feedback their views and ideas into the running of the home.

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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information for people living in the home should they need it.

There was a plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People's rights under the Mental Capacity Act were met. When people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were being met.

People were involved in choosing what they ate and were supported by staff to have nutritious meals.

People had involvement from external healthcare professionals to support them to remain healthy.
Is the service caring?

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity.

Staff were caring and kind when supporting people.

People were encouraged to be involved in their care as much as possible.

Relatives and visitors were able to visit the home at any time.

Is the service responsive?

Good

The service was responsive

People were able to take part in activities that meant something and interested them.

Staff responded well to people's needs or changing needs and people and their relatives were knowledgeable about their care plans and involved in any reviews.

A complaint procedure was available for people in a way they could understand.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed by the management team and staff to help ensure the care provided was of good quality.

Everyone was involved in the running of the home. This included the people who lived there, their family members and the staff.

Staff felt the registered manager had a good management oversight of the home and supported them when they needed it.

The registered manager submitted notifications as required.

Briar House

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 was 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 was an unannounced inspection that took place on the 7 December 2016.The inspection was carried out by one inspector who had experience in adult social care and learning disabilities.

Prior to this inspection we reviewed all the information we held about the service, including information about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had asked the provider to complete a Provider Information Return (PIR). 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. This information was required to see if we would need to focus on any particular areas of the home.

We spoke with two people living at Briar House. People were unable to communicate with us at length so instead we observed the care and support being provided by staff. We talked to two relatives and one healthcare professional following the inspection.

As part of the inspection we spoke with the registered manager and three members of staff. We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We looked at three staff recruitment and training development files.

Good

Is the service safe?

Our findings

People felt safe living at Briar House. One person said "The staff make sure I am safe, and I am safe here." A member of staff said "We ensure people are kept safe at all times within the home and when we take them out."

People were kept safe from the risk of abuse because staff had a good understanding what constituted abuse. Staff had undertaken training regarding safeguarding adults and were aware of the procedures to follow if they suspected abuse had taken place. Staff told us who they would go to if they had any concerns relating to abuse. One member of staff said "I would report anything they felt unhappy about to a senior member of staff or the provider." Another member of staff said "I would either call the local authority or the police if abuse occurred and there was no senior staff available." An information leaflet 'Stop abuse now' was available with relevant contact details so people and staff could report concerns if they needed to. Staff told us they were aware of the whistleblowing policy and they would use this to report any general concerns they had about the home.

People were kept safe because the risk of harm had been assessed. Risk assessments supported people to reach their personal goals while minimising any risk to their personal safety. For example eating and drinking, epilepsy management and awareness of risks to people when they used community facilities. Guidance had been put in place for staff to follow to reduce these risks. For example how many staff were required for individual people when going out and signs or triggers that might indicate when it was not appropriate for the person to undertake an activity. Risk assessments were reviewed and updated accordingly.

Staff had been provided with sufficient guidance to provide support to people who were at risk of harming themselves or others because they were living with behaviour that challenged. Behaviour management plans had been developed with input from specialist professionals for example a 'behaviour therapist'. Staff followed these plans and we saw several examples of staff throughout the day who were able to predict and defuse a potential episode of anxiety because they had understood the guidance.

People's medicines were managed and given safely. Medicines were safely stored in a locked cupboard secured to the wall in the office. Staff that gave people their medicines received appropriate training which was regularly updated. Their competency was also checked periodically by the registered manager to ensure they followed best practice to keep people safe. The registered manager carried out audits of medicines every month in order to ensure medicines were managed safely and monitored medicine errors if applicable. The pharmacy also undertook safety monitoring audits and provided advice as appropriate.

People received the medicines they required. The medicines administration record (MAR) charts were completed properly, without gaps or errors which meant people had received their medicines when they needed them. Each MAR held a photograph of the person to ensure correct identification of individuals and there was information on any allergies and how people liked to take their medicines. People had their

medicines given to them in an appropriate way by staff. For example with food or after food as directed. People who stayed away from the home visiting friends or family had a 'home medicines log' which enabled staff to keep a check that medicines were not missed.

Medicines given on an as needed basis (PRN) and homely remedies (medicines which can be bought over the counter without a prescription) were managed in a safe and effective way and staff understood why they gave this medicine.

People were safe because there was a clear plan to ensure there were enough staff to meet people's needs. People's care needs had been assessed and a staffing level to meet those needs had been set by the provider. We were told by the registered manager there were usually five staff on duty during the day but this was flexible depending on what activities or events were planned on any one day. Two staff work during the night one of whom is 'sleeping in'. Staffing duty rotas confirmed that the appropriate number of staff had been in the home to support people for the previous month. Staff supported people throughout the inspection to attend appointments, go shopping, have trips to the local park and general chores within the home. People did not have to wait for attention. Bank staff were also used to cover staff sickness or holidays.

The recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work at the home. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns or triggers that may suggest a person's support needs had changed. Action taken and measures put in place to help prevent reoccurrence had been recorded.

People would continue to receive appropriate care in the event of an emergency. There was information and guidance for staff in relation to contingency planning and we read each individual had their own personal evacuation plan (PEEP). The registered manage told us people could go home to family or use other homes in the organisation if the home had to be evacuated for any length of time. A recent fire risk assessment had been carried out on the building and fire drills were undertaken routinely both for day staff and during the night. Training records showed staff were up to date with fire training which meant they would know what to do should the need arise.

Good

Is the service effective?

Our findings

The provider ensured that the needs of people were met by a staff team who had the knowledge, qualifications, and competencies to undertake their roles. Staff told us they all had undertaken induction training which was thorough to ensure they had the required skills to support people effectively. This included shadowing more experienced staff to get to know more about the people they cared for. Staff received regular ongoing training to ensure their skills were kept up to date. This included safeguarding adults, fire safety, medicines awareness, health and safety, first aid and food hygiene. One staff member said, "We get lots of training here." Another member of staff said "I have done an NVQ level 3 in social care and enjoyed it." Another member of staff said "We have a mixture of on line training and face to face training to equip us to do our job."

Staff were able to meet with their line manager on a one to one basis, for supervision and appraisal. We saw records showed us all staff were up to date with both of these. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented. 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. Mental capacity assessments had been carried out for individual decisions. One person required specific support for attending appointments, another for going out and another person who required support managing their financial affairs. The registered manager told us if someone was unable to give consent then a best interest meeting would take place.

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). Staff understood the legal framework regarding the MCA and DoLS. DoLS. Applications were made and authorised where necessary. For example, in relation to people not being able to go out alone, for the management of their financial affairs or when someone required additional support to have dental treatment.

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and choice of food and drinks available to them. One person said "I like the food here." Staff had a good understanding of what people liked to eat. We saw people being given a choice of food during lunch. For example one person wanted a sandwich and a particular flavour of crisps while another wanted cheese on toast and another person chose to have bread and jam. The registered manager told us the staff helped

people to plan a menu that people liked. They said staff had a good understanding of people's likes and dislikes. When someone did not eat a meal or a particular food this was recorded to indicate they did not like this. This would then be taken into account when planning meals. They had house meetings so people could be involved as much as possible with menu planning. Menus were seasonal and were reviewed occasionally. Menus were displayed in the dining room which showed people what was on the menu that day. People were able to go shopping for the food with staff. Staff included people with the preparation of food when appropriate.

A member of staff told us people liked to eat out and that staff supported them with this. People had access to snacks and drinks throughout the day and staff supported them to make hot and cold drinks. One person took a member of staff by the hand to the kitchen and indicated they wanted a drink which they got immediately.

People had a nutritional care plan and specific dietary needs were addressed in these plans. The registered manager told us if someone had specific dietary requirements they would be referred for the appropriate professional guidance. For example someone was referred to the SALT team for guidance with the texture of their food to aid swallowing and prevent choking. There was also guidance for staff to follow if people required specific support when eating. For example one person had been seen by an occupational therapist as they needed they needed a special plate and cutlery such as a spoon, rather than a fork to eat independently.

People were supported to have a healthy diet and there was a good supply of fresh fruit that people had access to. Monthly weight checks were in place which enabled staff to assess and monitor if people were eating and drinking enough to stay healthy. There was guidance for staff should people's weight reduce and staff had followed this when required. One person was supported to attend a support group to lose weight.

People were supported by staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or behaviour therapist. People were able to see their GP when they needed to.
Individual hospital passports were in place which explained people's needs and preferences for continuity of care and treatment should they be admitted to hospital.
When people's health needs had changed appropriate referrals were made to specialists for support. The service also had the support of the community learning disability team, district nurses and specialist advice to support people living with epilepsy.

Good

Is the service caring?

Our findings

Staff were caring and attentive and interacted well with people. They were knowledgeable about people's needs and preferences and supported people in a way they liked. People and their relatives were positive about the caring nature of staff. One person said "I like the staff they are good." Another person communicated to us using signs and some words to tell us they were happy living at Briar House.

People received good care from a staff team the core of whom had worked in the home for a long time. There was a trusting relationship between people and staff. People looked relaxed and there was a caring and confident atmosphere in the home. Staff communicated effectively with people using signs, words and gestures. One person was going swimming. The member of staff supporting them with this activity gestured and spoke prompt words to get ready. They then came downstairs with their swimming bag and coat ready for the event. They gave us a thumbs up sign and a smile to indicate they had completed the task and were ready to go. Staff supported people to communicate with us. They spoke on behalf of a person who gave their consent to talk with us when they were unable to make themselves understood. This was done calmly and in a dignified manner using words staff recognised. It was evident that person had confidence in the staff to communicate their views to us. A relative said they were reassured that their family member was cared for by a dedicated and competent group of staff.

People were well cared for and wore clean clothes, had tidy hair and were appropriately dressed. For example when a group of people were going for a trip to the park staff ensured they wore their coats. We heard a staff member say "Can I do your coat up as it is cold out there and you don't want to catch cold do you?" People liked to visit their individual barber shop and hairdresser and staff facilitated this.

People were supported to be involved in their care as much as possible. The registered manager told us people and their families had been consulted about how they liked their care undertaken and what mattered to them. Staff told us people were always consulted before they undertook any aspect of care for a person. Information was shared with people for example photographs of the staff team were displayed to denote the staff on duty. Events for the day were also shown in picture format for example clubs attended and trips out so people could understand what was available.

People's rooms were personalised with photographs, ornaments and furniture which reflected their interests and hobbies. The standard of personalisation varied depending in the degree of people's behaviour and what they could tolerate. People were encouraged with the support of staff to clean their room and change their bedding promoting independence. They were also supported with their laundry and to put their clean clothing away.

People's spiritual needs were met. Staff supported people to attend church on Sunday when they wanted to.

People's dignity and privacy were respected. Staff received training during induction around this and

frequent updated were provided to reinforce the importance of maintaining people's privacy and dignity. We heard staff address people appropriately and called them by their preferred name. We saw staff knocked on people's doors before they entered their room. Staff told us they always ensured they undertook personal care behind closed doors and closed the curtains to ensure people could not be overlooked from the outside. One staff member said they had to make sure the toilet door was closed when people were using this as they had the tendency not to close the door or to forget to do so.
The registered manager told us gender specific staff were arranged to undertake personal care for people who had a preference for or their family had requested this.

The service had confidentiality and data protection policy in place and staff had undertaken training in this. The staff we spoke with were aware of this and said they would not talk about people in front of other people or relatives to ensure their confidentiality would be maintained at all times.

When people's communication was nonverbal staff were able to understand what people wanted by their body language, sign language (Makaton signs) or facial expressions. Staff had a good understanding of people's communication needs. We saw a person communicating their needs by taking a staff member by the hand to their room and demonstrating by pointing and gestures what they wanted. People had had their own words for various expressions and objects and these were included in their individual communication care plan. Staff were supportive of people and encouraged them to express themselves and took the time to listen to what people had to say.

Relatives told us they were able to visit when they wanted and were made to feel welcome.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to ensure their needs could be met. Following this people were able to visit to ensure they liked the place and the people they would be living with. It also provided people living in the home with the opportunity to see if they liked that person also. There had been no recent admissions to the home.

People had been involved in their care planning as much as possible. When people were unable to contribute to their care plan relatives or advocates had been involved in this process.

Care plans were well written and informative. They provided a detailed account of people's likes, dislikes, who were important to them and friendship links they wished to maintain. They also contained information about how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. We saw care was provided according to people's care plans and their needs. Care plans were regularly reviewed with people and updated appropriately when needs changed. Each person had a keyworker who had the responsibility of ensuring information about an individual was up to date and relevant. Relatives and other health support workers were also encouraged to be involved in people's care. They told us they were invited to meetings to talk about care plans.

People had individual activity plans that had been discussed and agreed. These were based on people's likes, hobbies and interests. People were supported with their activities which included shopping, trips out, local walks, swimming, dance activity, horse riding, trampolining, yoga, meals out, and attending the activity recreational centre (ARC). The service had its own transport and access to other vehicles from other homes to support people to attend their activities. People were busy and well occupied throughout the day. The registered manager told us holidays were not arranged. He had a very good understanding of people's needs and what people liked. He told us people who lived at Briar House who were living with living with autism had not tolerated change well. He said this was under regular review. He said "We provide lots of activities to compensate for this." People were still able to go home and enjoy family breaks as this was familiar to them. Relatives and family links were encouraged and relative said they were kept updated and involved with their family members care regularly.

People were unable to participate in house meetings but staff sat with people informally in a group or on a one to one basis and talked about various topics. For example house routines, daily activities, menus and food choices, and foththh comimg events like a carol service and Christmas arrangements.

People would not be able to make a complaint themselves and depended on staff and family or advocated to make a complaint on their behalf. People were supported by staff who understood them and would know if they were unhappy about something. One member of staff told us if they saw someone was not happy about something they would bring it to the attention or the manager who would explore this further. Staff and relatives knew how to raise any concerns or make a complaint. One staff member said "If I was unhappy about anything I would tell the manager. I never made a complaint on behalf on someone." A relative said

they would feel confident making a complaint as they knew this would be managed well.

There was a complaints procedure available for information and all relatives and advocates were provided with a copy of this. This gave information to people on how to make a complaint. It also contained the contact details of relevant external agencies such as the local authority and the Care Quality Commission. The registered manager told us they had received no written complaints about the home in the last 12 months.

Good

Is the service well-led?

Our findings

People were comfortable in their environment and gave us positive signs and gestures regarding way the home was run. One person was able to tell us "I like living here and I am happy." Staff were confident in their roles and felt it was a good place to work. One member of staff said "I like working here and get all the support I need to do my job." Another member of staff said "We work together as a team and it is a happy place to work." There was an open culture between staff, the management team and the people they supported.

The registered manager was present for the duration of our inspection at Briar House. They had the support of a well-established senior care staff team with defined roles and responsibilities during any one shift.

Staff were aware of the organisation's vision and values. They supported and encouraged people to be as independent as possible and provided people with the opportunity to be part of the local community. Staff told us "We treat people as individuals and help them achieve their goals." The registered manager told us they encouraged openness and transparency which included an open door policy. We saw staff come and go throughout day to the manager's office discussing various issues with positive outcomes.

Records relating to the care of people and the management of the home were well maintained. These were stored securely and reviewed appropriately. This meant that staff had access to the most relevant and up to date information to enable them to undertake their roles and responsibilities.

The registered manager had good corporate support. They told us they spent an allocated amount of hours each week in the head office undertaking administration work. This provided them with the opportunity to meet with other managers in the organisation and to discuss issues relevant to their roles.

The registered manager undertook monthly audits of medicine administration, nutrition, care plans, risk assessments, activity plans, staffing levels and staff training. These audits were sent to the provider for information and areas of concern were discussed and acted upon.

Provider audits were also undertaken which includes a visit to the premises, looking at the general health and wellbeing of people and gaining feedback from staff on behalf of people who used the service. They also generate a report with issues identified and actions for improvement. These may include improvements to the environment as identified.

The registered manager also undertook health and safety audits and infection control audits to ensure the safety and wellbeing of the people living in the home, people visiting the home and to promote a safe working environment. These included cleanliness and infection control, COSHH, and fire safety.

Staff were involved in how the home was run. Staff had the opportunity to meet as a team on a monthly basis to discuss general information and any issues or concerns. Minutes were available to us. These were

generally positive and included items like staff cover for people's planned outings and appointments.

Staff had met recently regarding the instillation of Egress which is a signing in system activated by individual thumb prints. They said this was to monitor their movements. Night staff was expected to sign in every hour during their shift to make sure their movements were accounted for and that people were having the supervision they needed.

Relatives were encouraged to give their feedback about the home. The recent survey completed by relatives was positive and included comments for example "I would not want my relative to live anywhere else, they have a wonderful home." "My relative is well cared for and is happy and relaxed." "I am involved in the home and I am very happy with the standard of care provided."

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was displayed in the home so they would know how to respond if they had concerns they could not raise directly with the registered manager.