

Nirvana Care Homes Limited

Briarvale

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

Briarvale is a residential care home that can accommodate a maximum of 10 people, some of whom may live with learning or physical difficulties. The service is set over two floors and has a small garden to the rear.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good, and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Since our last inspection the overall management of the service had changed. There was an acting manager in place who told us that an application for a registered manager was currently being dealt with. 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 staff were caring and kind and people and relatives told us the home had a relaxed atmosphere. Staff engaged with people and shared jokes with them, which people clearly enjoyed. Family members said they could visit at any time and always found people well-cared for and happy.

People were safe living at the home and staff knew how to support them to stay safe. Effective systems and checks ensured the premises were safe for people. There were sufficient staff to meet people's needs. Medicines were safely managed and given to people when they needed them.

People's needs were assessed prior to them moving into Briarvale, to ensure that staff were able to provide appropriate support. The staff were skilled, knowledgeable and experienced and had the necessary continuous training to support people in an appropriate way.

People had regular access to healthcare professionals and staff sought support from them when needed.

People were encouraged to make decisions about their support, care and day-to-day routines. Staff demonstrated that they worked within the principles of the Mental Capacity Act and there was documentation to support this.

People were encouraged to follow their interests. People and relatives told us about some of the activities they had enjoyed. These included shopping, meals out and holidays.

The culture of the home was caring and inclusive, with people at the heart of the service provided. People and relatives told us the acting manager and staff were always approachable and helpful.

There were effective systems in place to monitor the quality of the service. People and relatives had the opportunity to comment on the quality of the service that was provided.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Briarvale

Detailed findings

Background to this inspection

Briarvale is a 'care home' that provides accommodation for up to ten people with learning disabilities, some of whom are unable to communicate verbally. At the time of this inspection there were seven people using the service.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This inspection took place on the 18 and 25 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

At our last inspection we found the service was good. At this inspection, we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We sought feedback from commissioners who placed people and monitored the service.

During this inspection we spoke with two people, three relatives, and a visiting healthcare professional. We also spoke with the regional manager, an acting manager plus nine members of support staff,

We looked at four people's support records to see if they reflected the care provided, and three staff recruitment records. We looked at other information related to the running of the service, including quality

assurance audits, health and safety documentation, staff training information and arrangements for managing complaints.

Is the service safe?

Our findings

When discussing feeling safe, one person said, "Yes I do" [feel safe]. Relatives told us they felt that staff did provide care and support in a safe way.

Risks to people were assessed and monitored to support them to stay safe. Records showed that the risks to people's safety were clearly identified and measures put into place to reduce or eliminate these risks. Risk assessments also supported people to be as independent as they wished in the least restrictive way possible.

Staff were trained in safeguarding to protect people from abuse. They knew how to report any concerns they might have about a person's well-being. One staff member told us, "We all discuss things and would always speak out about any concerns, we all would."

Effective systems were in place to ensure the premises were safe for people. These included such measures as regular fire tests and maintenance checks of equipment.

People had their own evacuation plan in the event of a fire, to ensure the correct methods of support were in place for such an incident. All accidents and incidents were monitored and action taken to address any concerns.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet people's needs. We were told, by support staff and management, that staffing levels were worked out according to the planned activities and outings regularly chosen by people. A relative said, "Staffing levels seem good, there are always staff about when I visit."

Medicines were safely managed and stored. Staff were trained in the safe management of medicines and their competencies monitored. There were regular audits of medicines records and any shortfalls were quickly addressed.

People were protected by the prevention and control of infection. The home was clean and staff confirmed that personal protective equipment was readily available when needed. Staff were trained in infection control and followed clear policies and procedures to maintain cleanliness and hygiene. Although parts of the building were old and worn, this was being addressed and a full refurbishment was being undertaken.

Lessons were learnt and improvements made when things went wrong or changed and staff explained that things had been addressed as a team.

Is the service effective?

Our findings

A relative told us that they felt staff knew their job and that some challenging situations has been dealt with, "really well and in a helpful way."

People received care from staff who were competent and had the appropriate skills and knowledge to support people. Regular training and refresher courses were completed by staff and dates monitored to ensure staff knowledge was current. Staff told us that they were able to ask for any additional training they felt would enhance their role and their knowledge. Staff felt their training gave them the information they needed to do their job.

Staff confirmed that all new staff undertook an induction programme and worked with experienced members of staff until they were fully competent.

Every person received an assessment of their needs before the service agreed to provide their care. People's medical needs were regularly assessed and records showed there was on-going healthcare support from a range of professionals. These including such people as district nurses and mental health workers.

People had regular access to healthcare professionals and staff sought support from them when needed. A healthcare profession told us that the staff knew people's needs and were aware of current events and issues. Records showed that staff made appropriate referrals when necessary.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Staff were able to demonstrate they worked within the principles of the MCA and there was documentation to support this.

People were supported to make decisions about their care and their day-to-day routines and preferences. Records showed assessments were carried out to determine people's ability to make specific decisions. Staff followed clear management plans about routines to follow that enabled people to make their own decisions. If this was not possible and there were no relatives to provide support, then an advocate was appointed for independent support.

People were encouraged and assisted to maintain a healthy balanced diet. Staff encouraged healthy choices and those at risk of not eating regularly were monitored and appropriately supported.

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, "Yes, staff are very good." A relative said, "Staff do a really brilliant job. I have no worries." Another relative commented, "They are very welcoming and always know what to do."

We saw staff speaking and interacting with people throughout the day and saw that they spoke in a caring manner. They were gentle when reminding people of things and always asked if it was alright for us to talk or go into a room. This was checked at all times throughout the inspection, showing respect and consideration for people.

Staff knew the people they supported and shared jokes with them, which people enjoyed. There was much laughter shared throughout the time people spent together.

People told us they were actively involved in making decisions about their care and support. One person said, "I can go out and buy things I like." We were shown some prized possessions and staff discussed the person's next shopping trip that was planned.

Relatives said that staff were respectful and considerate of people's feelings. We observed staff knocking and waiting or gently opening a door before entering a room. Staff told us how certain people liked different routines, particularly at night. These preferences were observed and clearly written in the individual's support plan.

People told us staff supported them to access information and helped them to understand it. One person explained that a member of staff had sat and gone through their support plan with them, to ensure the person fully understood the information.

This range of activities in the service had been chosen by people through regular discussions with staff. Activities in the local community provided motivation and stimulation, while reducing feelings of isolation within the service and helped people to feel part of the community they lived in.

The provider's complaint policy guided people as to how their complaint would be managed and responded to. The policy included contact details of external agencies where people could escalate their complaint if they were unhappy with the outcome. One person confirmed they felt confident to raise concerns if they felt they needed to. Relatives told us they had no need to make any to date but would feel confident matters would be dealt with appropriately by staff. They all said they felt able to speak with staff about any matters troubling them. This was available and supplied in appropriate formats for people living at Briarvale.

We saw people's support plans and staff files were stored securely for confidentiality. This meant that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed.

Is the service responsive?

Our findings

Signatures showed us that people were involved in the review of their support plans. Relatives confirmed that they were also involved in reviews where the person had chosen this. We spoke with one person who had been looking through their support plan and discussing this with a member of staff.

Any changes decided by the person or observed by staff, were updated in all required documentation immediately, keeping staff fully up to date and informed. People were encouraged and supported to decide about their own care and support, including how this was to be provided.

Staff had an excellent understanding of people's social and cultural diversity, values and beliefs. The staff team was experienced in providing care and support for people from a wide variety of beliefs and needs. Staff were trained in equality and diversity and knowledgeable about how to meet people's needs in an individual and personalised way.

People were supported and encouraged to follow their interests. One person told us, with a large smile, "They [the staff] helped me to shop." Records included details of people's life histories, likes and dislikes, plus activities and outings they enjoyed. This helped staff to develop appropriate activity programmes and outings such as a planned tribute show.

There was a complaints procedure in place. The information was accessible to meet people's individual communication needs. People and relatives had the opportunity to raise concerns at meetings or in person with any members of staff. Relatives said they knew what to do if they had a complaint, but everyone we spoke with was currently totally satisfied with the service provided.

The staff ensured people had access to the information they needed in a way they could understand it. This meant the home complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information was provided in the home in a variety of way including pictorial, in large print, and in braille to make it more accessible to people.

People's support plans included a history of any health issues, diagnosis, medicines and treatments. This supported staff to identify any changes or trends in a person's mental health. Staff were then able to act appropriately and respond to these changes in behaviour or routines. Such changes in behaviour could be possible indicators of a decline or change in people's health and wellbeing.

The service supported people for as long as possible, throughout their lives, to enable them to remain in their own home for as long as they wish to.

Is the service well-led?

Our findings

Since our last inspection the overall management of the service has been changed. There is an acting manager in place who told us that an application for a registered manager was currently being dealt with.

The culture at Briarvale was caring and inclusive with people at the heart of the service provided. A relative told us, "It is always relaxed and staff make you feel welcome." We received many positive comments from relatives about how approachable and helpful staff were. One relative said, "The staff always welcome us and [name] is always looking happy."

Staff said the current acting manager provided positive and supportive leadership. One staff member told us, "We feel empowered now, able to say what we think and we are listened to." Another said, "We are all working as a team and feel really valued."

Regular audits were completed to ensure people were receiving good quality care and support that met their needs. The audits included listening to the views of people, their relatives and staff. People were at the centre of the service. A staff member said, "We are all here for each person who lives here, it is their home." The well being and comfort of people was at the central of daily routines.

There were plans in place to develop the building further to ensure people had appropriate space for their needs. For example, every room will have a bathroom or wet room big enough for ease of access. The current management had already instructed staff to support people to choose their own soft furnishings.

People were clearly looking forward to the planned alterations to the environment. Relatives were also aware of, and happy about, the planned changes and improvements. One person who had new curtains and bedding was happy to show us the result. They were laughing and explained how they had talked about what colours they preferred, they were clearly happy with their new look room.

The kitchen was to be developed to provide more storage, and the access to the garden is to be improved to allow everyone to be able to utilise the outside area as they wished. Other areas will be altered to provide a more comfortable environment. People we spoke with were looking forward to the new developments and relatives were also pleased about the proposed changes.

Regular discussions at meal times or individual talks were undertaken. This gave people the opportunity to express themselves about the plans in place for changes and improvements or any concerns they had. Records, and our conversations at this time, showed that people were involved in making choices about routines, re-decoration and menu choices.

Staff also had regular meetings and they told us that they were able to discuss the people they supported, ask for any additional training and say if there were any safeguarding issues that has arisen. Staff were also made aware of any updates or changes to routines and the provider's policies and procedures.

Quality audits and monitoring were in place and fully up to date. Relatives told us that they were updated at all times about any events or changes, enabling them to discuss issues with the staff team.