

Briarlea Care & Supported Living Limited

Briarlea Care Home

Inspection report

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Tel: 01386830214

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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

About the service: Briarlea Care Home is a care home providing care for up to 31 older people, some of whom live with dementia. There were 27 at the time of the inspection.

People's experience of using this service:

People were very positive about their life at the home, and the close bonds they had developed with each other and the staff who supported them.

People and their relatives were complimentary about the way the home was managed.

There were sufficient staff to care for people and staff promptly supported people when they wanted assistance. Staff understood the risk to people's safety and took action to reduce these.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

Staff understood what mattered to people and supported people to achieve the best health and well-being possible, including when people were at the end of their lives.

People had opportunities to do things which they enjoyed, and which responded to their individual needs.

Staff supported people to have their medicines safely and checks were undertaken to ensure these were administered as prescribed.

People, relatives, and other health and social care professionals were consulted when people's care was assessed, planned and reviewed, so people's needs continued to be met.

Staff had received training and developed the skills they needed to care for people, through induction and on-going training.

The registered manager kept up to date with best practice developments, so they could improve the care provided further.

Systems were in place to take any learning from complaints, accidents or incidents and to further improve people's care.

The registered manager and provider checked the quality of the care provided and developed the service and based suggestions from people, their relatives and staff.

Rating at last inspection: Good. The last report for Briarlea Care Home was published on 16 December 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Briarlea Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type: Briarlea Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Briarlea Care Home accommodates up to 31 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used information the provider sent to us in the Provider Information return (PIR). We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with eight people who lived at the home and two relatives to ask about their experience of care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, three care staff, a member of the catering staff and a visiting health and social care professional.

We looked at three people's care records, and multiple medication records. We also saw records relating to people's liberty and rights. We also looked at records relating to the management of the home. These included minutes of meetings with people and staff, and systems used to check the quality of the care provided, and to manage complaints and any accidents and incidents which may occur. In addition, we saw records of activities people had enjoyed doing and checks on the safety of the environment.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise any safety concerns they may have.
- The manager and staff had received training and understood what action to take in the event of any concerns for people's safety. This included how to report abuse to the local authority and CQC, if this was identified.
- Staff were supported to provide safe care through regular opportunities to communicate and to promote people's safety.

Assessing risk, safety monitoring and management

- People and their relatives were positive about the care provided to ensure people's safety needs were met. One person told us, "I know I am safe, and I have never felt as safe as I do here."
- People and their relatives were consulted when people's safety needs were assessed, and care planned.
- Staff had a clear understanding of people's individual risks to know how to maintain people's safety and independence. This included risks in relation to their health and mental well-being.
- One visiting health and social care professional told us staff adjusted the care planned as risks to people's safety changed. For example, to prevent poor skin health.
- The registered manager regularly checked people were safe.

Staffing and recruitment

- People and their relatives told us there were enough staff to care for people at times people wanted. One relative told us, "I tested the call bell, and staff came quickly."
- The suitability of potential staff to care for people was checked prior to their employment.

Using medicines safely

- People told us they could rely on staff supporting them to have the medicines they needed to remain well. Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Staff used their knowledge and the equipment provided to promote good hygiene practices to reduce the likelihood of people experiencing infections.

Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents when required.
- Staff had opportunities to regularly reflect on people's changing safety needs and to adjust their care.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The views of people and their relatives were gained when people's needs were assessed. This helped to make sure people's needs were met as soon as they moved into the home.
- Staff sought specialist advice from other health and social care professionals, to inform people's assessments.
- People's assessments were regularly updated to reflect their changing preferences and needs.

Staff skills, knowledge and experience

- People were complimentary about the skills staff used to care for them. One relative told us the care provided to their family member was "Excellent", because staff used the training they had received when assisting people.
- Staff were positive about the opportunities and support they had to develop their skills and reflect on their practice. One staff member said, "The training here is good, and it is regular. It gives us the chance to ask the questions you need, so you can help [people]."
- The registered manager had put system in place to support staff who were new to Briarlea, through induction, shadowing and one to one meetings with managers.

Supporting people to eat and drink enough with choice in a balanced diet

- People enjoyed their mealtime experiences and were supported to have enough to eat and drink to remain well. People's mealtimes were sociable events and were not rushed.
- Staff and a visiting health and social care professional gave us examples of improved nutritional outcome people enjoyed, once they had moved into the home.
- People were cared for, so their food and drink preferences and specific dietary needs were met and their health promoted.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see a wide range of external health and social care professionals, such as speech and language specialists, GP and dentists, so they would enjoy the best health possible. One person said, "Staff always look after us if we are ill."
- A health and social care professional who regularly visited the home said staff knew people's health needs well, and made prompt referrals to them, so people's needs would be met.
- Staff told us they were supported to provide timely health care to people through the communication systems in place, which provided opportunities to monitor people's health needs continued to be met.

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

- People told us they liked their rooms, which reflected their interests.
- People could choose to spend time quietly and more social areas, where people could enjoy each other's company. People had the confidence to adapt how areas of the home were used, so they had easy access to things which were important to them.
- Staff gave us examples of how they encouraged people to use areas of the home and grounds, so they would maximise the benefit from living at the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

- People's capacity assessments were informed by consultation with them, their relatives and other health and social care professionals.
- Staff had received training to understand people's rights.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had developed strong bonds with the staff who cared for them, and told us staff were considerate and compassionate. One person said, "All the staff are lovely, they have been so good to me."
- People wanted to involve staff in their lives and were comfortable to express their affection for the staff caring for them, and to ask for assistance when they wanted it.
- One staff member told us, "We all know the residents. You read their care plans and chat to find out about their preferences and histories, so you can relate to them."
- Staff spoke warmly about the people they cared for and took every opportunity to chat to them about their day and to share a joke with them.

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

- People were encouraged to make their own decisions about their care. This included where they wanted to spend their time, how they would like their room arranged, and what interesting things they would like to do.
- Staff supported people to make their own day to day decisions, where they wanted this, such as what they would like to eat or drink. Staff did not rush people and listened carefully to their answers before assisting them.

Respecting and promoting people's privacy, dignity and independence

- People's right to dignity, privacy and independence was considered when their care was planned. One person told us staff recognised they enjoyed the independence of undertaking some of their personal care themselves. A relative said their family member liked to spend time quietly in their own room, and staff respected this.
- Staff gave us examples of the care provided which helped people to increase their independence. This included additional support, so people were able to regain their mobility after periods of illness. For one person, this meant they were now independent enough to consider moving back to their own home.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in planning their care and regularly reviewing it with staff. People's relatives were also consulted. One relative told us they had made suggestions about the type of care their family member would prefer. The relative told us their views had been listened to, and their family member's freedoms and privacy was respected, and they continued to enjoy life.
- Staff considered what was important to individual people when planning their care. People's care plans reflected their life histories and care preferences and goals and provided staff with the information they needed to support people in the ways they preferred. One staff member said, "You use the information to reassure people."
- One person told us because of the plans agreed to support them, they felt more secure, and valued. The person said, "They [staff] helped me to find myself."
- Staff encouraged people to decide what enjoyable things they might like to do. People told us this included movie afternoons, tending to their plants or gentle exercise and listening to music. One staff member said, "You ask what people want to do, and we use memory boxes and one to one time to arrange people's wishes, so they can reconnect with their past, or try something new." Wishes people had enjoyed doing included strawberry picking, and falconry.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Staff gave us examples of the support they offered to people, so their communication and sensory needs were met. This included individual ways of responding to people's sensory needs, so people were empowered to make their own choices and experienced an enhanced sense of well-being. The registered manager told us they planned to further develop "Easy Read" and large font version of key documents to support people's communication needs, as people's needs changed.

Improving care quality in response to complaints or concerns

- People we spoke with told us they had not wanted to make any complaints about the care provided, as they considered it to be good. People were confident if they raised any concerns with staff and the registered manager these would be addressed.
- Systems were in place to promote, manage and respond to any complaints or any concerns raised. We saw action was taken if any concerns or suggestions had been made, and learning taken from these.

End of life care and support

- People and their relatives were consulted when arrangements were made for people's care at the end of their lives, and people's wishes were respected.

- Staff told us about compliments they had received because of the way they supported people at the end of their lives. These included improvements in people's physical health and well-being.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People told us Briarlea Care Home was a positive place to live. People said because of the way the home was run they considered it their home. One person told us, "I love it here. There's such a friendly atmosphere. They [people and staff] are my family." Other people told us because of the culture at the home they had developed friendships with other people living at Briarlea Care Home.
- Relatives emphasised communication with the registered manager and senior staff was good, and they had an open approach when discussing life at the home. One relative told us because of this, "The care is excellent, and all the staff have such rapport with the residents."
- One staff member said, "[Registered manager's name] works closely with us. She has so much time for all of us, because she knows if we are happy the residents see this."
- A health and social care professional said "It's a very well-run home. You can tell when you see the attitude of staff, and you see they know people really well."
- Staff knew how they were expected to care for people, through regular meetings with senior staff, "Staff News" magazine and one to one meetings with their managers. Staff told us they were encouraged and able to obtain guidance from the registered manager without delay when required, so people would continue to receive the best care possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People made any suggestions they had for improving the care offered at regular meetings. People told us their suggestions were listened to. For example, in relation to meal choices and interesting things to do.
- Relatives told us their views on the care provided were regularly sought. One relative told us about suggestions they had made to develop their family member's care further. The relative said, "We [the family member and staff] worked together to make decisions in [person's name's] best interests."
- Staff told us suggestions they made were listened to. For example, suggestions to adjust people's care if they temporarily needed more support, and for new enjoyable things for people to do.
- Staff gave us examples of links which had been made with other organisations and charities, such as hospices, faith groups and commercial enterprises such as garden centres, so people would experience enhanced wellbeing.

Continuous learning and improving care

- The registered manager kept up to date with best practice through research, attending events and

meetings with the provider's other managers. The registered manager told us they were well supported by the provider, who visited the home regularly to check on the quality of care provided.

- The views of people living at the home, their relatives and staff were periodically checked through resident meetings and one to one discussion. Staff gave us examples of changes introduced because of feedback from people, such as meal choices and plans for celebrations.
- The registered manager checked people received their medicines and prescribed, that the environment and equipment was safe and people's experience of care through daily observation and discussion with people and staff.
- The registered manager reviewed any feedback and incidents and developed action plans, so any learning would be taken from them and the home would continue to improve.