

Nirvana Care Homes Limited

Briarvale

Inspection report

158 Ashby Road
Shepshed
Loughborough
Leicestershire
LE12 9EE

Tel: 01509829283

Date of inspection visit:
09 March 2016

Date of publication:
19 April 2016

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

We carried out our inspection on 9 March 2016. The inspection was unannounced.

The service provides accommodation for up to 10 people living with a learning disability and or physical disability. There were 9 people using the service at the time of our inspection.

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

People felt safe using the services of Briarvale. They felt safe for a variety of reasons which included their confidence in staff skills to protect them from avoidable harm and abuse.

Staffing levels were based on people's assessed dependencies and needs. Enough staff were on duty to ensure that people needs were met safely. The provider completed relevant pre-employment checks which assured them that staff were safe to work with people.

People received their medicines as prescribed. The provider had effective protocols for their safe management. The registered manager supported staff to complete people's medicines records accurately.

Staff received the training they required to provide support that met people's individual needs.

Staff had a good understanding of the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to their work. They supported people in accordance to relevant legislation and guidance.

Staff supported people to meet their nutritional needs. They also supported people to access health care services when they needed this.

Staff were kind and compassionate to people. Staff were knowledgeable about the needs of the people they supported. They also treated people with dignity and respect.

People's care plans reflected their individual needs and preferences. People and their relatives were actively involved in the development of their own care plans. Staff also liaised with other professionals involved in people's care in the development and reviews of care plans.

People and their relatives had opportunities to raise any concerns they had about the service they received.

People using the service, their relatives and staff complemented the registered manager. They were confident in the registered manager and their ability to run the service. The provider had effective

procedures for monitoring and assessing the quality of service that promoted continuous improvement.

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.

People told us they felt safe because they trusted staff's ability to look after them.

Staff had received training in safeguarding. They knew how to report any concerns they had about people's safety.

People received the support they required to take their medicines.

Is the service effective?

Good ●

The service was effective.

Staff were supported and enabled to undertake training that allowed them to meet people's individual needs.

People were supported in accordance with relevant legislation and guidance. They were involved in decisions about their care and support. Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005.

People had timely access to relevant health care support.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the needs and preferences of people who use the service.

Staff respected people's wishes and choices and promoted their privacy and dignity.

Relatives could visit without undue restrictions.

Is the service responsive?

Good ●

The service was responsive.

People's support was centred on their individual needs. Their care plans included comprehensive information about how they would like to receive their support.

People and their relatives were involved in planning their care and support.

People and their relatives were encouraged to raise any concerns or complaints. The service provided opportunities to do so.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff contributed to the development of the service .

Staff had a clear understanding of the standards expected of them. They were supported by the registered manager to meet those standards.

The provider had quality assurance systems in place to monitor the quality of care that people received. We saw evidence that these systems drove continual improvement in the service.

Briarvale

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 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.

This inspection took place on 9 March 2016. The inspection was unannounced.

The inspection team consisted of an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service, relatives of four people who used the service, three care staff and the registered manager. We also spoke with a visiting health professional. We looked at the care records of three people who used the service, people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

We also observed care and support being provided by staff in the communal areas of the home. From our observations we could determine how staff interacted with people who use the service, and how people responded to the interactions. This was so that we could understand people's experiences.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. People told us they felt safe living at Briarvale. They answered "Yes" when we asked if they felt safe at Briarvale. They told us that they felt safe due to a variety of reasons. A person using the service told us they felt safe because of, "All the staff. They come and chat." Relatives of people using the service told us they felt people using the service were safe. A relative said, "Yes, it is safe. There is good security at the door and the people seem very caring." Another relative said, "I know [person using service] is in safe hands. You can tell by his body language."

A health professional told us, "Yes I think [person] is safe, absolutely. There are no concerns that I've witnessed here as they are always quite nice."

As part of staff induction and on-going development, staff received safeguarding training about how to protect people from harm. Staff knew what to do if they had concerns about the welfare of people using the service. Staff told us that they would raise any concerns with the registered manager. They also told us that the registered manager took any concerns raised seriously, and that they acted on them promptly. We saw records that showed the registered manager investigated concerns and incidents and they implemented new systems to reduce the risk of an occurrence or reoccurrence of such incident. They told us that they were in the process of implementing competency checks to support staff's application of their safeguarding policies. A member of staff told us, "The new systems are really really good. They safeguard both staff and service users." The registered manager monitored the effectiveness of their new systems and supported staff to apply them. Where staff had been involved in incidents of concerns regarding people's safety, the registered manager investigated and followed the provider's procedures where necessary.

The provider had good positive risk taking practices. For example, people's care plans included information on how they people could live safely and take risks. This information guided care workers on how to support people safely and protect them from avoidable harm.

There were enough staff to meet people's needs. People told us that staff were readily available to meet their needs. A person using the service said, "I don't call them [staff], they just come." A health professional told us, "There are enough staff to do the care when I'm here, and if [person] says "I need changing" the staff come straight away."

Relatives told us that there were enough staff. However, they said there had been a high turnover of staff and manager and there was a reliance on agency staff to meet safe staffing levels. One relative said, "I think there are enough staff, but you do get stages. In the day it's fine as there are always three (staff working), but it varies with agency or bank staff and I'm not that keen on them because [person using service] can't communicate, so the numbers of staff might be there but it's whether they're familiar staff." Another relative said, "They rely too much on agency staff, and on Christmas Day there were too few familiar staff, only one staff was there that I recognised. I am hoping with the new manager that things will change, but I feel [registered manager] entered a broken system." A member of staff said, "We have three new staff. They are shadowing now. Staffing levels were bad but will be sorted soon."

We reviewed records that showed that the provider had plans in place to recruit more staff. Records also showed that the provider operated a safe recruitment process to ensure that staff employed had the right skills and experience, and as far as possible were suited to supporting the people who use the service. One way the provider sought to achieve this was to involve people using the service in the recruitment process. People were involved in recruitment interviews and asked job applicants questions about things that are important to them. People's views about applicants were taken into account. The provider carried out all of the required pre-employment checks before a new worker was allowed to support people using the service.

People received their medicines as prescribed by their doctors. We found that the provider has safe protocols for managing and administering people's medicines. Medicines were stored securely. This protected people from unsafe access and potential misuse of medicines. We looked at the medication administration records (MAR) charts, we saw that records were not always completed correctly and up to date. However, we saw records that the registered manager had identified gaps in staff recording and was actively supporting staff to prevent future reoccurrence. We saw improvements in staff recording of people's medicines in the period that they have had support from the manager.

Is the service effective?

Our findings

People using the service were supported by staff that had the relevant skills and experience to support them. People told us that they were satisfied that staff had the appropriate training to meet their care needs. One relative told us, "Yes, we think so. They are excellent, [person] has to be spoon-fed and just general care, being hoisted, washed, people talking to them, they [staff] do all of that."

The training staff received was effective and enabled them to care for the people using the service. We reviewed the provider's training records which showed that staff had completed a range of training which equipped them to carry out their roles and responsibilities. One member of staff told us, "I get supported really well. I get all the training I need."

We observed that staff communicated effectively with people. They sought their consent before they provided support. They offered them choices and used various tools such as pictorial aids to support them to make decisions about their care and support.

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. We checked whether the service was working within the principles of the MCA. We reviewed records that showed that staff had received training in MCA. The registered manager and other staff had a good understanding of the relevance of the MCA and Deprivation of Liberty Safeguards (DoLS) to their work.

On the day of our visit no person required an authorisation in place that restricted them of their freedom or liberty. An authorisation can only be granted by a supervisory body following assessments and only if required criteria are met.

At the time of our inspection, the provider was developing new style care plans. Care plans completed using the new style showed that the provider fully considered people's mental capacity and how they would apply MCA in their assessment and support of people's needs. They showed that staff liaised with relatives and other professionals involved people's care to ensure that decision made on behalf of people was in accordance with MCA. People care records included a 'decision making support plan' which guided staff to assess people's capacity to make decisions about various aspects of their care and support. We found that the plan complied with the requirements of MCA.

People were supported to have enough to eat and drink and to have a healthy balanced diet. People told us that they like the meals. They said that they were offered a choice of meals, snacks and drinks. A person using the service told us, "It's nice food, really." A relative said, "Food, it's always fine." Staff had knowledge of people's specific dietary requirements, and their preferences. People who were able to, were supported to be involved in preparing their own meals. People's records showed that where required the provider liaised

with other professionals to meet people's nutritional needs.

People were supported to access health care services when they needed it. A relative told us, "[Person using service] gets the GP in to see him, and has a water sample sent down every Monday." We reviewed records which showed that staff referred people to healthcare professionals as soon as they required. We saw that home visits were promptly arranged for people who required it. The provider used a feedback sheet to record information of all contact people had with health professionals. They also used this to record information of any follow up support people required with their health needs. A health professional told us, "We got a referral straightaway. If I ask, can you do these exercises? They do, and they've made a whole game to get [person] engaged. It was the manager who came up with some ideas. They communicate well with me and with the community nurse. I give feedback and they are forthcoming with giving me a feedback form - they're the only place that does it, and it's a nice easy read form that all the staff can understand. I think I can say [person]'s got a proactive group of people working with her here."

Is the service caring?

Our findings

Staff treated people with kindness and compassion. People and their relatives told us that the staff were caring when they provided support. A relative said, "Two members of staff have been here for a long time and they have been brilliant. Lots of members of staff here have been very good. They really go out of their way to take him out." Another relative said, "Yes, some staff are better than others, and are caring. There's a good range of skills, but overall, yes, they are caring."

We observed that staff supported people in an attentive manner, ensuring that support was measured to the pace of the individual and was not task orientated. Staff were cheerful, and reassuring in their interactions with people who use the service. We observed that there was a relaxed atmosphere in the service.

Staff that we spoke with were knowledgeable about the people who use the service. They knew their needs and preferences, and had the skills to support these needs. We saw that staff applied this when they supported people. Staff used their knowledge of people to develop 'communication passports' which had information on how each person liked to communicate, and how they may respond in different situations. They developed this in collaboration with other people who were involved in the individual's care. For example, people's relatives. A health professional told us, "I really like this house and find the staff really helpful and know some of them really well."

People and their relatives were involved in decisions about their care and support. The provider had arrangements to involve and enable people to feel listened to and involved in their own care. One of the ways they did this was at review meetings where people, their relatives and other professionals who knew them contributed to the planning of the care. All the relatives we spoke with told us that staff kept them updated about the care of their loved one, and that they had good experiences of communication with staff. One relative told us, "For the care plan, we just had a review last week. We were happy with that." Another relative said, "I'm kept informed generally, and the manager is very good with keeping me informed about different things."

Staff respected the privacy and dignity of people who use the service. Staff gave examples of ways they ensured that people's privacy and dignity was promoted during care delivery. One staff told us, "We treat people with dignity and respect by giving them choices, knock on their door, close windows and doors when offering personal care – things 'we' may take for granted." They went on to say that they also ensured that they treated and shared people's information confidentially. During our inspection we saw some people chose to have their doors locked when they were not in their bedrooms. People used their keys to access their rooms themselves. A relative told us, "Dignity and respect I feel, yes. I've seen some carers over the last few years in my work who were not coming across as caring, but I don't get that feeling here."

People's friends and their relatives told us they were able to visit Briarvale without undue restrictions. They said they were encouraged to visit as they wish, and can 'call in' or ring at any time. They said that they got calls or text messages from the manager late at night to update them about people's, which they appreciated. A relative said, "We can do whatever we like, we can call in when we like, or say (to staff) do this

or that and they do." Another said, "I was told I could call in to see [person] or ring any time."

Is the service responsive?

Our findings

People's care and support was tailored to their individual needs. People told us that staff involved them in developing their care plan and in planning and reviewing their daily support.

We saw that people's care plan that had been completed using the provider's revised format which had a detailed assessment of their individual needs. Staff were in the process of updating people's information using the new format. Care plans included comprehensive details of their history where known, their preferences, beliefs and the level of independence regarding specific tasks in their daily care and support. They took into account the views of the person and those of other people who were involved in their care. This included their relatives, other professionals, their key worker and other staff members. Care plans were reviewed to ensure that they continued to meet people's needs. A person using the service told us, "Sometimes we have a family meeting - it's here in the room." A relative said, "We haven't done a review (of person's care) as there hasn't been a need for a review, but I am involved anyway."

People were not socially isolated. They were supported to be part of the community. On the day of our inspection, some people attended day centres and other venues in the community where they maintained and developed skills. We saw that some people chose to stay at home or remained at home due to their needs at the time. Staff worked creatively within the limits of people's commissioned support to ensure that people using the service was supported to take part in activities that were meaningful to them. A staff member told us, "We have a snoezelon, but it's not used any more. We want to make it an office for [person] to do his paperwork - he likes carrying his files around and sorting out his papers and writing." We saw that completing paperwork was important to the person, and staff supported them with this. Another staff referring to a person who chose to stay at home due to complex mobility needs at the time said, "We [staff] often go in to talk to [person] so that she does not feel isolated. We do that everyday."

People using the service also participated in a wide range of activities some of which required very detailed planning to make them happen, for example holidays. We also saw that staff were measured, consistent and creative in their approach to support people who appeared anxious to access the local community. We reviewed records that showed that staff supported people to maintain relationships with their family and friends.

We observed that staff regularly liaised with other professionals for support to ensure that they provided services that met people's changing needs due to their disability or age. At the time of our inspection, no person using the service at Briarvale had specific cultural needs.

Relatives told us they were able to make their views known or raise concerns at any time and were confident they would be listened to. A relative said, "If I had a concern, yes, I'd say, but I don't have any." Another relative said, "I'd look online. I know that I can do. I haven't yet, but it's early days."

People using the service also gave their feedback of the service at residents meeting. Staff supported them to use technology and communication aids to provide their feedback. They also had access to an easy to

read version of information that supported them on to raise any concerns they had about their care. They could also approach the registered manager to raise any concerns. A person using the service said, "When concerned], I often do tell them, yes."

The provider was developing further arrangements to gather feedback about the support people received. This included service users and family surveys. They told us they would implement this from June 2016.

Is the service well-led?

Our findings

People, their relatives and the staff who support them felt included and satisfied in the development and quality of the service. Relatives told us that some improvements were needed in the service. However, they said they were satisfied that they had opportunities to actively input in the development of the service and felt that people using the service were happy and safe at Briarvale.

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission.

The registered manager was newly employed to the service and at the time of our inspection had been in their role for four months. People were complimentary about the support they received from the registered manager. A person using the service said, "I like [registered manager], yes, she's got a friendly nature." Relatives told us that the registered manager was supportive and transparent. Some of their comments included, "[Registered manager] did an introductory meeting. Oh yes, she's very approachable. Yes, I feel welcome. They've had so many managers, but I do like her. I hope she stays longer." and "Yes, very approachable. We've had quite a few conversations already and she's texted me late at night as well, if she's working late."

Staff told us that they felt supported by the registered manager. They said the registered manager supported them to meet the standards they expected of them. They did this through regular supervisions and training. At supervision meetings, staff and their manager could discuss the staff member's on-going performance, development and support needs, and any concerns. A member of staff told us, "In every aspect Briarvale gives support to both service users and staff." They went on to say, "There is an open door culture. If we have any concerns, we just need to go up (to the office). I have learnt so much from [registered manager]."

The registered manager showed a commitment to provide a service that was inclusive and put people at the centre of the service they received. They had developed an action plan of the improvements required within the service. We saw evidence of improvements of some issues that were identified. For example, implementing 'service users' meetings, review of people's finance management system and implementing a new system that safeguards people. The registered manager demonstrated clearly how other areas of improvement would be made. This included an inclusive approach of all staff to make the necessary improvements. The registered manager also told us that the provider ensured that they had the necessary support they needed to make required improvements.

The provider had quality assurance systems procedures for assessing and monitoring that they provided a good quality of the service. They completed regular audits which included infection control, management of medicines and safeguarding procedures. The provider's audits had identified issues we saw regarding staff consistency with recording people's medicines and health monitoring information. We saw that the registered manager was actively supporting staff to improve this. The registered manager told us that they planned to include discussions on accidents and incidents in staff meetings. This would support and enable

staff take ownership of preventing a future reoccurrence of such events. They also told us that they were in the process of implementing 'outcome monitoring forms' which would enable and motivate staff to see improvements their work had made to people's lives and the service generally.

People were positive about the service they received. A person using the service said, "It (the service) is good so far, yes. A relative said, "Well, we are quite happy with his service, in fact very happy."