

Baschurch Care Limited

Briery Lodge

Inspection report

Church Road
Baschurch
Shrewsbury
Shropshire
SY4 2EF

Tel: 01939260150
Website: www.selecthealthcaregroup.com

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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: Briery Lodge is a residential care home providing personal and nursing care to six people with a learning disability at the time of the inspection.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

People's experience of using this service:

People had clear risk assessments and documented plans to manage the risks to their safety.

Staff were well trained and supported people to meet their needs and provide safe and effective care.

People received support from staff who were kind and compassionate and understood their preferences. Staff supported people to make choices and understood their communication needs. People were encouraged to be independent and their privacy and dignity was respected.

People were supported to do things they enjoyed and went out into the community. People's preferences were understood by staff and they were involved in their care and support. People understood how to make a complaint and were listened to.

There were systems to monitor the quality of care which were effective. There were plans in place for any areas for improvement.

The registered manager had systems in place to learn when things went wrong and worked with staff to create a positive culture in the home.

The service met the characteristics of Good in all areas;

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

Rating at last inspection: At the last inspection the service was rated Good (report published 8 July 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Briery Lodge

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:

The inspection was carried out by one inspector.

Service and service type:

Briery Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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:

Before the inspection visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to make.

We reviewed other information we held about the service such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We

used this information to help us plan our inspection.

During the inspection we spoke with two people who used the service. We did this to gain people's views about the care and to check that standards of care were being met. We observed people's care to help us understand the experience of people who could not talk with us. We also spoke with four members of staff, the unit manager and the registered manager.

We looked at the care records of three people who used the service to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included incident reports, medicine administration records and quality assurance records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Using medicines safely:

- At the last inspection report published on 8 July 2016 we reported people were not always receiving their medicines as prescribed. At this inspection we found the provider had made the required improvements.
 - People received their medicines as prescribed and records confirmed this.
 - Staff told us they had training and their competency checked. One staff member said, "The training is really good, I am confident with medicines, there are observed practices before you get signed off it works well."
 - There was guidance in place for staff when administering medicines. For example, protocols were in place for medicines which people needed on an as required basis.
 - Medicines administration records were accurately completed to record the medicines people had received.
- Medicines were stored safely and checks were carried out to make sure people had an adequate supply of their medicines.

Supporting people to stay safe from harm and abuse, systems and processes:

- People were supported to stay safe from the risk of abuse. Staff could recognise the signs of abuse and describe how they would report and record any concerns. One staff member said, "We have to look for changes to people, for example their appetite or appearance. We document everything and report it to the registered manager. If no action is taken I would report to the local authority or CQC."
- There were systems and processes in place to protect people from abuse and we saw these worked effectively.

Assessing risk, safety monitoring and management;

- People had risks to their safety assessed and plans put in place to meet them. One person said, "Staff have to help me with my personal care to make sure I am safe."
- Where people displayed behaviours that placed them or others at risk we found staff understood how to support them safely and we saw they followed the clear guidance available in care plans.
- Where people were at risk of falls the risks had been assessed and plans put in place to minimise the risk.
- The provider ensured risk assessments were reviewed and updated when things changed and people were involved in their risk assessments.

Staffing levels:

- There were enough, safely recruited staff to meet people's needs. One person told us, "The staff are always here to help us with anything."
- Staff confirmed there were enough staff on duty to provide the support people needed.
- We saw people had support from staff during the inspection to do the things they wanted. For example, one person went out with staff to do an activity during the morning.

- Others went to a group activity at a nearby location. We saw people had chance to have conversations with staff and nobody was rushed or left waiting for support.

Preventing and controlling infection:

- People were supported in a clean environment. Staff understood how to prevent the spread of infection and followed the infection control procedures to keep people safe.
- We saw staff had access to and used personal protective equipment (PPE) when needed and the home was clean and fresh.

Learning lessons when things go wrong:

- There were systems in place to learn when things went wrong. The registered manager reviewed all incidents and accidents and analysed for trends.
- The registered manager reviewed the analysis and made any changes needed to prevent further incidents.

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:

- People's needs were assessed and planned for with reviews taking place on a regular basis.
- Staff told us they used the information in people's care plans and assessments to guide how they provided support. One staff member said, "There is a detailed history for each person and we always liaise with others involved to get the right plan in place."
- We found the assessment and plans considered people's diverse needs including protected characteristics under the Equality Act 2010 such as age, culture, religion and disability.

Staff skills, knowledge and experience:

- People were supported by trained staff who had the required skills and knowledge to help them effectively.
- Staff told us they received an induction and regular updates to their training. Records supported this.
- Staff told us they had regular supervision and opportunities to discuss their training needs with managers. There were also team meetings where staff could speak about the service and make suggestions for changes. One staff member said, "I feel very much part of a team here, I have regular supervision and I am very happy in my job."

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

- People were supported to maintain a healthy diet and had a choice of meals and drinks. One person said, "I choose what I want for breakfast, I can have snacks when I want them, it's nice."
- Where people had specific dietary requirements, these were understood by staff and plans put in place to manage the risk.
- Staff could describe people's needs, preferences and risks relating to meals and drinks and ensured people received the support they needed.
- People were supported to be involved in their meal preparation. We saw one person was supported to decide what they wanted to eat and prepare their own meal and drink which was in line with their care plan.

Staff working with other agencies to provide consistent, effective, timely care:

- People received consistent support. There were systems in place to support staff with providing consistent care.
- Staff had a handover at the start and end of their shift, one staff member said, "The handover works well to tell us about any changes, or if people have needed additional medicines that day it's recorded on a sheet to supplement the discussion we have."
- We saw other professionals were involved in providing support when people needed it and this was

documented in people's care plans.

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

- The environment had been designed to meet people's needs. People had personalised their individual bedrooms and could access all communal areas.
- We saw a sensory room was available which some people used. There was a large garden area with seating and items to support activities such as a net for football.
- Where needed, people had individual adaptations in place to support them. For example, some rooms had ceiling track hoists in place, other rooms had crash mats to reduce the risk of injury if the person fell on the floor.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to maintain their health and wellbeing. Where people had specific health conditions, there was clear guidance in place for staff to help people manage their condition. Where needed, people had aspects of their health monitored and any concerns were raised with a health professional.
- Staff could describe how they supported people with their health conditions. We saw referrals to health professionals took place promptly and the advice was followed by staff. People had individual health action plans in place which guided staff on supporting with their health needs.
- People had support to stay healthy and manage risks to their health. One staff member described in detail the plans in place to manage one person's health needs and how they had received additional training to assist them with this.

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

- The 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.
- Where people did not have capacity to make decisions, they 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 practice.
- Staff understood their responsibilities under the MCA and followed the principles of the MCA.
- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

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:

- People were supported by kind and caring staff. One person told us, "I am really happy here, I like all the staff." Another person told us, "I am also happy here, it's nice the staff are good and I like it here."
- Staff knew people well and used their knowledge to have conversations with people about things that interested them.
- We saw staff were aware of people's needs, they were attentive and checking with people throughout the day to make sure they were happy and content.
- Care plans included lots of information about what was important to people and other guides to help staff provide caring support. For example, there were detailed guides to what made people feel happy and sad. Staff followed the information when offering people support.

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

- People were supported to make choices. One person told us, "I can choose when to get up and go to bed, I choose my own meals and when I want help from staff."
- One person told us, "I help with putting my laundry away, staff wash the clothes and iron them and then I put them away." Other people were encouraged to make their own meals, wash crockery and clear tables and make drinks. The staff understood people's abilities and encouraged them to maintain them.
- People had their communication needs assessed and plans put in place to meet them. Staff could describe how they supported people with communication. People's needs were clearly documented and guidance for staff helped to ensure people could communicate.
- We saw people's care plans and information on display used easy words and pictures to help people understand information and make decisions.

Respecting and promoting people's privacy, dignity and independence:

- People had their privacy and dignity respected by staff. One person told us, "Staff speak quietly when they are talking to me about my personal care."
- Staff told us how people's privacy was observed. One staff member told us, "We have to protect people's dignity when they are out in the community." Other staff commented about closing doors to rooms and ensuring they knocked before entering.
- Staff also described the importance of keeping information about people secure and could tell us how this was managed.

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.

How people's needs are met; Personalised care:

- People were supported by staff that understood their needs and preferences. Staff could describe in detail how people liked to have their support and what was important to them.
- Staff described how people liked to be supported with personal care, what was important to them and the who was important in their lives.
- Care plans included detailed information for staff on preferences this included information about peoples individual protected characteristics and how these were met. For example, with people's culture, religion and sexuality.
- People were supported to do things they enjoyed. One person told us, "I am going to an exercise class shortly with everyone else and the staff." Another person told us, "I went out the other day and we took a picnic with us, I enjoyed it."
- We saw people were supported to maintain their individual interests and have time in the community supported by staff.

Improving care quality in response to complaints or concerns:

- There was a complaints process in place. One person told us "If I was unhappy I would tell the staff about it, they would help me."
- We saw there was a pictorial complaints procedure available to ensure people understood how to say if they were unhappy.
- There had not been any complaints since our last inspection. The registered manager could describe how they would investigate complaints and respond.

End of life care and support:

- The provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager told us the vision was for people to have as much choice and independence as possible. They told us and staff confirmed this was a clear focus in team meetings and supervisions to ensure everyone worked to provide this environment for people living at the home.
- The registered manager understood their responsibilities for duty of candour. We saw any incidents had been reported to relatives straight away.
- Staff told us the registered manager was approachable and they could raise things with them and make suggestions. We saw staff had opportunities to feedback using a staff survey.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- In the PIR the provider told us audits were carried out to check on peoples care delivery. For example, medicines audits were carried out and audits of food and fluid charts were in place.
- We found there were checks on peoples care delivery and these were effective in ensuring any care plans were updated.
- The registered manager told us they had a system in place to review any incidents and accidents and we saw this identified if there were any areas for learning.

Engaging and involving people using the service, the public and staff:

- People were involved in the service. We saw people had been involved in meetings to discuss what they liked and any changes which they wanted to see for the service. People received feedback about this and it was in display in the home.
- The registered manager told us there were opportunities for relatives and other professionals to share their feedback. We saw positive feedback had been received about the service. For example, all relatives felt involved, and listened to and welcome at the home.
- We saw records which showed people had given suggestions for example, people had made suggestions for trips they would like to take and they told us these had taken place.

Continuous learning and improving care

- In the PIR, the provider told us there were regular updates to training. They also told us there were regular updates to policies and procedures and staff were kept informed of new ways of working.
- The registered manager told us they documented the individual successes of people living at the service and this helped to learn how they could support people.

Working in partnership with others:

- In the PIR, the provider told us they worked in partnership with other agencies in supporting people with their needs.
- The registered manager confirmed they had relationships in place with health professionals and sought their advice as needed.
- There were working relationships with key health professionals such as community nurses and advocates.
- We saw other professionals were involved and this was documented in people's care records.