

Mr & Mrs V Game

The Briars

Inspection report

24 Pearl Street
Saltburn
TS12 1DU
Tel: 01287 622264

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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 

Overall summary

We inspected The Briars on 18 November 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The Briars provides care and accommodation to maximum number of five people who have a learning disability. The home is situated in a residential area of Saltburn. Communal facilities consist of a family style lounge, a dining room and a kitchen. Bedrooms are for single occupancy and are on the first and second floor of the home. The home is close to shops, pubs and public transport.

The service had a registered manager in place. 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 told us they felt safe. There were policies and procedures in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with told us how they keep people safe and were able to explain the whistleblowing and safeguarding procedures.

Summary of findings

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

People had risk assessments for bathing/showering, using stairs, going out into the community, medication. One person who was at risk of choking had a detailed care plan but no risk assessment for this. The registered manager told us this would be put in place immediately. This helped staff to have the guidance to manage the risks to people and to keep them safe.

We saw that staff had received supervision and appraisal on a regular basis which was in line with the service's policy. We observed on the day of inspection there were sufficient staff on duty to meet the needs of the people living there. The service have had two staff hand in their notice recently however they were in the process of recruiting to their posts. Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood and had received training in the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

There were appropriate systems in place for the storage, administration and management of medicines so that people received their medicines safely.

We saw positive and caring interactions between people and staff. We saw that staff treated people with dignity and respect. People told us they felt cared for and were looked after. We spoke to staff who demonstrated that they knew the individual needs of people well. We saw staff being responsive to people's needs.

We saw that people were provided with a good choice of healthy food and drinks which helped to ensure that their nutritional needs were met. Alternatives were offered if people did not like what was on the menu that day.

People were supported to maintain good health and had access to a variety of healthcare professionals and services. People were supported and encouraged to have regular health checks. We saw that people had hospital passports. A hospital passport is a document sent with the person on admission to hospital. The hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health.

We looked at people's care plans and saw they were very person centred and written in a way that we could see the person had been involved in putting them together. They explained the support and care the person needed and also their likes and dislikes. These were regularly reviewed, evaluated, and updated.

People had varied hobbies and interests which were individual to them. We saw that there were also outings and holidays arranged for people. We saw and were told that where it was needed staff supported people to access activities within the community.

We saw that the service had a policy and procedure for responding to people's concerns and complaints. People were regularly asked for feedback verbally, in residents meetings and through questionnaires. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

There were systems in place to monitor and improve the quality of the service provided. We saw there were audits carried out by both the registered manager and senior staff within the service. We saw that the views of the people using the service were regularly sought and changes made based on their feedback.

People and staff told us that the registered manager was in the service on a daily basis and that the culture was open and inclusive. People and staff spoke very favourably of the registered manager.

Summary of findings

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.

Staff we spoke with could explain the different kinds of abuse and the action they would take if they witnessed abuse to ensure people's safety. This meant there were systems in place to protect people from the risk of harm and abuse.

Records of recruitment checks showed that a robust system was in place to ensure suitable staff were recruited to work with people who lived at the service.

There were sufficient staff on duty to meet the needs of the people.

Medicines were stored and administered in a safe manner.

Good



Is the service effective?

The service was effective.

Staff received training and development and supervision took place on a regular basis. This helped to ensure staff were competent and had the knowledge and skills to care for people.

People were supported to make choices in relation to their food and drink. People were weighed and had nutritional assessments.

People had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff knew people well and were able to describe the likes, dislikes and preferences of people who used the service. Support and care was individualised to meet people's needs.

People had access to advocacy service when needed.

Good



Is the service responsive?

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities of their choice inside and outside in the community. People were supported and encouraged with their hobbies and interests.

People told us that they would tell the registered manager and staff if they had any concerns.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was in the service on a daily basis and that the culture within the service was open and inclusive. Staff said that they got the support they needed to care for people.

People were regularly asked for their views and suggestions and these were acted upon. Quality assurance systems were in place.

The Briars

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.

We inspected the service on 18 November 2015. The inspection was unannounced. This meant that the staff and provider did not know we would be visiting. The inspection team consisted of one social care inspection manager.

The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the service.

We asked the local contracts and commissioning authority for feedback about the service.

At the time of our inspection visit there were five people who used the service. We spent time with those five people in the communal area. Three people were going out to day services but returned in the afternoon. Some people had difficulties with communication therefore we observed people and saw how staff interacted with people throughout the day.

During the visit we spoke with the registered manager, a senior carer and two care staff.

During the inspection visit we reviewed a range of records. This included two people's care records and medication records. We also looked at three staff files, staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, “Happy and safe here.”

The registered manager had an open culture whereby staff told us they were comfortable to share any concerns in relation to safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained and they were able to describe to us the different types of abuse and what they would do if they witnessed abuse. One member of staff said, “I would go straight to the senior or the manager.” A recent safeguarding incident had been appropriately reported and dealt with.

We looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. The service had a complaints and whistleblowing policy. Staff we spoke with told us that they felt they were listened to and that they felt able to raise issues or concerns with the registered manager or the senior.

Staff told us that they had completed safeguarding training within the last 12 months. We saw records to confirm that this was the case.

We looked at the care records of two people. We saw that risk assessments were in place to protect people and to reduce the risk whilst still enabling people to enjoy their independence and protect their rights. Risk assessments were personalised for the individual. One person had a very detailed care plan in terms of managing the risk of choking which detailed supervision at mealtimes and cutting up food. However this person did not have a risk assessment for choking. Staff we spoke with were aware of the risk and knew how to manage this. We discussed this with the senior and the registered manager and they told us they would address this immediately. People had risk assessments for bathing/showering, using stairs, going out into the community, medication. Risk assessments were reviewed on a monthly basis. This meant that staff had the guidance they needed to help keep people safe.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were

within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We saw that fire alarms were tested weekly. We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service and were held in both the individuals file and in a grab bag which would be given to emergency services in the case of a fire. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. A grab bag is an emergency bag that can be taken quickly from the service in the case of an emergency and would include a document with the PEEPS for individuals. This would aid the fire officers in the evacuation of the building.

We looked at accidents and incidents records. We saw that records were available on the appropriate documentation and where action was needed this was recorded thereby preventing the risk of reoccurrence.

The majority of staff including the registered manager had worked in the service a number of years. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We looked at how the service ensured they had safe staffing levels. During our visit we saw the staff rota for four weeks. This showed that generally during the day and evening there were at least two staff on duty. Overnight there was one member of sleeping staff on duty. The service were not using a recognised dependency tool. We discussed this with the registered manager and senior and they were looking on the internet to find a dependency tool following the inspection. Staffing levels were determined based on how many people were living at the service and what their particular needs were. During our visit we observed that there were enough staff available to respond

Is the service safe?

to people's needs and enable people to do things they wanted during the day. Three people who used the service were out at day centres during our visit which left two people in the service until mid afternoon when the three people returned. There were two staff on duty on the morning of our visit. Staff told us that staffing levels were sufficient to meet the needs of the people using the service. Staff told us that the staff team worked well and that there were arrangements for cover if needed in the event of sickness or emergency. The staff also did laundry and cooking for people as part of their duties. Two staff had recently handed in their notice and the registered manager told us they were in the process of recruiting new staff and were just awaiting DBS checks coming back.

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

The service had a medication policy in place, which staff understood and followed. We checked peoples' Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. We saw there were regular management checks to audit safe practices in relation to medicines. Staff responsible for administering medication had all received up to date medication training. This showed us there were systems in place to ensure medicines were managed safely.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff looked after them well and they had confidence that staff knew what they were doing.

We asked staff to tell us about the training they had completed at the service. We spoke with one member of staff who told us they had completed training in challenging behaviour, whistleblowing, safeguarding, health and safety amongst others. We saw records to confirm this.

We saw from records that all staff were up to date in mandatory training such as health and safety, fire safety, moving and handling.

Staff we spoke with during the inspection told us they felt well supported and that they had received regular supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place over the last 12 months on a regular basis and in line with the service's policy. Some of the topics discussed were health and safety, training, work practice, wellbeing. One member of staff we spoke with said, "We are 100% supported, can't fault them."

Staff we spoke with told us that they had completed training in the Mental Capacity Act (MCA) 2005. 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. The registered manager and staff we spoke with told us that they had completed training in the Mental Capacity Act (MCA) 2005. Staff understood how to gain people's consent and we saw records in care plans of best interest decisions where the least restrictive option was taken.

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. At the time of the inspection the service had five people who were subject to a Deprivation of Liberty Safeguards (DoLS) order. Staff we spoke with had a good understanding of DoLS.

We observed the lunchtime meal and saw the tea time meal being cooked before we left the service. The meal time experience was relaxed for people and there was laughter and conversation throughout the meal. Assistance was given to people who needed it. The service does not operate a menu with a rolling programme as the registered manager and senior told us that this does not work for the people living there. The registered manager told us people prefer to choose on the day and even then sometimes change their mind. We witnessed this happen when one person returned from the day centre and the staff checked with them what they had asked for and they had changed their mind. The registered manager told us that the system they had worked well for people and people confirmed this and said they enjoyed the food and always had choice.

Staff and people who used the service told us that they were given choices about the food that they ate and sometimes they helped prepare the food. The tea time meal was minced beef and fresh vegetables and potatoes and gravy and a pudding. People could have alternatives if they wanted. People told us they sometimes went to the beach and had fish and chips or went to the pub for a meal. People also told us that sometimes they enjoyed baking cakes with staff. Staff told us that they go shopping for fresh food daily and often people who use the service go with them and help choose the food.

We saw that people were supplied with hot and cold drinks during the inspection.

We saw in care plans that the Malnutrition Universal Screening tool (MUST) was being used to complete nutritional screening for people.

We saw records to confirm that people had visited or had received visits from range of health professionals including the dentist, optician, and their doctor. People were supported and encouraged to have regular healthy heart checks annually and were accompanied by staff or relatives to hospital and doctors appointments. We saw people had been supported to make decisions about their health

Is the service effective?

checks. People with their consent had flu jabs. One person had high cholesterol and as a result of the service working through a healthy eating programme with them they had a normal result when checked again. We saw that people had hospital passports. Hospital passports are documents

that go to hospital with the person and were designed to give hospital staff information about the person. This included information about the persons health and their likes and dislikes. This meant that hospital staff were able to care for the person in the best way.

Is the service caring?

Our findings

People we spoke with during the inspection told us that they were well cared for by staff. One person said, “Yes I am happy here.” Another person said, “love it here.”

During the inspection we spent time in the dining area observing staff and people who used the service. On the day of the inspection there was a cheerful, calm and relaxed atmosphere with positive caring, friendly interaction. During the day we observed people returning from day centres and they were keen to share with staff and ourselves what they had been doing that day. One person returned from a meal out with a friend and told us they had enjoyed the meal but were tired and were going to their room to get their pyjamas on and have an early night. Staff were supportive of this decision and encouraged the person by saying that they could also have a lie in the next day if they wished as they had a day off. One person presented throughout the day with some challenging behaviour and we witnessed staff using deflection and calming techniques to change the persons focus and one member of staff offered to take the person for a walk to the local shops which they agreed to and told us they enjoyed when they returned. We observed the people who used the service to be settled and calm.

We saw that people were treated with dignity and respect. Staff interacted well with people and were responsive and attentive. We saw people being given reassurance when needed. One person returned from their day service and were not happy about a situation they had experienced with another person. A staff member sat with them and gave reassurance and listened to them until they had told their story. This showed that staff were caring. Staff told us how they protected people’s privacy and dignity. For example, they told us that they would always knock on a

persons door and give people privacy/encourage independence when washing and showering/bathing while keeping them safe. This meant that staff were respectful and protected people’s dignity whilst still being attentive to their needs.

The registered manager and staff that we spoke with showed compassion for people and demonstrated that they knew people very well. They told us about people’s likes and dislikes and how they managed these. For example one person who lived at the service had particular problems with attachment to certain staff and certain occasions and staff told us how they used deflection and gave the person something else to focus on and a date and time when this would happen. Staff told us that when the person becomes aggressive and displays challenging behaviour then a member of staff has taken them to their room and given some quiet time to calm down.

We saw that people moved freely around the service and could choose where to sit and spend their recreational time. Three people went out to day services on the day of the inspection. People spent time in the dining area and kitchen and in their rooms when they wanted to. This meant that people received care and support in the way that they wanted to and were free to decide where they wanted to be and what they wanted to do.

We saw that people were encouraged and enabled to be as independent as possible. Staff were aware of the process and action to take should an advocate be needed. An advocate is a person independent of the NHS and social services. They would help a person in getting information or going to meetings in a supportive role and making sure the person had the right support to make decisions about their own lives whilst securing their rights. One person had used the support of an advocate recently for their social services review.

Is the service responsive?

Our findings

Staff and people told us that lots of activities and outings/holidays take place at the service. One person said, "I go out to the shops with staff." Another person said, "I have been on holiday to Beamsley."

Staff told us that they did activities with people such as jigsaws, crafting and pamper sessions where they did foot spas and nail varnish. People had been on holiday with the registered manager and staff to Beamsley and had recently visited the RSPB centre at Saltholme and the petting farm at Coulby Newham.

One person told us that they liked to do the disco every week and they told us, "I have a disco ball." They also said they enjoyed going to the beach and to the pub for a meal. As we left the service one person was sitting in the lounge knitting and stopped to show us what they said was going to be a scarf and they were very proud of doing.

People told us they went on a regular basis to a variety of day services and participated in various activities. For example one person told us they were taking part in Christmas carol service and they told us, "I will have to practice." People also participated in quizzes and did activities such as baking and preparing light meals such as beans on toast with staff. Staff told us they sometimes hire a mini bus to go out on trips with people. Some people also went out with relatives/friends on a regular basis. One person told us they go swimming every week which they looked forward to. Another person showed us some crafting they had done and had proudly displayed on shelves in the dining room.

We looked at and reviewed the care records of two people. Individual assessments were completed and care plans drawn up which were person centred. Person centred means that the person is central to planning their own lives with the support they need. The care plans included a personal support plan which was in easy read and picture

format and detailed the persons preferred name and what they liked to do socially and in the service. It also detailed particular foods the person liked and any risks. The service user guide was also in easy read and picture format and detailed, {our house, where we live, where we go and who looks after you.} The service user guide had a picture on the front of a house by the sea which accurately reflected where the home was in a seaside town. The care plan and service user guide were signed by the person which meant that they were involved in the planning of their care. The care plan was very thorough and easy to read and talked about any assistance needed throughout the day. Support in making decisions was included for example exploring if the person could self medicate and we saw evidence of best interests meetings taking place. We also saw evidence of letters that had been sent out to relatives asking if they wished to have sight of/ be involved in the persons care plan. Care plans were reviewed monthly and signed by the member of staff

One person had been to a day centre but complained to staff when they returned to the service that it had been too noisy. The staff had contacted the day service and expressed concern on the persons behalf and this was dealt with then the person continued to attend the day service. This meant that the staff were acting in the best interests of people and listening to people.

During the inspection we spoke with staff who were very knowledgeable about the people who lived at the service and clearly knew their needs very well. People who used the service told us how staff supported them whenever they needed. This meant that staff were responsive to the needs of people who used the service.

The complaints procedure was up on the wall in the dining area in easy read and picture format. People we spoke to were aware of the procedure and said they would speak to the senior or registered manager if they were worried about anything.

Is the service well-led?

Our findings

People who used the service spoke positively of the registered manager. One person said, “X [the registered manager and senior are really good whatever you need you just have to ask.”

The staff we spoke with said they felt the registered manager was approachable and available and supported them well. They said if they had any concerns or problems they would not hesitate to go to them and they felt confident any issues would be dealt with.

Staff told us the morale was good and that they all worked well together as a team. One staff member said, “I love it here it’s like home from home.” They told us that staff meetings took place regularly and we saw some minutes of these meetings. Topics of discussion included sickness, training, holidays and staff issues/appraisal. Staff told us the culture was open and inclusive.

Staff described the registered manager as someone who was a visible presence in the service every day and was very approachable. Staff were well aware of their individual roles and there was clear leadership in the service from the registered manager and the senior.

Staff told us that meetings took place with people who used the service on a regular basis. They told us that people were given the opportunity to share their views and to discuss what they liked about the service and what they would like to do in the future.

We saw in people’s care files that staff had completed an individual quality care questionnaire with each person and asked them if they liked where they live, did staff listen to them, what made them happy, hopes for the future,

managing money and food among others. We also saw evidence of a resident’s discussion book which was completed on a regular basis and said who was present and what was discussed and examples were people had asked to go into Redcar shopping, food requests of knickerbocker glory and chicken in pitta bread with chips, discos and Halloween had been discussed and food was a regular feature. Each entry was signed by the people who attended. This meant that people were involved in how the service was run and in making decisions about their lives and feedback was used to make improvements.

We also saw evidence of staff meetings where topics such as DoLS and MCA and safeguarding and managing challenging behaviour had been discussed. The registered manager when discussing these topics had then followed up in supervision to check staff had a good understanding.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us checks which were carried out on a monthly basis to ensure that the service was run in the best interest of people. These included checks on medicines, infection control, care plans and accidents amongst other areas. We saw a record of action logs following audits where for example following a check of the building a carpet needed replacing. This helped to ensure that the home was run in the best interest of people who used the service.