Mr John Kelly

Briar Dene Retirement Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Briar Dene Retirement Home provides care and accommodation for 27 older people. It is a large detached property and is located in a residential area in Scarborough close to the North Bay area. Accommodation is provided in one twin room and twenty-five single rooms. All rooms are equipped with en-suite facilities. There is a passenger lift. The home is set in its own gardens and car parking is provided for several vehicles. At the time of this inspection there were 26 people who used the service.

At the last inspection, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

People told us they felt safe and were well cared for. The registered provider completed recruitment checks, to ensure suitable staff were employed. There were sufficient staff employed to assist people in a timely way. People's medicines were managed safely.

Staff had completed relevant induction and training. Staff were being supervised but this was not being formally recorded. We have made a recommendation in our report about this.

People were supported to have choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People said they enjoyed good food. People's health needs were identified and staff worked with other professionals to ensure these needs were met.

Staff were knowledgeable about people's individual care needs and care plans were person centred and detailed. There was a range of social activities available and people's spiritual needs were met through in-house services and one-to-one pastoral care when requested.

People told us that the service was well managed and organised. The registered manager assessed and monitored the quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

The service met all relevant fundamental standards we inspect against.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Briar Dene Retirement Home

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 registered 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 comprehensive inspection took place on 20 February 2017 and it was unannounced.

The inspection was carried out by two adult social care inspectors.

Before our inspection we looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council (NYCC) safeguarding and commissioning teams. We asked the registered provider to submit a provider information return (PIR) and this was returned within the agreed timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection we spoke with the registered manager, a care manager and two members of staff. We spoke with four people who used the service and three relatives.

We looked at three people's care records, including their initial assessments, care plans, reviews, risk assessments and medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves, or when they were deprived of their liberty, actions were taken in their best interest.

We also looked at a selection of documentation relating to the management and running of the service. This included quality assurance information, audits, stakeholder surveys, recruitment information for four members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

Good

Is the service safe?

Our findings

We observed that people looked comfortable and at ease when talking with each other and with staff. People told us they felt safe and comments included, "I feel safe because I have in my long life lived in unsafe places and I don't feel that way here" and "I have had one fall since I moved in. Staff sorted me out and I now have a walking aid to help me."

Staff received training on making a safeguarding alert so they would know how to follow local safeguarding protocols. Staff told us they would have no problem discussing any concerns with the managers and were confident any issues they raised would be dealt with immediately. There was written information around the service about safeguarding and how people could report any safeguarding concerns.

There were care notes and risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated regularly to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. Where people were assessed as at risk of falling the registered manager had ensured the person had been referred to the appropriate health care professional. We saw that there had been only one serious injury within the service in the last year. This indicated that the safety measures within the service were effective.

There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. A copy of the fire procedures was in people's bedrooms and a fire risk assessment was in place. People who used the service had a personal emergency evacuation plan (PEEP) in place; a PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. The registered provider had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met.

People told us there were always enough staff to support them and said that staff had time to spend with them. The registered manager told us they kept the staffing levels under review and deployed staff flexibly around the service to ensure people received support in a timely way. Most people who used the service were independently mobile and there were call bells and pendants for those who required assistance from staff. We saw that prompt assistance was offered willingly and cheerfully when people requested it. One person confirmed this and said, "I feel safe here. They have never failed me when I press my bell. Staff are very considerate."

We looked at documents relating to the servicing of equipment used in the home. These records showed us

that service contracts were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. Clear records were maintained of daily, weekly, monthly and annual health and safety checks carried out by staff, the maintenance team and nominated contractors. These environmental checks helped to ensure the safety of people who used the service. At the time of our inspection the lift was not working. People who used the service were aware of the problem and the registered manager had kept them up to date with the repair work. One person told us, "The lift has been out of order for three weeks. There is a part they are trying to get hold of." People on the upper floor told us they were being well looked after and the majority of them were able to independently use the staircases.

Recruitment practices were followed to make sure new staff were suitable to work in a care service. These included application forms, interviews, references and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups.

The arrangements for managing people's medicines were safe. People's medicines were kept under review and medicines were administered to people in a safe way. People were helped and supervised if they needed to be. Observation of staff showed that they were patient with people when administering medicines and asked if they required pain relief. Administration times were flexible to ensure medicines were administered at the most effective times, such as before food. One person told us, "They always bring my tablets every morning. I always get them on time" and a relative said, "I have spoken with the care manager about my relative's pain relief not being effective. The care manager is going to ring the GP straight away to discuss their options."

Staff received training to handle medicines, and medicine administration records (MARs) we reviewed were correctly completed. The registered manager carried out a monthly audit of the medicines and stock checks were completed by staff to ensure safe practices were being followed. Improvement was needed to ensure the audits of medicines were effective, as the system in place was not maintaining an accurate count of medicines received at the start of the month and medicines that arrived mid-month. Apart from this people's medicines were managed safely. The care manager took immediate action to bring the records up to date once we discussed this with them.

All areas we observed were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the service and staff explained to us when they needed to use protective equipment. Ample stocks of cleaning materials were available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely. People told us, "Staff are very fussy about cleaning and the home is kept very clean" and "My clothes are well looked after and my bedding is changed regularly. Everything is brought back okay."

Good

Is the service effective?

Our findings

People who spoke with us said they were able to make choices about their daily lives and were supported to be independent. One person told us, "Nobody does anything for me unless I ask or say it is okay. I make up my own mind." We saw evidence of good communication between people, relatives and staff during our inspection. People got on well with staff and there were some very positive interactions with a lot of laughter and good humour.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. We found that people's capacity had been assessed and, where appropriate, DoLS had been sought. There was recording of Best Interest decisions and the service also ensured that families provided copies of Lasting Powers of Attorney's where they had been registered with the Office of the Public Guardian (OPG).

We looked at induction and training records for four members of staff. These indicated that new staff completed the Care Certificate Induction from Skills for Care and received appropriate training and practice monitoring to ensure they could provide safe care and support. Skills for Care is a nationally recognised training resource. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training deemed by the registered provider as 'essential'. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid/basic life support, infection control, health and safety, safeguarding and moving and handling. Records showed some staff had participated in additional training including topics such as Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Our observations showed that staff were being supervised by the registered manager and the care manager on a daily basis, but there were no records of supervision meetings. However, staff appraisals were completed each year. One member of staff said, "Although we do not have formal supervisions, we talk to each other all the time. It is usually a very friendly atmosphere and we work as a team." The care manager said, "Our discussions are informal, but structured at the same time." The registered manager provided us with a supervisory record that indicated they checked staff practice against the fundamental standards every four months, but this did not document what was looked at for each member of staff and what action was agreed. They told us they recognised that this system needed to become more robust.

We recommend that the service seek advice and guidance from a reputable source, about developing a

formal system of supervision, and take action to update their practice accordingly.

The care manager said, "We have physiotherapists coming in for a couple of people at the moment. Other health care professionals include the occupational therapist, opticians, chiropody and district nurses. We have a really good relationship with these professionals."

Input from these specialists was used to develop people's care plans and any changes to care were updated immediately by staff. We saw in care files that care plans were in place for oral care and dental care. People received regular check-ups and staff provided people with support to attend their appointments. We asked people who used the service what happened if they did not feel well and they told us, "I see my GP when I need to" and "My GP comes here to see me and I have had surgery at York Hospital in recent years." One relative told us, "Some of my relative's appointments at the hospital have been arranged by the service; staff at Briar Dene are very organised and have been very good with them."

We saw that people's weights were being monitored by staff and if there were any concerns then staff asked for a visit from the GP or a referral to the community dietician. Nutritional risk assessments were completed appropriately. Staff regularly monitored food and drink intake to ensure people received enough nutrients in the day. Staff regularly consulted with people on what type of food they preferred and ensured food was available to meet people's specialist diets.

People were complimentary about the quality and presentation of the food. One person said, "The menu is quite good and varies. It is a standard meal every day. If you do not like it then you tell them and they change it; no problem." There was a three course meal served at lunch time, which looked and smelt appetising. People's likes and dislikes around food were kept in the kitchen and this documentation included allergy information as well. Information on specialist diets such as diabetes was also available to the kitchen staff. Staff confirmed there was an alternative menu if people did not like what was on the daily menu. People were independent with eating and drinking. One person said, "The food is alright. I don't like fish so they usually do me an omelette. You get one meal at lunch time and a choice at tea time."

Good

Is the service caring?

Our findings

People who spoke with us were very satisfied with the care and support they received from staff and made a number of very positive comments. People told us, "We are very comfortable here. Everybody is very kind to me in every possible way", "I am very happy living here" and "Everybody is kind and I appreciate the fact that they care for me. I had the feeling when I visited that I would be happy here and I was right."

We found the service to be calm and relaxed and as we walked around the building in the morning we saw that people were being assisted to get up, washed and dressed at their own pace. People were well presented and dressed appropriately for the weather. People said, "I don't have to ask for a bath, they come and take me for one" and "They respect my privacy, I can manage myself and if I need help I ask for it."

People were able to move freely around the service, some required assistance and others were able to mobilise independently. One person told us, "I am very independent and if I need help I ask." We saw that people and staff had a good rapport with each other. Observations of people in the lounge, dining room and around the home indicated that they felt safe and relaxed in the service and were able to make their own choices about what to do and where to spend their time.

People said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. People and visitors confirmed to us that staff addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when completing care tasks. Two people said, "You couldn't want for a better place, I have been here for nearly a year" and "They look after us in every way, they cannot do enough for you." Other people told us, "I am independent with my own care and support. Staff let me know when they want to come into my room" and "I felt uncomfortable the first time staff helped me to bathe. But they made me feel at ease and now it doesn't bother me at all."

The registered manager and staff showed genuine concern for people's wellbeing. It was evident from discussion that staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. One person told us, "They are very good. I have just given them a shopping list and they will get what I need." Other people said, "They took my details when I first came in. All that I want or need is written down, they have all the details" and "I miss my own home, but I have brought some of my own possessions from my own home and they are in my bedroom. Staff have really helped me settle in."

People were at ease in the service and the conversations being held between them and staff were friendly and relevant to the person's interests. One person told us, "Staff are very caring. I talk with them and they do listen to you. I hear them going into other people's bedrooms to say 'goodnight' and telling people where their bells are." A relative said, "I am very happy we were able to get my relative in here. The care is very good."

The registered provider had a policy and procedure for promoting equality and diversity within the service.

Discussion with staff indicated they had received training on this subject and understood how it related to their working role. People told us staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in some of the care files.

Our discussions with staff showed us that they knew people's personal tastes, but we saw they also checked with people for confirmation. Care plans included information about a person's previous lifestyle, including their hobbies and interests, people who were important to them and their previous employment. This showed that people and their relatives had been involved in assessments and plans of care. Some people had signed their care plans to show they agreed to the contents. We saw that information about advocacy services was available and, when needed, the registered manager accessed these services. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

At the time of our inspection no one was receiving end of life care. Care records contained evidence of discussions with people about end of life care so that people could be supported to stay at the service if they wished.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about people who used the service and displayed a good understanding of their preferences and interests as well as their health and support needs. This enabled staff to provide personalised care.

A needs assessment had been carried out to identify each person's support needs and care plans had been developed outlining how these needs were to be met. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and care plans were in place to make sure people stayed safe and well. Two visitors told us, "My relatives and family are involved in the planning of their care and treatment. We are invited to reviews so we can discuss their care with staff and social workers."

We saw that the care plans reflected the care being given to people. For example, moving and handling information was documented to show where a person was independent or used a walking aid and what support they required from staff. We found that wheelchairs had been obtained, following appropriate assessment, where people had been identified as needing this equipment. One person's care plan detailed the actions staff needed to take to support the person to recognise the deterioration in their mobility. We found the care records were well-written. They detailed each person's needs and were informative.

We saw that people were engaged in a variety of activities. From our discussion with the care manager we found that the activities were designed to be engaging. We saw that group activities occurred throughout the day and people appeared to enjoy them. People we spoke with and relatives told us there was always plenty going on. Comments included, "If there is anything going on I can join in and if I don't want to, then I don't. I like my bedroom and my own company", "I read a lot and I have lots of DVD's. I watch all manner of things on the television" and "A man comes with a guitar and plays music, which is nice."

Staff were respectful of people's spiritual needs, which were well catered for through a visiting chaplain and one-to-one pastoral visits from the Roman Catholic church for communion on request. They had provided services in recent months. These were well attended by both people who used the service and family members.

Relatives and visitors were made welcome in the service. People told us, "My family come regularly and my son-in-law knows the manager, they are friends" and "I do not get bored. My family comes over and staff are good with them." Two visitors said, "We can come and go as we wish and take our relatives out when the weather is good. This is one of the best care services we have ever viewed."

People had access to a copy of the registered provider's complaint policy and procedure in a format suitable for them to read and understand. One person told us, "I don't know how I would complain as I have never had to. But if I did have any concerns, then I would speak with the care manager who is very, very good." A relative told us, "I would not think twice about going to the office if I had any concerns. I can come in when I want to see the managers and we can always ring them to let them know about any issues we may have."

Checks of the complaints folder showed there had been two complaints made in January 2017. These had been investigated by the registered manager and resolved. The registered manager's responses to complaints were stored in staff files or in people's care files as relevant. Evidence in the files showed that the registered manager met with relatives to discuss their issues as part of the complaints process. Where necessary, the registered manager followed their disciplinary procedure for staff to ensure high standards of care were maintained in the service.

We saw evidence during our inspection that the registered manager was in daily contact with people who used the service and was available to discuss their care and any concerns they might have. This meant people were consulted about their care and treatment and were able to make their own choices and decisions.

Good

Is the service well-led?

Our findings

The service had a 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.

We sent the registered provider a provider information return (PIR) that required completion and return to CQC by November 2016. This was completed and returned with the given timescales. The information in the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

We found the service had a welcoming and friendly atmosphere and this was confirmed by people who used the service, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. People said, "I think the service is well managed" and "The managers are very approachable."

Feedback from people who used the service, relatives, healthcare professionals and staff was usually obtained through the use of satisfaction questionnaires. The last one was sent out in October 2016 and 21 out of 27 surveys were returned. This information was analysed by the registered manager and, where necessary, action was taken to make changes or improvements to the service. The registered manager told us any changes made as a result of the feedback received, were fed back to individuals on a one-to-one basis when the managers spoke with them daily.

The care manager and registered manager met monthly to discuss people who used the service, staffing levels and maintenance. However, there was no evidence that staff or people who used the service had regular meetings. One person who used the service said, "I don't think there are any meetings, but I don't think they would work here."

Staff said there were no formal staff meetings, but that the care manager updated them informally on a daily or weekly basis. The care manager told us, "Staff have a verbal handover at the start of their shift and they read the daily report file to keep them up to date with changes."

Staff told us, "I do think we would benefit from team meetings. Mainly because all shifts are different and if we had team meetings we could air our issues." These comments were discussed with the registered manager at the end of our inspection. They told us they would look at introducing staff meetings in the future.

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. The registered manager carried out monthly audits of the systems and practices to assess the quality of the service, which were then used to make improvements. For example, the medicines audit for January 2017 noted some errors so staff were given refresher training.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.