

J&S Healthcare Limited

Brierfield Residential 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Brierfield Residential Home provides a residential care service for up to 26 older people. At the time of this unannounced inspection of 19 July 2017 there were 23 people living with dementia using the service.

Our last inspection of 9 February 2015 this service was rated as Good. During this inspection we found that the service had continued to maintain a Good service and was Outstanding in Responsive.

There was a registered manager in post. 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.

The service was extremely responsive to people's individual needs. People were provided with exceptionally personalised care and support which was planned to meet their individual needs. Care and support was planned proactively and in partnership with people.

The provision of activities was innovative and met people's needs and preferences. Activities and social inclusion were designed to enhance their wellbeing and enable them to live a full life as possible. People were encouraged to share their hopes and aspirations and the service used creative ways of meeting them to ensure they were valued.

People were actively encouraged to give their views about the service. A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to drive improvements in the service.

The service continued to provide a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse and with their medicines. Staff were available when people needed assistance and the recruitment of staff was done safely.

People continued to be supported by staff who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to assess and meet people's dietary and health needs.

People who used the service continued to have good relationships with staff. People continued to be involved in making decisions about their care and support.

The service continued to have a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

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 was extremely responsive.

The staff and management were creative and flexible in the ways that they met people's specific needs and valued people.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their individual needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Outstanding ☆

Is the service well-led?

The service remains good.

Good ●

Brierfield Residential 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 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 unannounced comprehensive inspection was carried out on the 19 July 2017 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection the provider completed 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. We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with five people who used the service and five visitors, four of these were people's relatives. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We reviewed the care records of three people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with the registered manager, the provider and six staff, including care, senior care, laundry and catering staff.

Is the service safe?

Our findings

At our last inspection of 9 February 2015 Safe was rated as Good. During this inspection we found that the service had maintained this standard and continued to provide a safe service for the people who lived in the service.

People told us that they felt safe using the service. One person commented, "I can lock my door at night and I've got the emergency button if I need someone, but I don't generally use that, I just shout." One person's relative said, "I think [person] is safe."

Staff had been trained in safeguarding and continued to understand the systems in place to recognise abuse and report concerns. Care records included information where people may be at risk of abuse associated with their capacity to make decisions.

Risks to people continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, pressure ulcers and malnutrition. Electrical, lifting and fire safety equipment was regularly checked to ensure they were safe. There had been shortfalls identified by other professionals in the ways the service monitored the risks of legionella bacteria in the water system and fire safety. The registered manager showed us the records to evidence that these had been addressed to minimise the risks to people. Environmental risk assessments were in place which guided staff on how these risks to people were minimised.

The registered manager told us that staffing levels continued to be appropriate to ensure that there were enough staff to meet people's needs safely. We saw that staff were available when people needed them and they responded to their requests for assistance promptly. One person's relative said, "The staff ratios are very good."

The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. Staff who had recently been employed in the service confirmed that the checks were undertaken before they could work in the service.

Medicines continued to be administered safely. One person said, "They bring me my pills, I don't have to remember because they do that for me, then they watch while I take them and I have a drink of water." Records showed that medicines were given to people when they needed them and kept safely in the service. Regular audits allowed the staff to quickly pick up any issues and take action to address them.

Is the service effective?

Our findings

At our last inspection of 9 February 2015 Effective was rated as Good. During this inspection we found that the service had maintained this standard and continued to provide an effective service for the people who lived in the service.

The service continued to provide staff with the training and support and the opportunity to obtain qualifications in care to meet people's needs effectively. One person's relative said, "I think they [staff] are very well trained, especially with dementia. On Monday [person] got very aggressive but they knew exactly how to distract [person] and calm [person] down." One staff member told us, "The training is really good." Records and discussions with staff showed that staff continued to receive supervision and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

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.

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). The service continued to work within the principles of the MCA, and DoLS applications had been made appropriately.

People's care records identified their capacity to make decisions. Staff had been trained in MCA and DoLS and continued to demonstrate they understood MCA and how this applied to the people they supported. We saw that the staff sought people's consent before providing any care or support. For example offering assistance with their meals.

The service continued to support people to maintain a healthy diet. People chose what they wanted to eat and drink. One relative said "[Person] wasn't eating much and wasn't interested, the carers are so patient and have managed to get [person] eating again." Another relative commented, "The food is locally sourced and freshly cooked." We observed that people were encouraged to drink throughout the day to reduce the risks of dehydration. One person said, "I really like a cup of tea, [chef] makes me lots of tea."

People continued to be supported to maintain good health and have access to health professionals where required. Records included information about the health care support that people were provided with to meet their needs.

Is the service caring?

Our findings

At our last inspection of 9 February 2015 Caring was rated as Good. During this inspection we found that the service had maintained this standard and continued to provide a caring service for the people who lived in the service.

People we spoke with told us staff continued to treat them with respect and kindness. One person said, "They (staff) are quite nice to me." Another person commented, "The carers are lovely, sometimes I get cross but they're always kind to me." Another person said, "I like the carers, they're kind." One person's relative said, "They [staff] treat me like a friend. They love [person], they are amazing, what they do for [person]." Another relative told us, "If you have a question or need help, [staff] are all so friendly and easy to talk to."

Staff continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices. One person's relative told us, "Usually [person] is clean and presentable which is important because [person] always took great pride in [their] appearance," and, "If [person] needs changing they [staff] are quite discrete which is respectful."

People's records included information about how people's independence was promoted and respected. We saw a person was being supported to eat by the registered manager, they encouraged their independence by holding the bowl of food up and gently talking to the person and praising them as they managed to eat independently.

People told us that they continued to make decisions about their care and that staff listened to what they said. One person's relative said, "I get involved in the medical aspects of [person's] care but I can see the day to day things are generally good so I have no need." Another relative told us, "They wanted to know a bit about [person] because it helps them with [their] care."

Is the service responsive?

Our findings

At our last inspection of 9 February 2015 Responsive was rated as Good. During this inspection we found that the service had improved in how they responded to people's diverse needs. This was because the leadership in the service was inclusive and encouraged people to share their views about their hopes and aspirations. These were met in creative ways to ensure that people felt valued and were supported to live a full life.

People told us they were happy with the service they received, which was very responsive to their needs. Without exception people and relatives were complimentary about the standard of care provided with words including, "Excellent," and, "Homely," being used. One person's relative told us, "I feel really lucky [person] is here, I am well aware of other services in the area and none are as good, it is homely and absolutely right for [person]." Another relative said, "I can't fault it."

Comments made in satisfaction surveys completed by relatives in October 2016 included, "Staff always pay careful attention to [person's] special needs for [their] eating at certain times," "I continue to be exceedingly grateful that we managed to find a home for [person] with such a homely feel, where [person] is cared for by outstanding people," and, "I find all the staff with nice smiles and happy, all excellent at their jobs which they carry out very well. I find the home has a warm feel about the place. It feels like a family home." Further questionnaires were completed in April 2017 where people and relatives were satisfied or very satisfied with the service provided. Comments made in these which identified how the service responded to people's needs included, "This home had a lovely atmosphere, I feel [person] belongs to an extended family," "You have fabulous staff here that are worth their weight in gold," and, "All the staff deliver care and support with love and understanding for each individual resident. They do this with humour and professionalism and is lovely to see."

One person's relative told us how the service had responded to the person's changing needs, "A while ago [person] was developing bedsores because [person] can't move around anymore, they changed the way the way they were doing things, now they're gone." The relative told us that they had been involved in the conversation relating to a change in the person's condition and what steps were planned to improve their care.

We observed interactions throughout our inspection which showed that the service provided was very responsive to people's individual needs. During lunch we saw one person, who ate independently had not eaten all of their main course. The staff member sat with the person and assisted them to eat, with their permission. Each time the staff member asked if the person would like a little more and what they would like from the plate. The person ate more of their meal with this assistance. This showed that the staff had responded to the person's needs and encouraged them.

One person had picked some flowers out of the garden and were walking around with them in their hand. When the service was being prepared for lunch, the provider asked if they would like them in a vase. The person agreed and their flowers were put in water in a vase which was placed in front of the person while

they were eating. This made the person smile.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with information about how to meet people's specific needs and how their conditions affected their daily lives. This includes the type and stage of dementia they were living with. Where people may display behaviours that could be challenging to others, these had been identified and were recorded, including any triggers to these behaviours. Records were maintained to enable staff to monitor any behaviours, such as distress reactions, that people displayed.

We received examples of the very responsive approach of staff when people were anxious. One person's relative said, "There are some people here who can get quite aggressive." They commented that this did not worry them because, "The staff have got control of the situation, they are very good at coping with someone who becomes upset or starts shouting."

A staff member was assisting a person to eat their lunch. During this time the person became distressed and hit out at the staff member several times. Despite this the staff member remained with the person, spoke calmly with them, and continued to assist them to eat their meal. The staff member moved into different positions each time the person became anxious, such as standing, sitting next to them and kneeling in front of them. This showed that even though the person was hitting out at the staff member, they persevered in a caring and responsive manner to ensure that they were able to eat all of their meal. This was also the case when we saw staff assisting this person with other areas of their care, including mobilising. Staff were calm and reassuring and were flexible and responded to the person in a way which met their needs.

Another person was shouting at a staff member who spoke with the person in a calm and reassuring manner. This resulted in the person becoming calm and saying to the staff member, "I'm sorry mate," both smiled and continued with their discussion. This showed that the approach of staff was very responsive to how people expressed their distress reactions.

Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. If any changes in people's needs were identified these were included in the records, for example in their mobility. This showed that people received personalised support that was responsive to their needs. Each person's bedroom had a notice which provided staff with guidance on their individual needs, such as how they communicated, if they wore spectacles and what they preferred to be called. These had a picture on the other side and could be turned to show the picture so their privacy was respected. A staff member told us that staff could easily have access to useful information about a person without having to look through the care plan.

People had life story books which the provider told us they had designed. These included information and photographs of people's history and stages and other people in their life which were important to them. The registered manager and the provider told us that these were a good source of information for staff to get to know people, talk about their interests and arrange activities which linked to their preferences. This was evident in discussions with staff about a time of the day that a person called out numbers, which related to their previous employment. The second part of the books had a section 'I'm on a new journey now and meeting new people,' which included information and photographs since they had moved into the service.

People's care and support was tailor made to meet their specific needs and preferences. For example one person chose to eat whilst walking around the service, they were provided with their meal in a bowl which minimised the risks of them spilling their food. Another person had specific dietary requirements and the chef showed us that they had their own cupboard in the kitchen where their food items were stocked. Where

people required a softer diet, we saw that moulds were used to shape the food to look like the original shape of the food before it had been softened, for example sausage and vegetable shapes. This enabled people to recognise what they were eating.

The environment was decorated in a way which was appropriate for people living with dementia. For example, there was clear signage, including pictures, around the service identifying where the toilets were. People's bedrooms had memory boxes outside which included items such as photographs and memorabilia which supported people to recognise their own bedroom. One person's relative told us how they had been included in discussions about a person's likes to ensure that their bedroom was personalised to reflect their individuality. They said, "They [staff] asked me what [person] used to do and they made [their] room full of flowers, I think they are excellent." We saw that the person's bedroom was as described, attractively decorated with pictures of and vases of flowers.

The dining room was decorated to give the impression of being in a bistro. There were paintings on the wall of a chef with a basket of bread, grape vines and strings of garlic. This enabled people to recognise where they were provided with their meals and how to find the dining room at meal times.

One of the lounges was decorated in a seaside theme. There were murals on the wall of a beach, donkeys, a light house and Punch and Judy. We spoke with one person who was sitting in this room reading a book. They said, "It is lovely [in the room] isn't it? Like being at the beach."

In another communal area on the wall there were items such as switches, Velcro, plugs, a mop head, locks and a door knocker which people could handle and use to stimulate their senses and memories. One person touched the different items as they passed throughout the day of our inspection.

There were tomato plants in grow bags which a staff member told us had been planted by people as an activity, as had the planted flowers. There was seating outside and a shade area where people could enjoy the private garden. The lower walls of the building had been painted with a garden theme. One person's bedroom overlooked a wall and this had been painted to show a cloudy sky with brightly coloured hot air balloons. This meant that the person was provided with an attractive view out of their window.

The service had introduced toilet seats and toilet door frames which glowed in the dark. The provider told us that this had been introduced to assist people to easily find the toilet at night and to reduce the risks of falls. In addition people had decorated their walking frames to enable them to easily identify them and want to use them. We spoke with one person about their frame, which was brightly decorated. They said they had chosen the colours and said, "It is very eye catching isn't it?"

People told us that there were social events that they could participate in, both individual and group activities. One person said, "Yesterday I went with another [person] and two members of staff to Woodbridge. We went to the shops and had lunch, they said its Italian, shall we try it? I didn't know what Italian was but it was quite nice." Another person commented, "I've been for a walk to see the horse in the field near here, we go and feed it." Another person said that they chose not to participate in activities, "They do sometimes ask me but they know I don't want to join in, so not often." They added that they completed puzzle books. One person's relative told us, "They have theme days, so 4 July was American food, you know, burgers and hotdogs and people dressed up."

An activities programme and photographs of people enjoying activities were displayed in the service. These included a monthly religious service, visiting entertainers, games, art and outings. For example a trip to the seaside for a fish and chip lunch. In addition once a month there was 'Hydration Friday.' The chef told us

how they made smoothies and introduced different drinks and ingredients and these were made attractive, such as with sparklers and fruit on the glasses. We saw photographs of the drinks and people enjoying them. The chef and registered manager said that they encouraged hydration each day but 'Hydration Friday' introduced a fun and interactive activity where people could try different drinks.

Photographs posted around the service showed people enjoying activities, including visiting entertainers, bringing your teddy to work day, pamper sessions, feeding the horses which were in stables near to the service and outings to local areas.

During our inspection we saw people participating in various activities, these included bingo, hand massage, exercise delivered by a visiting professional, art, sitting in the garden and a card game. In addition staff moved around the service to ensure that people were not left for long periods of time with no social interaction. The day of our inspection was hot and the chef offered people ice lollies. They told us that they had a good stock of these and as well as for people's enjoyment they were also a good source to limit the risks of dehydration. One person was busy keeping the tables in the dining room tidy. They collected the glass we had been using and said, "I'll take this back for you, got to keep it tidy." The registered manager and staff told us that where people wanted they helped around the service, this provided them with a sense of purpose and wellbeing.

During the game of bingo, a person helped the staff by calling out the numbers. Staff moved around to assist people in recognising the numbers if needed. There was lots of laughter and social interaction. The card game was a small group of people and a staff member. One person told us that they played cards when they wanted to and also enjoyed playing dominoes which they did. During the games of bingo and cards people won prizes, such as chocolate bars. One person showed us their prize and put it in their pocket, "I'm keeping this for later."

One person was sitting in the dining room after they had a visit from their relative. They had not joined in with any of the group activities throughout the day. A staff member approached them with a large piece jigsaw and said, "I was wondering if you could help me with this, I'm not sure I have got all the pieces and need them." They put the jigsaw down and started sorting through the pieces. The person sat forward and started helping the staff member putting the jigsaw together, looking for the parts as displayed on the box. Another person was passing by and also sat down and started helping with the jigsaw. When they had completed the jigsaw and saw that all the pieces were present the staff member thanked both people and said, "I would never have been able to do this on my own, thank you." This made the people smile and provided them with a sense of wellbeing.

Arrangements for social activities were innovative and met people's needs. People's care records identified their interests and hobbies and how these were incorporated into their daily living to enhance their wellbeing. One person said they liked cars and they and a staff member told us that they had built model cars which they liked doing. This showed that the activities provided were meaningful to people and designed to meet their individual needs and choices and enhance their wellbeing. We saw a certificate in the service which showed that the service had been highly commended in 2016 by care awards for the Suffolk area for the category of culture, creativity and activities.

The registered manager and provider shared examples of where the service provided an exceptionally responsive service where staff went 'the extra mile' to let people know that they mattered and to enhance their wellbeing. Staff used individualised ways of involving people so that they felt consulted, empowered and valued. The service operated a 'sparkle' system where people were provided with the opportunity to say what their hopes and aspirations were. The provider told us that they had introduced this system following

speaking with a person about what they had wanted to do but did not think it was possible because they lived in a care home. The provider said that this should not stop people achieving their dreams and encouraged them to think about what they wanted to do. There was a sparkle tree on the wall in the lounge where the leaves were what people had said they wanted to do and there was another leaf showing where this had been completed. One person had wanted to visit a hotel where they had previously worked. The registered manager said that they had gone for afternoon tea and the manager of the hotel had showed the person round. Another person had wanted to pull a pint of beer in a public house that they had worked in, which was done. A photograph in the service showed them smiling outside of the pub. Other sparkle activities including visits to sporting events and the theatre.

The service had a social media site which could be accessed by people and their relatives. This included news about the service and photographs of people enjoying activities. The registered manager showed us the social media site which included people singing, dancing and laughing and participating in the various activities provided.

People told us that they could have visitors when they wanted them. This reduced the risks of isolation. We saw people enjoying visits from friends and family throughout our inspection. One person's relative told us how they were working with the chef in the service to plan a wedding anniversary party for them and their spouse. They said they were having it at the service because, "We are all family." This meant that the service promoted positive relationships and supported people to maintain links with people who were important to them.

People told us that they knew how to make a complaint and that their concerns and complaints were addressed. They said that they were satisfied that their concern was addressed in a timely and appropriate manner. Although people told us that they had not made formal complaints where they had raised concerns they were managed well. One person commented that they were happy about the actions taken by staff, "I get people wandering into my room sometimes, I've asked if they [carers] can stop that, they said they're going to put a gate across my door." One relative told us, "The only thing I have asked recently was that they washed [person's] hair more frequently." They added that this had been addressed to their satisfaction.

People were actively encouraged to give share their views about the service and complaints were used to drive improvement. There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records showed that complaints and concerns were responded to in a timely manner, the complainant was kept updated with the outcome and, where required, an apology was provided. There were feedback forms in the entrance hall where people could include their comments about the service and a secure box to put them in.

There were also meetings where people's views about the service were sought and people's comments were acted on. One person's relative told us, "I think the meetings are useful, they let us know what's happening. I asked if they could show pictures of the food being served to make it easier for people. They've told me that's what they're going to do." The provider had previously told us, and the Provider Information Return (PIR) also identified that this was being done and the photographs of meals would be displayed on a television screen. This showed that comments made by people were used to improve the service and value people.

Is the service well-led?

Our findings

At our last inspection of 9 February 2015 Well-led was rated as Good. During this inspection we found that the service had maintained this standard and continued to provide a well-led service for the people who lived in the service. The service continued to improve and the ways that the service responded to people's individual needs was outstanding. This was because the leadership in the service listened to what people wanted and used creative ways to ensure that they were valued. One person's relative told us that the service, "Has improved since [person] has been here, they seem to be constantly making little changes and bringing in new ideas to improve things."

Since our last inspection there was a new registered manager in post. One relative told us, "The current manager has made a difference, [registered manager] often about the place and is available to have a little chat with." This was confirmed in our observations, the registered manager moved around the service and was available for people and visitors to speak with. This was clearly routine practice because people and relatives knew who the registered manager was and spoke with them.

Staff told us that they felt that the service was well-led and they felt supported by the service's management. One staff member we spoke with told us that they had seen improvements since the new registered manager had started, particularly with the training provision and how shifts were arranged. Another staff member said, "We are a good team, we help each other, I love working here."

There continued to be an open culture where people, relatives and staff were asked for their views of the service provided. Where comments from people were received the service continued to address them. The results for recent questionnaires were displayed in the service, all of which were positive.

The registered manager and the provider continued to carry out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines records, incidents and accidents and care records. To further monitor the care provided staff were observed in their usual working practice, including night time visits by the provider, and competency checks, for example when administering medicines. The registered manager told us about the ongoing improvements they were making and planning in the quality assurance systems.

There were systems in place which showed that the service continued to improve. This included the recent installation of a computerised care recording system. These were hand held devices used by staff to input the care and support people had been provided with and their wellbeing. These allowed information to be recorded immediately and allowed the staff to spend more time with people. There was also an ongoing programme of redecoration.