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The Briars

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Briars is a residential care home providing care and support for up to 7 adults with a learning disability. There were 6 people at the time inspection.

The care service has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The aim is that people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

At this inspection we found people lived in an environment that was both homely and met their support needs. However, we found that shower hot water exceeded safe temperatures and presented a scalding risk to people.

There were enough care staff to be able to support people safely. However, we found that required staff checks such as employment references, and work history records, were not complete. This meant there was a risk of unsuitable staff being employed to provide care to people.

The care home ownership had changed from a Partnership to a Limited Company. The provider had not notified CQC about that change in the status of the care home, something that it is required to do by law.

People received kind and caring support from staff who knew how to meet their needs. We observed staff talking kindly to people and treating them with respect.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

People were supported to take their prescribed medicines and care staff followed systems and procedures to ensure medicines were administered safely.

People were supported with their dietary needs and to get medical attention when they needed it. People had personalised plans of care which gave staff the knowledge and information to support them in a way that people preferred.

The registered manager worked in partnership with others to ensure people received safe care and support. People had the choice to engage with a variety of activities including adult education and local community social groups.

People, and their relatives, told us that the registered manager was approachable, and that any concerns they raised had been dealt with effectively.

The registered manager had a quality assurance system in place to monitor the safety and quality of the service.

More information can be found in the detailed findings below.

Rating at last inspection: Requires Improvement: 21 May 2018

At the previous inspection we found that the service was in breach of Regulation 18; Registration Regulations 2009: Notifications of other incidents.

The provider had failed to notify a number of safeguarding incidents to CQC as is required by law.

Additionally, the provider was not monitoring incidents sufficiently and people's risk assessments had not been regularly reviewed and updated and did not always accurately record the current risks.

We had also not been assured that there were always sufficient care staff on duty to meet people's needs.

The provider had made the required improvements in all these areas.

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

Enforcement: Action we told provider to take (refer to end of full report)

Follow up: We will continue to monitor the service through the information we receive.

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

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Briars

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: The Briars is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection took place on 30 April 2019. We gave the service one days' notice of the inspection. We provided the registered manager with an easy-read poster, including a photograph of the inspector, for use by care staff when reassuring the people who lived there, about the inspection. We returned on 1 May 2019 to complete the inspection.

What we did: Before the inspection the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During inspection: We spoke with two people who use the service, the provider, who was also the registered manager, three care workers and the administrator. We observed support being provided in the communal areas of the service. We looked at six people's care records as well as records relating to the management of

the home.

After inspection: The registered manager provided us with some of the provider's policies and procedures, as well as the statement of purpose for our information. We also spoke with four relatives of people on the telephone, and asked them for their views of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we rated the service as requiring improvement because adequate systems were not in place to monitor incidents. Some incidents had not been notified to the local authority safeguarding team or CQC. This could put people at potential risk of harm as the relevant authorities had not always been enabled to assess potential risks and take appropriate action to keep people safe. At this inspection we found that improvements had been made.
- People told us they felt safe living at The Briars. A person told us, "I feel safe here, if I didn't I would talk to [Registered Manager]"
- All care staff had received safeguarding training, were aware of the safeguarding procedure, and knew how to use it. There were safeguarding adults policies in place, which care staff had access to.
- The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. These arrangements ensured that people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- Hot water in the communal showers exceeded safe temperatures. This exposed people to the risk of scalding. This was brought to the attention of the registered manager who assured us that they would replace the shower units with ones that could not exceed safe temperatures.
- Radiators covers were not fitted in communal areas or people's bedrooms. This was brought to the registered manager's attention who told us they would assess the risks to people living in, or visiting, the care home to determine whether radiator covers should be fitted as a protection from burns.
- Two bedrooms did not have an adequate hot water supply. This was brought to the attention of the registered manager who made interim arrangements to ensure people had access to hot water.
- The provider had effective systems in place to carry out regular fire safety checks.
- Care staff had received fire safety training and personal emergency evacuation plans (PEEPS) were in place so that people could be supported to exit the building in an emergency.
- The provider was arranging to have a new Fire Risk Assessment carried out by a suitably qualified person.
- People's individual risks had been assessed and reviewed regularly, or as their needs changed, by the registered manager. That meant care staff knew how to support people safely.

Staffing and recruitment

- The provider had no recruitment policy at the time of the inspection. We found that required checks such as employment references, and work history records, were not complete. This meant there was a risk of

unsuitable staff being employed to provide care to people. We brought this to the provider's attention and they stated that they would introduce a recruitment policy and procedure and ensure that all care staff employment records were completed. A copy of this new recruitment policy was subsequently provided to the inspector after the inspection.

The provider failed to ensure that appropriate pre-employment checks had been carried out on all care staff members to make sure they were safe and suitable to work at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough care staff to meet people's support and care needs, and staffing levels were increased when necessary. A care staff told us, "I've never found a problem. Like today, we have had extra staff to take people to appointments".
- Staffing rotas did not always reflect the care support provided. The rota was changed regularly to meet people's needs. This meant that it was not always possible to determine the hours care staff had worked. This was brought to the registered manager's attention, who assured us that they would make their rota accurate.
- The registered manager told us that agency care staff had been very rarely used. This meant that support was provided by care staff that people knew well.

Using medicines safely

- Medicine management and audit systems were safe. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Care staff were trained in how to administer prescribed medications, when people required them, and their competence had been assessed by the registered manager before they were able to supply medicines to people.

Preventing and controlling infection

- Not all care staff had completed infection control training, which is needed so that care staff understand how to prevent and control the spread of infections.
- Personal Protective Equipment (PPE) was readily available throughout the service. Staff used aprons and gloves when necessary. This protects care staff and the people they support from acquiring infections.
- People's rooms, bathrooms and communal areas were clean, which reduced the risk of infections spreading. A care staff told us, "We wear PPE all the time when doing chores. Each person's laundry is done separately. We go around cleaning things as we see them. We check the bathrooms regularly, and we have special spill kits to use if there are any bodily fluids that need cleaning up."
- Care staff followed a schedule of cleaning tasks each day, though there was no record of when tasks were completed so it was not clear how often cleaning happened. This was brought to the registered manager's attention who told us that they would introduce a cleaning record system.

Learning lessons when things go wrong

- The registered manager reviewed incidents, analysed them for trends and took action when needed. This helped to keep people safe.
- Lessons were learnt from incidents. For example, the provider identified the need to increase the security of people's bedrooms. This was discussed at a resident's meeting and the agreed option implemented. The registered manager reviewed the effectiveness of the solution, and there had been no further similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had created care plans which were updated as people's needs changed. This meant that the care plans guided care staff to effectively meet people's needs.
- A care worker told us, "New staff have an induction on each resident, their background, their personal history, family, day services and what support they want from us and how to support them. We also get told about any changing needs." This meant care workers were supplied with relevant information of how to effectively support people.
- Relatives are involved in care plan reviews. A relative told us, "I go to the care plan reviews. We always made it clear that we wanted to stay involved in [Person's] care and they have made sure that has happened."
- Care workers supported people to make daily choices about their care and support. For example, what to eat, wear and where and how they spent their time.
- The registered manager supported staff to provide person centred support and care in line with local and national guidance and best practice guidelines.

Staff support: induction, training, skills and experience

- New staff completed induction training, which included working alongside more experienced care staff. Care workers told us that they received the training needed to meet people's individual needs.
- The registered manager supported care staff to take additional training courses to develop their skills. A care staff told us, "Training is good here. I've done the care certificate and they supported me to go on and do my NVQ3 and team leading qualification".
- Not all care staff were fully trained. The provider had a staff training plan to identify when care staff required training.

We recommend that the service identify suitable arrangements to ensure all care staff receive the training necessary to support people safely.

- Care staff told us that they have regular handover sessions and an annual appraisal.
- Care staff had the skills to support people's needs. We observed care staff using their skills to support people effectively and sensitively.

Supporting people to eat and drink enough to maintain a balanced diet

- People were asked what they wanted to be on the menu, and options were available at each meal. The kitchen was well stocked with alternative snack items.

- A person told us, "They give me nice healthy food and they know I like my food!"
 - People had access to food and drink throughout the day. A person told us, "I like the food here, and I can get a snack whenever I want as well."
 - People had a choice of where to eat meals. A person told us, "I sometimes eat by myself and sometimes eat with everyone else. That's how I want to do it."
 - Care staff had a good knowledge of people's food preferences and the provider had appropriate systems in place to monitor people's diet and weight.
 - Care staff views differed on what constituted a healthy diet for the people in the care home.
- We recommend that the service finds out more about training for care staff, based on current best practice, in relation to the nutritional needs of people.

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

- Alternative day activities were available for people. These reflected people's interests and support needs. A relative told us, "He [family member] loves going to [Activity] and when he can't get a lift there the staff always make sure that they take him".
- Management and staff worked with local charity social groups, faith groups, and adult education providers to ensure that people's support needs were met.

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

- The care home had a 'homely' feel in the communal areas, and people had personalised their bedrooms. Bathrooms and toilets met the needs of the people living at the care home.
- A relative told us, "When we were looking around for a place for [Person] we knew as soon as we walked into The Briars that it was the right place. It's just like visiting someone's home."
- People told us that they liked the enclosed garden which was well kept. It was used for gardening activities, as a place for people to be by themselves, and to sit outside and enjoy fresh air and sunshine.
- The care home had an activities area. A relative told us, "They converted the garage into an activity room and that is used really well by people, for all sorts of things, now."

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

- People went to community health services when they needed them. A person told us, "I usually go on my own. But there are some appointments when I ask [care staff] to come with me and they do that."
- The registered manager ensured that people's mobility and healthcare needs were met, and people were supported to have annual health checks with their GP.
- Care staff were aware of each person's health support needs and how to enable them to live healthier lives. People had health action plans in place which detailed their individual health support needs, as well as records of visits to specialist and community healthcare services.

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

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found that it was.

- Care staff received training in relation to MCA and DoLs and worked within the principles of MCA. Appropriate referrals to the local authority DoLs team had been made.
- People had given their consent to receive care from the provider and, where it had been assessed that an individual did not have the capacity to give consent, there had been an appropriate best interest process carried out.
- Accessible information was available at the care home about the role of advocates, and some people had external advocate support when needed. A person told us, "I am with the [Self advocacy] group. We talk about things and people come and talk to us about things as well. We had someone come from County Hall once."
- People were supported to have choice and control over their lives. Staff told us they supported people by offering choices and obtaining consent. A person told us, "Yes, they ask me before they help me with things".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were attentive to people's needs and supported people with kindness. A person said, "I like the staff, they are nice, kind."
- A relative told us, "The staff go to extra lengths to make life good for [Person] and that he gets what he needs."
- Another relative told us that, "The staff are kind. When they are encouraging [Person] to do something they do it in a very kindly way. There is nothing that I have seen that causes me any concerns."
- Care staff supported people at meal times which were relaxed social occasions. People appeared to enjoy each other's company. A person told us, "I get on really well with my housemates. I have fun with them and jokes and things. We laugh all the time."
- All staff had received equality and diversity training and the provider had recently introduced a new Equality, Diversity and Human Rights policy, which set out how the care home operates to support people, and staff, from diverse backgrounds.

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

- People were involved in deciding their own care plans and choosing what activities they wanted to do.
- Care staff supported people to make everyday choices about their care and support, for example about what clothes they wanted to wear and how they wanted to spend their time. This enabled people to develop, and maintain, their independence skills.
- The registered manager understood the Accessible Information Standard, which requires that documents be provided in accessible formats, and appropriate languages. We saw documents in care plans and on notice boards, that were in an easy-read format.
- Resident's meetings were held during which people discussed and requested things which the registered manager then acted on. A person told us, "We have meetings, we talk about holidays and day trips".

Respecting and promoting people's privacy, dignity and independence

- People's privacy was maintained. A relative told us, "The staff never go into someone's room without knocking first. They are really good at respecting people's privacy."
- People's dignity was maintained. A care staff told us, "When I am helping with personal care I talk to the person as I am doing it, and make sure they are covered up when going from the bedroom to the bathroom."
- People were treated with respect. A care staff told us, "We help them to look nice. We help them to wash and blow dry their hair. Same for the men as well, it's nice for people to look nice. We give them compliments when they look nice and they really like to hear that."

- Care staff supported people to learn and practice new skills as part of their development towards more independent living. For example, learning domestic skills such as cooking and cleaning.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans contained personalised information so care staff could meet people's support needs. Care plans were comprehensive and covered areas such as personal care, health action plans, nutritional needs and activities.

- People were involved in the care planning and were kept informed of any changes. A person told us, "[Registered Manager] talks to me about the care plans, what I do and what I want to do."

- Care workers were attentive to people's behaviours and what they indicated. A relative told us, "I can tell he feels comfortable by the way he talks about living there. He always tells me that he is happy there."

- People told us they were supported to take part in activities if they chose to do so.

- People's communication needs were identified and recorded in care plans. Those needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, through the use of easy read care plan documents and activity posters.

- People had access to wifi. A person told us that they used their own device to watch programmes streamed from the internet. This enabled people to choose what they wanted to view and follow their interests.

Improving care quality in response to complaints or concerns

- An easy read complaints procedure was in place and displayed for people's information.

- People knew who to talk to if they had a concern or a complaint. A person told us, "I would go and tell [Registered Manager]. If they weren't around I would tell [Administrator]"

- A relative told us that, "[Registered Manager] is approachable and easy to contact. I have spoken with them about concerns in the past and they have always been good at sorting things out."

- Both formal and verbal concerns had been received and had been investigated and responded to appropriately. Where necessary, action had been taken to improve the service.

End of life care and support

- People's wishes for their end of life were included in their care plans. Where people did not have the capacity to be able to make decisions about this there had been best interest meetings held, and the views of the person's relatives had been obtained.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager did not have a full understanding of regulatory requirements. For example, providers must inform CQC when there is a change to the registered details of the service. The provider had not done this when the care home ownership legal status changed from a partnership to limited company. We brought this to the providers attention and they told us that they would apply to register the care home with CQC under the new provider company name as soon as possible.

The providers failure to inform CQC of changes to registration are a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

- The provider did not hold adequate care staff employment records. Some care staff files did not include copies of previous employment references or full work histories.
- The registered manager had a quality assurance system in place to monitor the safety and quality of the service. However, this had not identified the high shower water temperatures, which meant people were at risk of scalding.
- The registered manager understood their responsibility for reporting deaths, incidents, injuries and other matters that affected people using the service. Notifying the CQC of these events is important so that we are kept informed and can check that appropriate action had been taken.
- The registered manager carried out regular audits of care plans and risk assessments.
- All staff understood their roles within the care home.

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

- The registered manager provided supportive leadership. Care workers told us that the registered manager was approachable and that they felt supported.
- The registered manager and all the staff we spoke with and observed, were committed to providing person centred, high quality care.
- The registered manager understood, and acted on, their duty of candour responsibility by contacting relatives after incidents involving family members occurred. This ensured that relatives were notified of the incident and made aware of the causes and outcome.
- The ratings from our previous inspection were displayed so that visitors could see and read our report.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, care staff and relatives, told us that they could contribute their views on the service informally. Relatives had been sent an annual satisfaction survey which the registered manager reviewed and acted on.
- People's equality and diversity characteristics were identified during the initial assessment process, and recorded in each person's care plan. This was available to guide care staff and was supported by the provider's Equality and Diversity policy.

Continuous learning and improving care

- The registered manager understood the importance of learning lessons, by reviewing incidents, to ensure that people received good quality care and support.
- The registered manager was linked into local care initiatives as a means of learning from, and contributing to, new developments in the care sector. For example, membership of the East Midlands Care Homes Association.

Working in partnership with others

- The registered manager and care staff worked in partnership with other professionals and agencies, such as GPs, community health services, adult education and local social activity groups, to ensure that people received the care and support they needed.
- The registered manager worked in partnership with people and their relatives, through regular communication, to ensure that people's views about the care being provided was listened to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 Registration Regulations 2009 Notifications – notices of change The provider had failed to notify CQC about a change in the legal ownership status of the care home, as is required by law.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Care staff employment records did not include all information relevant to their employment, as is required by law.