

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Brierfield Residential Home

58 High Road, Trimley St Mary, Felixstowe, IP11
0SY

Tel: 01394283422

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	J & S Health Care Limited
Registered Manager	Mrs. Emma Beckett
Overview of the service	Brierfield Residential Home is a care service, without nursing for 26 older people living with dementia. The service is in Trimley St Mary, Felixstowe.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

The people living in this service were living with dementia and were unable to tell us about the quality of care they received. To enable us to be able to access people's wellbeing we spent time sitting with them observing the care they received and the level of staff interaction with them.

During our inspection we observed that the staff were attentive to people's needs. Staff interacted with people using the service in a friendly, respectful and professional manner. We saw that staff sought their agreement before providing any support or assistance.

Most of the people we saw were relaxed, engaged with their surroundings and interacted well with each other. If people became distressed or worried, staff attended to them quickly and acted to distract them or to offer them comfort.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People's diversity, values and human rights were respected and people were supported in promoting their independence and community involvement.

We saw the care records of five people who used the service. The records included information about how people's diverse needs were met including with their communication and their physical condition. The records asked staff to remember to offer people choices where possible and to encourage people make decisions for themselves, within their capabilities.

During our visit we had an opportunity to observe staff supporting the people who used the service. Staff demonstrated that they were knowledgeable about the needs of the people they supported. We saw that their interaction was supportive and thoughtful. The staff we spoke with told us that they knew and understood that the people living in this service needed to be given time to do what they could for themselves, without being rushed. This meant that people were offered the level of support they needed without having their independence taken away from them.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and was delivered in a way that was intended to ensure people's safety and welfare.

People were unable to talk to us about the way they were treated or if they were happy with their care, but we observed that they appeared to be relaxed when they were being supported and that they shared some good humoured banter with the staff.

We looked at five people's care plans and found that they were of a good quality, were detailed, person centred, and had been reviewed recently. They included details of the initial assessment which was carried out when the person started to use the service. The care plans reflected people's needs and evidenced that people were seen by a doctor and had access to other healthcare professionals such as psychiatrists, dentists and chiropodist.

We saw evidence that this service was proactive in providing meaningful activities, entertainment and interesting pastimes for people who lived there. Staff members took people out individually and on planned trips. The service had an attractive garden with areas of interest that people could take advantage of. Providing stimulation for people meant that they would stay engaged and interested in their surroundings.

Staff told us that if relatives wanted to help someone celebrate their birthday by holding a party, they were always able to facilitate it and that the staff made an effort to make birthdays special.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The manager and staff were able to demonstrate that they had an understanding of the safeguarding principals and the manager was able to explain the safeguarding referral process within the service. This service had kept us informed of occurrences within the service by sending us statutory notifications.

The staff training records showed that all the staff had attended safeguarding training and that they received updates at regular intervals.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled, prescribed and given to people appropriately.

During the last inspection of this service on 15 July 2011 we found that there were minor concerns in this area. On this occasion we looked at people's medication administration records (MAR) charts which were appropriately completed to show that people were supported to take their medication at the prescribed times.

We looked at the care records of five people who used the service which included care plans and risk assessments which identified the support that people needed and preferred to take their medication safely.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

During our inspection we found that the service was clean and tidy throughout and that the environment was comfortable for the people living there.

During the last inspection of this service on 15 July 2011, it was found that the fire door on the ground floor, had laundry baskets by the door, whilst not blocking the exit, these may have caused problems exiting the building in an emergency. On this occasion we saw that none of the fire doors were obstructed.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

The manager explained the process the service had in place to supervise staff. Staff also received annual appraisals and the manager talked with staff on a daily basis and observed the delivery of care.

During our previous inspection of this service on 15 July 2011, we were informed by the manager that they were aware that some training was in need of updating, but they had been having problems trying to find suitable training providers. On this occasion the provider assured us that all training was up to date. They told us that, "Around 90% of our staff has an NVQ (National Vocational Qualification) in social care and all are up to date with training, with some having completed advanced courses."

On this occasion we spoke with four staff members and they confirmed that they were supervised and had access to the manager or a senior staff member if they needed to discuss any concerns they had. This meant that staff were provided with the opportunity to discuss their work, raise concerns and to receive feedback and direction from their line manager.

The manager and the four staff we spoke with assured us that they received a good range of training including an induction. We looked at records which confirmed staff received appropriate professional development. Mandatory training and refresher updates had been provided to staff which included fire safety, first aid, medication, food hygiene, moving and handling, infection control, safeguarding and health and safety.

The members of staff we spoke with told us that the training was well organised, and that they were told when they needed refresher courses.

The provider of the service told us, "We have an excellent staff retention rate and have virtually the same team for the past five years with a few new additions over the years. The staff at the home show real dedication and even cover for each other if one is unwell so therefore the home has never had to use agency staff."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The service carried out an annual quality assurance survey. The service gave questionnaires to the people living in the service, their family and friends to ask their opinion of the service they received. A report would then be written which set out the results of the survey and actions to be taken.

The registered manager told us that they carried out audits covering a wide range of outcomes and talked with the people who lived in the service on a daily basis and monitored staff and the delivery of care closely. The provider of the service also visited the service regularly to carry out checks and audits. After which, any necessary action was reported back to the manager to action.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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