Inspection Report

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

Date of Inspection: 17 October 2013

Date of Publication: November 2013

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

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	J & S Health Care Limited
Registered Manager	Mrs. Michelle Lewis
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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 carried out a visit on 17 October 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with three people who were using the service and with four visiting relatives. They all confirmed that they were pleased with the care and support that people received. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. However, we noted a few health and safety issues. We told the registered manager about these concerns and the provider assured us that these would be promptly addressed.

People were protected from the risks of inadequate nutrition and dehydration. Their dietary needs and preferences were catered for and they told us that they enjoyed the food. One person said, "The food is good – always nice and hot". A visiting family member commented that people's food preferences were respected.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Effective recruitment and selection processes ensured that people were cared for by suitably qualified, skilled and experienced staff.

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

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with three people who were using the service and with four visiting relatives. They all confirmed that they were pleased with the care and support that people received. One family member commented that there was, "A nice feel as soon as you walk in – it is homely. Every member of staff is loving and caring". A person who used the service confirmed this, "They are all friendly. I can't find fault with anything". We observed that staff were kind and effective in dealing with behavioural issues and in comforting people if they became confused or upset. Music from the 1950s was playing and walls were decorated with photographs of film stars and other celebrities of the time. We saw people involved in activities such as singsongs and catching a beach ball. We spoke with an activities co-ordinator who confirmed that activities were offered every day. These included arts and crafts, gentle exercise, hand massages, walks and small animals brought in from a local zoo. This showed that the service was focussed on helping people enjoy a good quality of life.

We saw that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at three people's care plans. These plans were clear and provided a wide range of information about the people including a photograph of the person, their life stories, family contacts and information about whether the person wore glasses or used any hearing or walking aids. A 'How to support me' section written from the person's perspective outlined their preferred routine, for example if they were an early riser, their likes and dislikes and their personal care needs. This helped ensure that the way in which people wanted to live their lives was understood by staff.

A summary chart in their bedroom contained basic information about each person. This was on the back of a picture that could be turned round so that the information was not on constant display. This helped maintain people's privacy.

Daily notes were recorded in a book for each person. We saw that the registered manager monitored these fortnightly. A brief summary of these notes was also held in each person's

bedroom. These notes helped ensure that carers coming on shift would be aware of any issues affecting individuals, and that the register manger could keep good oversight.

We saw that cleaning rotas and personal care charts were checked and signed by staff when the tasks had been completed. Medical administration charts that we looked at confirmed that medication was given as prescribed. Each person had a keyworker who worked with people and their families on updating care records. Keyworker's responsibilities also included checking that personal care charts and nutritional charts were completed and reported. This meant that the service had a clear view of people's changing needs and was able to monitor that the care and treatment was being provided according to these needs.

People's bedrooms were furnished and decorated to reflect their tastes with small items of their own furniture as well as photographs and other personal items. Memory boxes outside each bedroom contained photographs and small items to help people identify their own bedrooms. Scenic murals, such as in the 'beach room' and on a wall facing a person's bedroom window, helped create an attractive environment. Action was being taken to tackle areas in need of refurbishment such as some bathrooms and the lift door. This action to maintain and improve the décor and facilities helped ensure that people were living in a pleasant environment.

We saw that care plans contained notes regarding any allergies and that other risks in people's daily living. For example risks associated with infection due to a person's lack of hygiene awareness, were assessed. Action was taken to reduce the risks, such as removing chairs from the bedrooms of people who were living with dementia but who remained active and could stand on the chairs to reach the tops of cupboards. This showed that the service tried to keep people safe by identifying potential risks to individuals and taking action to reduce the risks where possible.

Some potential hazards around the building had been identified and action taken to reduce the risks. For example, the garden was enclosed to ensure that people did not walk onto the busy road. However, we found that not all risks relating to the environment had been fully identified. When we were shown round the building we noted a set of steep stairs that could pose a safety threat. We also saw cleaning substances on display in the unlocked sluice room. The provider acted promptly when we told them about these hazards and reported that action was being taken to make these areas safe. We found that the door to the office had been left open when the room was unattended. A cupboard containing people's personal information was unlocked, with the files on display. When alerted to this, the provider informed us that a lock would be put on the office door. This lack of comprehensive risk assessments regarding the building posed risks to people, for example by gaining access to harmful substances, or having their privacy compromised if files were accessed by other people or their visitors.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The people we talked with confirmed that they liked the food provided by the service. One person said, "The food is good – always nice and hot". A visiting family member commented that people's food preferences were always respected, for example to accommodate religious beliefs or if people were vegetarians. Food likes and dislikes and any assistance needed with eating or drinking were noted in people's care records, as were allergies or foods, such as dairy items, that they needed to avoid for medical reasons. This helped ensure that people's needs and preferences could be catered for.

We observed lunch time and saw that meals were tailored to individuals' needs and preferences. There was a main set meal but catering staff were aware of anyone who might prefer something else and we saw that different meals were provided. Staff told us that, if a person refused a meal, alternatives would be offered. People were able to choose whether they wanted to eat in the dining room or elsewhere. They were given any assistance that they needed with eating and drinking. A visiting relative mentioned that staff, "Don't hurry people". This showed that consideration was shown for people's needs when eating and drinking.

Catering staff told us that cooked breakfasts were provided if people wanted them. Usually cold food such as sandwiches, fruit and cake were provided for evening meals. A request had been made at a Residents' Meeting for some hot food to be available at tea time so baked beans on toast and soup were being served on two days a week. If people were out at mealtimes, for example to attend hospital appointments, they were given packed lunches or the meals were kept until the returned. Drinks, such as tea, were offered at intervals during the day, or made for people if they asked. Fresh fruit, biscuits and fruit juice were available in the communal areas. One person told us that they could have a jug of water in their bedroom at night if they wanted. Bedside pressure pads alerted night staff if people got out of bed and if someone wanted a drink or a snack during the night this was provided. This showed that an effort was made to encourage people to eat and drink by providing what they liked and making sure this was available at the times that suited them.

A dietician had provided staff with training about warning signs of malnutrition and dehydration. The dietician followed up this training with visits to monitor practice and had also talked with catering staff about how to increase the nutritional value of meals. We saw that people were weighed each month and that daily food and fluid charts recorded what each person ate and drank. Fortified drinks were provided when needed. We were told by

the registered manager that key workers were responsible for checking that the nutritional charts were completed and reported and that the weight monitoring sheets were completed monthly. One of the catering staff confirmed that staff were quick to notice if a person was not eating well, and this would be brought to the attention of a dietician. This monitoring helped ensure that quick action could be taken if anyone was in danger of becoming malnourished or dehydrated.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The provider worked in co-operation with others when more than one provider was involved in the care and treatment of individuals, or when they moved between different services. We saw that if a person had been discharged from a hospital the registered manager had visited the hospital to make an assessment of the person's needs, to ensure that these could be met.

We looked at the care plans of three people. These contained the contact details for social and healthcare professionals involved in the people's care, together with records of any visits, treatments or appointments. The registered manager confirmed that there were good links with local doctors and nurses. Prompt referrals to healthcare professions and medical services were evident, for example dentists visited to treat people when needed. Healthcare professionals were called in to provide specific treatment, for example podiatrists were asked to visit if people had problems with their feet. We saw that quick and appropriate action had been taken in emergencies such as where people had suffered injuries in falls. Our checks confirmed that recent incidents had been correctly reported and appropriate action taken. The provider's approach helped ensure that people's health, safety and welfare was protected when more than one service was involved.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for by suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place with appropriate checks undertaken before new staff took up their appointments. Standard questions were asked at interviews to ensure that staff had the required skills and attributes. The registered manager told us that many of the staff had been with the service for several years and that agency staff were not used. In the event of sickness absences other staff were called in.Th is helped ensure consistency of care by staff who knew the people and who had been through the service's recruitment checks.

The recruitment policy required a minimum of two references to be provided. It did not specify the other checks to be carried out but a standard letter sent to successful applicants specified the further documentation required. We saw evidence of copies of all the appropriate documents, such as birth certificates, passports, driving licences and bank statements in staff folders. Applicants were asked if they had any relevant disclosures to make and criminal record checks were carried out. We talked with five staff, including one recent recruit. They all confirmed that criminal record checks had been carried out and they had been required to produce evidence of their identity, address and entitlement to work in this country, as well as any relevant certificates. This showed that the service was taking steps to ensure that staff were of good character and had the skills and knowledge to carry out their work.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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