Larchwood Care Homes (South) Limited

Briar House

Inspection report

Losinga Road
Kings Lynn
Norfolk
PE30 2DQ

Tel: 01553760500

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Briar House is a care home. People in care homes receive accommodation and nursing or personal care as a 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 accommodates up to 62 people in a two-storey building which is served by a main lift to the upper floor. Nursing care is not provided.

At our comprehensive inspection in September 2016 the service was rated as requires improvement. There were not enough staff to ensure that people's needs were met in a timely way. Staff were not recording people whose nutritional intake was poor. Improvements were needed in the quality monitoring ensure that the service could develop and improve. This unannounced inspection took place on 5 June 2018. Improvements had been made and the service is now rated as good.

There was not a registered manager in post. A registered manager is a person who has registered with the CQC to manage the home. 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 home is run.

A new manager was in post and they had applied to the Commission for registration.

People were kept safe and staff were knowledgeable about reporting any incidents of harm.

People's individual risk assessments in care records had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

The environment was clean and a safe place for people to live. We found equipment had been serviced and maintained as required. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required.

People were helped to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

People were looked after by enough staff, who were trained and supervised to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be

unable to make their own decisions.

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.

People had access to healthcare professionals and their healthcare needs had been met. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.

People were supported to eat and drink sufficient amounts of food and drink.

Staff knew people they supported and provided a personalised service in a caring way. Care plans were organised and had identified care and support people required. We found by conversations with staff they had a good understanding of protecting and respecting people's human rights.

People participated in a range of activities within the service and received the support they needed to help them to do this.

Information available with regards to support from an external advocate should this be required by them.

People were involved in the running of the service. Regular meetings were held for the people and their relatives so that they could discuss any issues or make recommendations for improvements to how the service was run.

There was a process in place so that people's concerns and complaints were listened to and were acted upon.

Quality monitoring procedures were in place and action was taken where improvements were identified. There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions and actions were taken as a result.

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?

Good

The service was safe.

Staff understood their roles and responsibilities in ensuring that people were protected from harm.

Risk had been assessed and staff had the information to ensure risks to people had been reduced.

There were enough staff to ensure that people remained safe and received their care in a timely manner.

Is the service effective?

Good

The service was effective.

Mental Capacity Act assessments and best interests' decisions had been made for people in line with the legal requirements.

Staff were trained and supported to ensure they followed best practice.

People were supported to access all healthcare services they required.

Is the service caring?

Good

The service was caring.

People were supported by caring, kind and respectful staff who knew each person and their individual needs well.

People and their relatives were involved in planning their care and support and staff showed people that they mattered. Visitors were welcomed.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to take part in activities.

End of life care was discussed with people to ensure their wishes were known.

Complaints and feedback was listened to by the manager and acted upon.

Is the service well-led?

Good

The service was well led.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which reviewed the quality and safety of people's care.

Briar House

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 was planned to check 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 inspection took place on 5 June 2018 and was unannounced. The inspection was undertaken 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 the 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 the PIR and other information we held about the service. This included notifications. A notification is information about important events which the service is required to send us by law. We also asked representatives from the local authority commissioning team for their views on the service.

We spoke with ten people living at the service who were able to give us their views of the care and support they received. We also observed care throughout the inspection.

We spoke with six staff, the manager; the regional manager; three members of care staff and the daily activities co-ordinator. We spoke with five visitors/relatives visiting the service.

We looked at care documentation for three people living at Briar House, medicines records, three staff recruitment files, staff training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At the last comprehensive inspection in September 2016, we found that improvements were needed to ensure that the service was safe. There were not enough staff to meet people's needs in a timely way. At this inspection we found that improvements had been made to ensure people's safety.

People and their visitors told us they felt it was safe at Briar House. One person told us, "I'm safe, secure and comfortable with nothing to worry about. I have nothing to grumble about." Another person told us, "I'm comfortable and safe. Everything's here for me." A relative told us, "I leave my [family member] here (Briar Court) feeling they are safe and secure." Another relative commented, "[Name] is safe here. I leave and don't worry about them."

There were processes in place to safeguard people. A safeguarding policy was in place, this provided staff with guidance on how to respond to any concerns they may have that a person is being harmed. Staff had received safeguarding training and were confident of the action to take and who to contact if they had any concerns. One member of staff said, "I would always report any concerns I have. I am sure the manager or area manager would act on the concerns raised."

Risks to people's health and welfare were individually assessed, reviewed and monitored. Risk assessments provided guidance to staff on how to reduce identified risks associated to their healthcare and provide safe care and support. For example, how to reduce the risk of choking for people with swallowing difficulties. Guidance was also given on how people needed to be supported to move safely including the use of moving and handling equipment.

Where it was identified that people required frequent re-positioning to prevent pressure damage to their skin. Staff were able to explain the importance of undertaking this task on a regular basis to minimise the risk and protect people's skin.

Personal evacuation plans (PEEPS) were in place. A PEEP identifies the level of support each person would require to evacuate the building in an emergency. Staff spoken with understood their role and were clear about the procedures to be followed.

There was a continuous programme of maintenance and redecoration in the home. Wheelchairs and moving and handling equipment were stored safely and did not pose risk to people's movement around the service.

Records were available confirming gas appliances and electrical equipment had been regularly checked to ensure they complied with statutory requirements and were safe for use. Equipment including moving and handling equipment were also checked and serviced to ensure they were fit for purpose.

The provider had a robust recruitment system that meant that, as far as possible, only staff suitable to work in a care home were employed. Checks relating to the person's suitability, such as a criminal records check,

references from previous employers and identity checks were carried out before the new member of staff was allowed to start work.

There were enough staff to care for people. Although there were differing views on staffing levels, people on the whole felt they their calls bells were responded to in a timely way and their needs were met. One person told us, "I have to wait a bit for the bell sometimes but it's not too bad- remember they are busy people." Another person said, "Staff come quickly when I press my bell." Staff told us, that staffing can be difficult at times, especially when staff ring in sick at short notice, but the manager would always try to get cover or other staff will do some extra shifts. The manager told us they used agency staff to ensure there were sufficient staffing levels to support people's needs. The manager explained that they used a tool to calculate staffing based on people's levels of dependency. They also used their in-depth knowledge of people to judge when people needed extra support and they increased staffing numbers accordingly. For example, an additional staff member to support a person to attend a hospital appointment.

Medicines were administered safely to people. Staff administering medicines had received regular training updates to ensure their practice was up to date and in line with current pharmaceutical guidance and legislation. They administered medicines with patience and gave people an explanation of what they were taking and why.

Medicines were stored appropriately and records showed that room and fridge temperatures were within the appropriate range to ensure effectiveness. The effectiveness of some medicines can change in a warm temperature. Staff completed medicine records appropriately. Some people were prescribed medicines to be taken 'as and when required' (PRN). Protocols were in place that provided detailed guidance to staff on the purpose of PRN medicines. They also included for when, how much and how often they should be given to ensure they were taken appropriately and safely.

The environment was clean. Cleaning procedures and schedules were in place and adhered to by staff to ensure that people were protected from the spread of infection. The management team made regular checks to ensure cleaning schedules were completed. One person said, "The bedrooms are cleaned properly." Staff were clear about measures to take to prevent the spread of infection and told us about the cleaning schedules they followed each day. Personal protective equipment (PPE) such as aprons and gloves were available to staff to prevent and control infection.

Accidents and incidents were recorded by staff in people's care records. The manager recorded, tracked and monitored accidents, incidents and falls to analyse and identify any trends or themes. Where people had recurrent falls, advice was sought from healthcare professionals. Staff confirmed that any accidents and incidents that occurred were discussed in handover, including professional advice given to reduce the risk of them occurring again. For example, in one instance additional equipment was provided to aid a person when walking. The manager said, "It is important to learn from all accidents and incidents to ensure we provide a safe service to all our residents."

Good

Is the service effective?

Our findings

The manager and regional manager were aware of the protected characteristics under the Equality Act; their policies and guidelines reflected this. The culture of the organisation was open to providing care that met people's needs without the fear of discrimination about their age, sex, culture or religion and this was reflected in the pre-assessment process.

The manager and regional manager told us that they would always try to undertake a personal visit before a person was offered a place at Briar House. A full assessment of the person's care and support needs was carried out to make sure that the service could meet those needs. The information from the assessment formed the basis of the person's care plan.

Various technologies were available throughout the home. For example, every room was linked to the call bell system. Where a person was unable to call for assistance there were sensor mats to alert staff if a person had entered or left a room, or got out of bed. This enabled staff to monitor more effectively and be aware of a person's whereabouts for their safety.

New members of staff underwent a period of induction, in line with the national Care Certificate, which sets out common induction standards for social care staff. This included introductory training in a wide range of topics that included both face to face training and e-learning. They then undertook shadowing shifts with experienced staff. To enable staff to provide care to people who were living with dementia all staff received training in dementia care. Staff were confident that they were well trained and knew how to do their job. One member of staff said, "Training here is good. We do lots of courses." People we spoke with told us that staff were able to do their jobs. One person said, "The girls here are 100% so I have no fears." Another person told us, "[Staff] do a lot of training here."

Staff told us they received supervision and felt very well supported by the new manager. Appraisals were undertaken to give staff the opportunity to discuss such things as what was going well for them, if there were areas for improvement and any training they wanted to undertake over the coming year. One member of staff told us that, "[Name of manager] is very supportive and we are able to speak with them anytime."

People were positive about the food provided in the home. One person said, "I always like the food on offer." Another person told us, "The food is very nice." A third person told us, "The food is all right but I have a small appetite." At lunchtime, people had a choice of two main course options, although the cook told us they were always happy to make an alternative if requested. Kitchen staff had a good understanding of people's nutritional requirements, specific diets to maintain their health and consistency of foods to reduce a risk of choking.

Lunchtime was a relaxed, sociable occasion, with people, their relatives/friends and staff all sitting together to eat if they wanted to. People ate at their own pace. A member of staff was holding conversations with people, asking them if they were looking forward to their meal. After the meal staff made comments such as, "Have you finished [name of person]?", "I'm glad you enjoyed that," and, "You look as if you found that

tasty." They waited for a response. "Are you sure you wouldn't like a little more?" and "Would you like a yoghurt [name of person] or would you prefer cherry crumble?" This showed us that people were encouraged to eat and offered choices.

Drinks and snacks were available throughout the day. People were offered, biscuits, fruit and yoghurts with their drinks.

Staff worked together with various professionals to deliver safe and appropriate care and treatment. One person told us, "If you need a G.P. or a dentist the [staff] will arrange it" A relative told us, "The chiropodist and the hairdresser is organised through the [staff]." Records showed that people received regular visits from the GP and other healthcare professionals when required. Their advice and guidance was incorporated into their care plans. For example, advice from a dietician on how to support a person to meet their eating and drinking needs more effectively was included in a person's eating and drinking care plan.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the service had made applications to lawfully restrict some people of their liberty. No applications had yet been approved.

The service held an appropriate MCA policy and staff had been provided with training in this legislation. Staff showed us that they had a basic understanding of the MCA and worked within its principles when providing people with care. They told us that people had the right to make their own decisions as much as possible and presumed people were able to do this unless assessed as otherwise. Staff regularly checked if people wanted to take part in activities or change what they were doing. The staff had access to guidance to help them to carry out mental capacity assessments to assess an individual's capacity to make a decision for his or herself.

Good

Is the service caring?

Our findings

People were very pleased with the care and support they received and felt the staff team were consistently caring. One person said, "They care for me very nicely. They are lovely to me. I get the odd chance to chat to carers". Another person told us, "They are kind and helpful and they'll talk to me." A third person said, "The carers are respectful and I really can't grumble. They make me comfortable."

Staff showed that they knew people well. Staff were complimentary of each other. They made comments such as, "I see staff go the extra mile where they can to make it feel like home and personal," "Yes, we all work well together," "Staff all do their best to talk to everyone," and, "The staff are nice and we really do care. Some staff are better than others but we are all good." One member of staff told us, "You treat people how you'd want to be treated. It may be your relative receiving the care." There were lots of fun and laughter as well as appropriate banter that people clearly enjoyed. Staff were patient and gentle and we saw some hand-holding to reassure and calm people.

People's relatives and friends were encouraged to visit. One relative/friend wrote in the survey, "We are always offered a cup of tea and a biscuit or slice of cake." Another relative/friend wrote in the survey, "I always get a welcome and I am made to feel part of the family." There were no restrictions on visiting as long as people wanted the visits to take place.

Staff communicated well with people and always explained what they were going to do. Staff also used a range of methods to communicate with people who were living with dementia. These included pictures and showing people things to choose from, such as two sets of clothes or a hot and a cold drink.

Staff respected and supported people's privacy and dignity. They knocked on bedroom doors and waited for a response before entering. They explained to us how they respected people's dignity by closing curtains and ensuring people were kept covered as much as possible during personal care. Confidentiality was respected and staff did not talk about people to other people. Care records were stored securely so that personal information was kept confidential.

People were encouraged to be as independent as possible, in all aspects of their care. The staff told us it was important for people to "remain as independent as possible." People told us that they had choices given to them. They could choose, for example, what time they got up or went to bed, what they ate and drank, where they spent their day and what they did. One person also told us, "I can choose what to wear and when I get up."

Information about advocacy services was available. Staff told us they would support people to access a lay advocate if they needed to support people in making decisions about their care and support. Advocates are able to provide independent advice and support. No one at the time of this inspection was using the advocacy service.

Good

Is the service responsive?

Our findings

People and their relatives were involved in developing people's care plans. One person told us, "Staff listen to me and we talk about my care." A relative told us. "I am kept up to date. Staff know what's going on and are able to give us updates." Another relative told us, "I leave here feeling happy because my [family member] is looked after well. They share with me how they are doing and give me updates. They seem content."

Prior to people moving into the service, they all had their needs assessed to ensure the service was able to meet their needs and expectations. Care records contained life history information and care staff demonstrated they knew people well. We found that the care files did not always provide detailed information in all areas so that staff had the written information to support and meet people's needs. Although staff we spoke with were knowledgeable about people's needs and were able to describe the care and support they provided especially for those people that were cared for in bed. The manager and operations manager agreed that the information in some care plans needed more detail to ensure that staff had the full picture of the care provided. They agreed they would take action to ensure that this area was addressed. Daily care notes were completed by staff who were providing the care each day. As well as the handover at the start of each shift, the daily notes provided staff coming on duty with a quick overview of any changes in people's needs and their general well-being.

An activity calendar was displayed on notice boards, showing a number of activities that were being offered. Activities included singing, board games, arts and crafts and a music afternoon. There was a church service held each week.

People and relatives had mixed views about the activities available at the service. One person told us, "I have no TV. I prefer word searches. I chat to people and I go in the lounge for that. I also play bingo. I do get bored but I suppose that's how it is." Other comments included, "I like the bingo and the exercises. We've had a violinist in. I would like trips out." I love the social aspect, the speaking to people." A relative commented, "The activities' co-ordinator is very good. She is proactive and [family member] responds to them." Another relative said, "There are two activity leaders and there seemed to be more going on. One can't do what two can achieve." On the day of the inspection some people were taking part in a bingo session. The member of staff went around each person to see if they would like to join in. The member of staff was running the session alone and was supporting each person to check their numbers. No other staff were available to help support people. A visitor was supporting one person to take part in the activity. We found whilst that there were various activities on offer, they could be more personalised and take into account peoples individual interest and abilities.

The provider used technology in a number of ways to support care delivery. Each person had a call bell in their bedroom so that they could call staff if they needed to. Equipment such as hoists and hospital-style beds were in place to assist people, and staff, to remain safe.

The provider had a clear complaints policy. The policy was displayed within the service and people received

a copy when they moved in. All complaints and concerns had been fully investigated and responded to. One person told us, "I am happy here, if I was unhappy I would talk to the staff." Another person said, "It's fine here. Everything is good. I have no worries." A relative said, "I've not had any occasion to complain. I ask the staff and things get done."

People could be assured that at the end of their lives they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their future wishes in the event of deteriorating health staff had clearly identified these in people's care plans. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. The manager told us they would seek the advice from other healthcare professionals to ensure that people received a dignified and pain free death. They would always try to enable people to remain in their home if that was there wish. There was no one at the time of the inspection receiving end of life care.

Good

Is the service well-led?

Our findings

Not everyone we spoke with were able to tell us who the manager was. When we asked one person they said, "I'm just happy so the people running it must be doing a good job." Another person told us, I don't know who's in charge so if I want to know something I go to a carer I like." A relative said, "I've met the new manager and she seems pleasant." Other people we spoke with told us they that the manager came around the home during the day to see if they were doing well. The staff told us they regularly saw the manager out on the floor. One member of staff told us, "[Name of manger] will help out if needed and is always popping round to see that everyone is Ok and if we need any support."

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was not a registered manager in post at the time of the inspection. However, a manager had been appointed and had been in post four weeks. They were available throughout the inspection. They had commenced the application process to become the registered manager.

There was a management structure in the service which provided clear lines of responsibility and accountability. The manager was supported by a regional manager, an operations director and a team of care staff. Staff demonstrated to us that they understood their roles and responsibilities in ensuring that people's needs were met appropriately. The staff team told us they were very proud to be part of a team that delivered a good level of care to people.

Staff were supported with supervision, staff meetings and had the support they needed from experienced staff when this was required. The manager kept the staff team up-to-date with latest good practice to ensure care delivered met national standards for example the Care Certificate and NICE guidance (National Institute for Health and Care Excellence). Changes in practice were communicated to the staff team during meetings and shift handovers.

Services are required by law to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

People and their relatives had the opportunity to give their views on the quality of the service provided. There were regular meetings for them to attend with the manager. One person said, "We have residents' meetings and talk about plans for the home." One relative told us, "There have been relatives' meetings and they listened to us."

The manager worked in partnership with other organisations to make sure they were following current practice, provided a quality service and ensured people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals.

Staff told us they were able to express their views in staff meetings Topics discussed at their last meeting included staff recruitment, training, cleaning and future refurbishment. Staff confirmed that minutes of meetings were kept in the managers' office. These minutes were available for all staff, especially staff who had not attended the meeting ensuring they were kept up to date.

The provider had a system in place to monitor the quality of the service staff delivered to people. Senior staff and manager undertook a number of audits of various aspects of the service to ensure that, where needed, improvements were made. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and undertake a quality audit on a monthly basis. Areas for improvement had been noted by the manager and actions were underway to address these. For example, further development of some care plans to ensure they included all information relevant to the persons care and support needs.

The service had on display in the reception area their last CQC rating, where people who visited the service could see it. This was a legal requirement from 01 April 2015