

Derbyshire County Council

Briar Close House Care Home

Inspection report

Briar Close
Borrowash
Derby
Derbyshire
DE72 3GB

Tel: 01629531559

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24 June 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Briar Close House Care Home is a residential care home providing personal care for up to 40 people in total, across four wings. However, at the time of our inspection the home was undergoing refurbishment so one wing was not in use whilst building work was ongoing. There were 22 people using the service on the day of our inspection. People had a variety of support needs such as those living with dementia or other mental health conditions, those with a physical or sensory impairment, older people and those who may be living with a learning disability or autism.

People's experience of using this service and what we found

People felt safe living in the home, they were protected from abuse and had their risks assessed, planned for and mitigated. There were enough safely recruited staff to meet people's needs. Lessons were learned when things had gone wrong. Medicines were safely managed and stored. Infection control measures were in place to keep people protected.

Effective quality assurance systems were in place to monitor the quality and safety of care. There was an open and inclusive culture in the home. People, relatives and staff felt positive about the registered manager and the management of the home. People and staff were asked for their feedback. People were supported with their protected characteristics. The registered manager was aware of their duty of candour. Audits were in place to check people's care and an action plan was in place to continue to improve the service. The home worked in partnership with other organisations.

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

Rating at last inspection

The last rating for this service was good (published 17 July 2018).

Why we inspected

We received concerns in relation to how people were supported in relation to their risks and how staff worked together. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same; good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Briar Close House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Briar Close House Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors at the home and an Expert by Experience who made phone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Briar Close House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who lived at Briar Close House Care Home. We spoke with four members of staff. In addition to this, we spoke with the deputy manager and the registered manager. We made observations in communal areas to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care files and multiple medication and daily care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including building safety records and fire safety records were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We had a virtual meeting with the registered manager after our site visit to ask further questions and discuss our findings. We looked at some additional building safety records, meeting minutes and quality assurance records.

Our Expert by Experience also spoke with 12 relatives over the phone to gain their views as we were unable to speak with them during our site visit. We also contacted health professionals involved with the home and one replied to our questions.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse and people told us they felt safe in the home. Lessons were learned when things had gone wrong.
- One person told us, "I am absolutely safe. It is the things the staff do; the conditions of the place as well. The staff are wonderful, I couldn't praise them enough."
- Relatives also told us their loved ones were safe. One relative said, "My relative is most certainly safe, the manner they are looked after, they [staff] treat my relative as if they have become their family." Another relative said, "I do feel my relative is safe, staff are fantastic."
- Staff were aware of their safeguarding responsibilities, they knew of different types of abuse and what action to take if they suspected abuse.
- When incidents had happened, these were investigated, people's care plans were reviewed, and action taken to reduce the ongoing risk. Other professionals were involved when necessary.

Assessing risk, safety monitoring and management

- Risks to people were assessed, planned for and mitigated.
- If people were at risk of falls, had behaviours that may challenge or health conditions, there were detailed plans in place to guide staff how to support them. Staff knew people well and were aware of risks associated with people.
- For example, one person had fallen and the incident had been reviewed, their care plans were updated and the person felt well supported.
- In another example, a person left the building. Other health professionals were involved in their care and ways of supporting the person were being explored. The person's family had also been kept updated about the situation.
- The building was checked for safety, such as, the electrical items, gas safety and fire safety systems. The building was going through a refurbishment, however this was in a closed-down area of the home and people were not present in the area.

Staffing and recruitment

- There were enough safely recruited staff to support people.
- People told us, and we observed, they did not have to wait for support. One person said, "Only in exceptional circumstances, I am never waiting. If I press my buzzer, people come straight away." Another person said, "I don't have to wait long."
- There was a dependency tool in use to help determine how many staff were needed, which was regularly reviewed. Parts of the building were closed whilst they were being refurbished, which meant there was

additional staff available in the areas not yet refurbished.

- Staff had pre-employment checks carried out on their suitability to work with vulnerable people, such as criminal records and references to ensure they were appropriate to support people who used the service.

Using medicines safely

- Medicines were managed safely.
- Medication Administration Records (MARs) were completed well and stock levels matched records. There was one instance of a medicine which was available for administration in one of the medicines trollies which did not have a corresponding MAR. Once this was identified, action was taken to resolve this. The deputy manager and registered manager assured us they were going to carry out an audit to check all records were up to date.
- Medicines were stored safely as checks were made on the fridge and medicines room to ensure they remained in a safe temperature range.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date as government guidance was being followed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and inclusive culture in the home. People, relatives and staff all spoke positively about the registered manager. Every person we spoke with told us they would recommend the home to others.
- One person said, "The main manager is so very lovely... they both come [the registered manager and deputy manager] and see me and talk to me and [registered manager] always checks I am ok."
- A relative told us, "I get on with management like family, they are all just so lovely, I can go to whoever is on that day. I go to the office, I'm never fobbed off, they've always got time for me."
- Comments from staff included, "[Registered manager] is very absolutely approachable, their door is always open. What I love about them [registered manager and deputy manager] is that they are all involved in the care" and, "[Registered manager] is lovely. I've never had a better manager. You can always talk to them if you have any concerns."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour. They explained, "It is being open and honest. If something goes wrong we inform the family members and the person themselves, informing CQC and being transparent."
- The registered manager was also aware of what they were required to notify the CQC of, such as, serious injuries, deaths and safeguarding allegations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Effective systems were in place to monitor the overall quality and safety of the home. Improvements were made when necessary. A matrix was in place to track when audits were due and when they had been completed.
- Audits were in place for a variety of areas, such as medicines, daily records, care plans and the cleanliness and infection control measures in the home.
- We could see when checks had taken place. Regular checks were made to ensure people were being appropriately supported, such as ensuring people went to the toilet enough each week.
- Accidents and incidents, such as falls and behaviours that may challenge were monitored. Trends were observed for falls, looking at how often they occurred and who was involved.
- An action plan was in place to ensure the service continually looked at how it could be improved and

evidenced what improvements had been made. For example, all staff including care staff, domestic staff and management would have a 'happy hour' with people, where they would pause their tasks and spend quality time with people in order to get to know each other better.

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

- People and staff felt they were treated fairly, involved and supported.
- One relative said, "I feel completely involved, they [staff] are very sensitive to my relative's needs. Staff ask what my relative wants and my relative feels listened to. My relative can make decisions for themselves."
- People were supported to practice a religion of their choice and there were services and activities people, as well as staff, were able to get involved in. People were also able to express themselves in the way they chose to, and staff knew of people's preferences around this.
- One staff member said, "I have never seen anything like bullying here. I can only speak for myself, but I am treated fair and it seems like everyone else is too." The same staff member went on to tell us about the support they received, "Supervisions are every two months and I am due another one soon. They are useful and it gives me a chance to voice concerns. I haven't, but if I had any issues, I could raise them."
- Staff meetings were held to discuss areas to improve in the home and to give staff the opportunity to feedback.

Working in partnership with others

- The home worked in partnerships with other health professionals to ensure people were supported with all aspects of their needs. One health professional said, "The managers are very approachable and are available to be part of the weekly ward rounds."
- Relatives confirmed their loved ones had access to other professionals. They told us their relatives had seen a chiropodist, district nurses, GP, paramedics and dentist, as well as other specialists. We saw evidence of other professionals being involved in people's care plans.
- The registered manager felt supported in their role with the management from the local authority.