

Coverage Care Services Limited

Briarfields

Inspection report

Raby Crescent
Belle Vue
Shrewsbury
Shropshire
SY3 7JN

Date of inspection visit:
20 December 2018

Date of publication:
23 January 2019

Tel: 01743353374

Website: www.coveragecareservices.co.uk

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

What life is like for people using this service:

People were happy with the care and support that they received living at Briarfields. People told us care staff treated them well and that staff were kind and considerate in their approach to people. People were given choices and were encouraged to have control over their lives and the support that they received.

People were kept safe and protected from the risk of abuse and/or harm by staff who were suitably skilled and trained. People received their medicines on time and received additional healthcare support as they needed it.

People were involved in the planning of their care and assessments and care plans were personalised. This meant people could receive care that was individualised to them.

People told us that the management team were approachable and there was an open and inclusive culture within the service.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection: Good (report published 24 August 2016)

About the service: Briarfields is a care home that provides accommodation with personal care for up to 43 older people. At the time of our inspection, there were 38 people using the service. The home is set out over two floors and is divided into four units. Each unit has its own communal and dining area.

Why we inspected: This was a planned inspection based on the date and rating of the last inspection. The service continues to be rated Good overall.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Briarfields

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection team consisted of two inspectors, one assistant inspector and one 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.

Service and service type:

Briarfields is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

Notice of inspection

The inspection was unannounced.

What we did:

Before the inspection we looked at information we held about the service to help us plan our inspection. We reviewed the information in the Provider Information Return (PIR). This is information we ask the provider to send us at least annually to give us key information about the service such as what it does well and any improvements they plan to make. We considered other information we held about the service. This included notifications about events that had happened at the service, which the provider is required to send to us by

law such as deaths and serious injuries.

During the inspection we spoke with ten people who used the service, five relatives and we observed the care and support that people received in the communal areas to assess how they were supported by staff. We spoke with six care staff, the kitchen assistant, the deputy manager and the registered manager.

We looked at three care files and we saw records that related to the management and running of the service such as audits and records of accidents, incidents and complaints. We also looked at the way medicines were stored and managed.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes

- Staff had received safeguarding training and were able to demonstrate to us that they were clear about their responsibilities in relation to identifying and reporting abuse.
- People told us that they felt safe living at Briarfields. One person said, "It's a nice and safe environment for all of us."

Assessing risk, safety monitoring and management

- The service had systems in place to identify and mitigate people's risks.
- Risk assessments were clear and descriptive and gave staff the guidance they required to reduce the risk of avoidable harm.
- Staff knew people well and could tell us the actions they took to support people and keep them safe.

Staffing levels

- There were enough staff to meet people's needs.
- One member of staff said, "The management work hard to deploy staff across the units and they identify individual strengths and skills of the staff to match the needs of the people across the units; we all just support one another".
- We observed staff supporting people in a timely way.

Using medicines safely

- The service used an electronic system that helped staff to ensure medicines were managed and administered safely.
- Protocols were in place to guide staff when administering medications that were needed 'as required'.
- The service had been given an outstanding accolade from the pharmacy with whom they worked acknowledging the safety of the system that the deputy manager had put in place for medicine management.

Preventing and controlling infection

- Staff told us how they reduced the risk of the spread of infection. One staff member said, "We always use Personal Protective Equipment".
- Staff were observed following infection control practices during our inspection. For example, we observed staff wearing and changing their PPE when undertaking various duties.

Learning lessons when things go wrong

- The registered manager had an electronic reporting system in place that allowed them to record incidents

and accidents. Patterns and trends were then analysed and action taken where necessary to reduce the likelihood of the incident reoccurring.

Is the service effective?

Our findings

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

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

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

- People had their needs assessed regularly. Monthly reviews were undertaken to identify any change in people's needs and records were updated to reflect the change where necessary.
- Staff told us that they read care plans in order to keep up-to-date with people's changing needs and that each member of staff was part of an informative handover process before commencing their duties. This was to share information amongst staff so they could continue to effectively support and care for people.
- The service promoted the use of champions. This enabled specific staff members to develop their skills and knowledge in an area of interest. The champions promoted best practice in their particular area of expertise and shared this with other members of staff to promote positive outcomes for people

Staff skills, knowledge and experience

- The service provided staff with sufficient training to enable them to support people in the most effective way.
- The registered manager kept records of staff training requirements to ensure that staff were kept up-to-date with the most relevant and appropriate forms of training.
- Staff told us that they received regular supervision sessions to allow them to discuss their practice with the registered manager and identify areas for further development.

Supporting people to eat and drink enough with choice in a balanced diet

- People had their nutritional needs met.
- One person told us, "The food is very nice; lots of it and there is lots to choose from". We observed people being given choice at mealtimes and people and staff told us that alternatives were available for those people who did not like what was on the menu. We observed one person asking for an alternative choice of dessert and their request was met without hesitation or delay. This evidenced what people and staff had told us.
- Where people had specific nutritional and dietary requirements, advice was sought from the relevant healthcare professionals and staff knew how to meet these needs.

Staff providing consistent, effective, timely care

- The service worked well with other organisations to provide effective care and treatment. For example, people who needed support from a qualified healthcare professional, had this care arranged and the necessary support delivered in a timely way.
- Staff told us that they worked well together. One staff member said, "We are a good team and we

communicate well". We observed staff working well as a team and supporting one another to ensure people were well supported.

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

- The service had been adapted to ensure people remained safe. The bathrooms had equipment in situ to provide support for people where it was required, for example the use of grab rails around the bathing and toileting areas.
- The service was in the process of developing the outside space to encourage more people to use the garden facilities. The service had already developed a number of activities on a walking trail for people to engage with as they mobilised outside. For example, there was a bug hotel for people to explore on the trail. There was a plan in place for this to be completed in 2019.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the service followed recognised guidance in this respect.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and the systems in the service supported this practice.
- People were encouraged to make decisions for themselves. One person said, "I normally get myself washed and dressed but the care staff are always on hand to support me if I need it".

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported

- People told us that they felt well cared for by the staff at Briarfields. One person said, "All the carers are lovely. There are male care staff here too which is good and they are all very nice". A relative said, "My relative was recently ill and the care staff were insistent on staying with them until they felt better".
- We observed staff engaging with people and taking the time to speak with people. We saw positive responses and people were conveying signs of happiness, smiling and conversing back with staff.

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

- People were encouraged to actively participate in the planning of their care. Pre-assessments were completed with people before they moved to live at Briarfields. One person said, "I met with the manager and the deputy manager with my social worker before coming here."
- The service held resident meetings to encourage people to contribute their views about service delivery. We saw minutes of meetings and records of actions that had come as a result of feedback from people.
- The service took into consideration the protected characteristics of people under the Equalities Act 2010 such as religion, race and sexual preference. The service had undertaken work with an organisation that campaigns for rights of older lesbian, gay, bisexual and transgender people within health and social care. The organisation shared learning with staff and people using the service to promote an inclusive and non-discriminative culture throughout the service and bring about change in working practices.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected the privacy and dignity of people and we observed this in practice on the day of the inspection.
- We observed people spending time as they wished in their own rooms and staff respected people's requests to do so.
- Visitors told us that they could visit as they wished without restriction and we saw a number of visitors during our inspection.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- Care records were personalised and took into consideration people's wishes and preferences. People's life histories were documented in their care and support plan and their current support was delivered in line with what was identified as being important to them.
- Personalised plans were reviewed regularly and records we saw evidenced that people had been present and involved in the reviews that had taken place.
- The service had an activities programme that was developed by the activities coordinator and with people who used the service. The activities coordinator told us, "I ask people what kind of activities they would like to do and I have a book where I record the suggestions". People told us that there were a range of activities for people to participate in and we observed two activities taking place during our observations.
- Reasonable adjustments were made for people with communication needs in line with the Accessible Information Standard (AIS). The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place.
- The registered manager demonstrated how they used their policy in response to complaints received into the service.
- People told us that they would know how to report any concerns and knew the names of the management team should they need to make a complaint.

End of life care and support

- At the time of our inspection, there were some people using the service who were in receipt of end of life care.
- Records evidenced that people were asked about their end of life wishes and preferences and we saw that these wishes and preferences were observed in practice.
- The service had been awarded the Gold Standards Framework (GSF) award in February 2016. The GSF in care homes is a programme aimed at improving end of life care by offering staff training and a framework to help identify, assess and deliver care. The award was for a period of two years and had since expired however the register manager told us that the learning for staff had been invaluable and the service continued to adopt the principles of the GSF. For example, some staff had taken on the role of end of life care champion to continually sustain and drive improvement in this area of practice.

Is the service well-led?

Our findings

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager promoted the values of the service and was passionate about delivering care and support for people that was of a high quality. The registered manager told us, "We are in a good place now. We have a new team of staff that work hard for all our residents. People recommend us and a lot of people have only positive things to say".
- People and staff spoke highly of the registered manager and the deputy managers. One person said, "I know the registered manager very well and I know where to find them should I need to". A staff member said, "The registered manager and the deputy manager really complement each other and work so well together. The registered manager is approachable, astute and empathetic and the deputy manager is acutely aware of everything that goes on".
- The registered manager was aware of their responsibilities under the duty of candour. The duty of candour is a statutory legal duty to be honest and open with people or their families when something goes wrong that appears to have caused or could lead to significant harm in the future. The registered manager told us, "If something happens and it is our fault, we acknowledge that and say sorry".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities of their registration. The previous inspection ratings were on display and notifications had been submitted to us, as required by law.
- There was a clear staff structure throughout the home and the registered manager had developed lines of delegation with the senior staff for the day-to-day running of the service.
- There were systems in place to monitor the safety and the quality of the service. Audits were completed on a regular basis and where shortfalls were identified, these were addressed in an action plan.

Engaging and involving people using the service, the public and staff

- People were encouraged to attend resident meetings to enable them to have input into the way the service was run. The registered manager told us that they had introduced the idea of themed nights for people and their families as a mechanism to build interest and encourage participation.
- The service produced a monthly 'bugle' to keep people, relatives and visitors to the service informed and up-dated with the news and events happening within the service, a copy of which was in the foyer of the building and was readily accessible.
- Staff team meetings were held regularly and staff told us that they could approach any member of the management team at any time.

Continuous learning and improving care

- The registered manager kept up-to-date with best practice initiatives and was part of forums and networking groups to share good practice ideas and drive improvement throughout the service.
- The registered manager used the PIR as a bench mark to look at what improvements had already been made and to continually update the developments within the service.

Working in partnership with others

- The service had developed good community links and relationships with outside organisations to enhance and improve care for people. The registered manager had recently secured a substantial amount of funding from an outside organisation to develop their own project, 'Everybody Active Everyday' which would enhance the garden areas of the service but also encourage people to become more mobile at the same time. The project was still in development but good progress had been made.