

Four Seasons (No 11) Limited Brierfield House

Inspection report

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Date of inspection visit:
24 September 2019
25 September 2019

Date of publication:
08 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Brierfield House is purpose built residential care home, providing accommodation and personal care for up to 42 older people and people living with dementia. The home is close to the centre of Brierfield. Accommodation is provided over two floors; all bedrooms were single occupancy. At the time of the inspection 31 people were using the service.

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

Improvements were needed to how people's medicines were managed to ensure they were safe. People told us they felt safe at the service. We observed people were relaxed and content in the company of staff and managers. However, there had been a number of safeguarding incidents, we found action had been taken and was ongoing to make improvements. We made a recommendation about ensuring safe care and treatment. Some risks to people's well-being and safety were not properly managed. The registered manager acted immediately to rectify matters and clear plans were in place to make improvements.

Although there were enough qualified staff available to provide safe care and support, there had been shortfalls with staffing arrangements. We were assured this matter had been resolved. The provider followed safe processes when recruiting staff. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. The premises were clean and systems were in place to promote good hygiene.

The provider had not given proper attention to overseeing the service and checking people were receiving safe and effective care. We found positive steps were being taken to make improvements, but the shortfalls could have been minimised with earlier interventions. There had been changes in management and leadership which had influenced the day to day running of the service. Some staff were positive about the management and ongoing changes at the service, others were discontent. None of the people living at the service expressed any concerns about the management and leadership arrangements.

People's needs and preferences were assessed before they moved to the service. But we found some matters had not been fully considered. We made a recommendation about assessing and reviewing people's needs. Improvements had been made with supporting people with their healthcare needs. People said they were satisfied with the variety and quality of the meals provided at the service.

Some parts of the accommodation and outside areas needed improvement. However, the provider had plans in place to develop the service for people's comfort and wellbeing. 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 care plans to support their needs and preferences. However, some lacked information or needed updating to reflect people's current needs. We made a recommendation about planning for

people's needs. There were opportunities for people to engage in a range of group and individual activities. Visiting arrangements were flexible, relatives and friends were made welcome at the service. Processes were in place to support people with making complaints.

People made positive comments about the caring attitude of staff. They said their privacy and dignity was respected. We observed staff interacting with people in a kind, pleasant and friendly manner. Staff were respectful of people's choices and opinions.

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 25 September 2018).

Why we inspected

The inspection was prompted in part due to concerns received about medicines, staffing and general management. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified breaches in relation to medicines management and monitoring and oversight of the service.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Brierfield House

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 one inspector, a specialist advisor (medicines) and an Expert by Experience on the first day and one inspector on the second day. 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

Brierfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. We sought feedback from the local authority contacts monitoring and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and any improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the activity coordinator, cook, kitchen assistant, registered manager, laundry assistant, development managers, regional manager, care workers, a visiting healthcare professional and the health and safety advisor. We observed people receiving support and looked around the premises and grounds. We reviewed a range of records. This included three people's care records and several medication records. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We had discussions with the area manager and we sent further information, including action plans addressing the issues identified during the inspection.

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 requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider had not ensured people received safe and effective support with their medicines. We found the administration of medicines had not always been carried out in accordance with the instructions. There were gaps on several MAR charts. One chart had been signed before administration had taken place. Dates of opening were not always recorded to enable audits. Identification photographs were missing on MAR for several people. A stock check of several items found that the amount in stock didn't always tally with the administration records.
- We noted for some medicines prescribed on a 'when required' basis (PRN) the protocol did not always include explicit details to support administration. Some PRN protocols were missing. For several people there was a PRN protocol for a medicine which was no longer prescribed.
- We reviewed the safe storage of medicines and found some shortfalls. Safe storage temperatures were not effectively monitored. Secure storage was not always provided for people keeping medicines in their rooms, individual risks had not been assessed. Medicines for several people living on the first floor were stored downstairs. This presented risks and delays with the transfer and safe administration of these medicines. Containers used for the disposal of medicines were not tamper proof and records of disposed items were not witnessed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's medicines were effectively and safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed medicines were administered in person centred manner and staff wore tabards to help prevent interruptions. Staff had access to policies, procedures and information about medicines. Medicine management training was provided, and a competency assessment process was in place. During the inspection, the regional manager ordered an air conditioning unit for use in the medicines store.

Systems and processes to safeguard people from the risk of abuse

- The provider had not always ensured people were protected from abuse and neglect. There had been several substantiated safeguarding incidents, some investigations were ongoing. The registered manager had appropriately followed safeguarding procedures. Incidents had been reported and notified. Disciplinary procedures supported the management of unsafe and ineffective staff conduct. Clear action plans and

management support was in place to mitigate risks to people.

- We observed people were relaxed in the company of staff and managers. One person said, "I feel very safe here. There's always staff around and they always check up on me." Staff were aware of safeguarding and protection. They described what action they would take in response to any abusive practice. Staff had access to training on protecting adults at risk.
- The provider had policies and procedures to manage and report safeguarding incidents in line with the local authority's protocols. Guidelines to safeguard adults at risk, including reporting procedures were displayed at the service.

We recommend the providers consult nationally recognised guidance about delivering safe care and treatment and implement this as appropriate.

Assessing risk, safety monitoring and management

- The provider had not consistently ensured risks to people's wellbeing and safety was effectively managed. At our last inspection we found some shortfalls with maintaining a safe environment. We received assurances action had been taken to rectify matters.
- We found the provider had made some improvements. There were arrangements to check and maintain fittings and equipment, including, electrical and gas safety, lifts and hoists. Action had been taken to comply with a recent fire authority inspection. However, call point leads were missing in two bathrooms. One bathroom door was without a suitable lock and one was fitted with an inappropriate lock. The registered manager responded immediately to rectify these matters.
- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as the risk of falls and behaviours and risks arising from skin integrity and nutritional needs. However, we found people's risk assessments had not been consistently reviewed and updated in line with the providers procedures. This shortfall had already been identified and action was progressing to make improvements.

Staffing and recruitment

- The provider had not always made sure there were enough competent staff to meet people's needs in a timely way. There had been a reduction of staff, including senior care staff, deputy manager and on-site maintenance. Action had been taken to make improvements. Staff told us improvements had been made and recruitment was ongoing. The provider had made arrangements for qualified agency staff to provide support medicines. People and their relatives told us there were enough staff to meet their needs. One person commented, "There's always staff available and they work very hard." We observed staff were kept busy but responded promptly to any calls for assistance.
- The provider followed recruitment procedures to ensure staff were suitable to provide safe care and support. Appropriate checks were completed; however, some records were disorganised and checks had not been 'signed off' in accordance with procedures. New staff worked probationary periods to monitor their conduct.

Learning lessons when things go wrong

- The provider had processes to monitor incidents, share outcomes and make improvements, to help prevent similar incidents and reduce risks to people. Managers and staff were aware of and fulfilled their responsibility to report and record, accidents and incidents. Our findings showed action to mitigate risks had not always been sufficiently timely.
- The provider had arrangements to ensure people were protected by the prevention and control of infection. All the people spoken with said they were satisfied with the cleanliness of the home. One person

told us, "The home is very clean." The areas we saw were clean and hygienic. There were cleaning staff and checking systems to maintain hygiene standards.

- Suitable equipment, including laundry facilities were provided. Staff had access to personal protective equipment and they had completed training on infection control and food hygiene.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider had systems to assess people's needs with their involvement. People told us, "They came and did an assessment whilst I was in hospital. They explained everything I needed to know and asked very detailed questions" and "[Registered manager] did [relative's] assessment in hospital." We noted the quality of the assessments was inconsistent. Some information was missing, for example communication needs and people's likes and dislikes had not always been sought and recorded. The provider used recognised guidance to monitor and assess people's continuing health and well-being needs. We found shortfalls in ensuring reviews were undertaken in line with guidance.

We recommend the provider consider current recognised guidance when assessing and reviewing people's needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support to meet their healthcare needs. We had received information which indicated some people's health needs had not been effectively responded to. Managers described the actions taken to rectify matters. Plans were in place to ensure improved outcomes for people. A visiting health care professional indicated improvements had been made. People spoken with said, "They always check up on me" and "I've seen the chiropodist this afternoon."
- The service had access to remote clinical consultations; this meant staff could seek professional healthcare advice at any time. Appropriate information was shared when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider supported people to eat and drink in response to their dietary needs and choices. People were mostly happy with the meals and catering arrangements. They said, "The food's lovely and we get plenty to eat," "I'm really looking forward to dinner" and "The main meal is good. They always give me plenty of vegetables. They know I like them."
- During lunchtime we observed there was a relaxed and informal atmosphere. Caring assistance was given to people needing support and independence was encouraged. People appeared to enjoy their lunch their comments included, "This is lovely" and "I really enjoyed that thank you." We noted the menu was not displayed in the first floor dining room, however people were offered choices. The registered manager confirmed 'mealtime experience' audits were ongoing.

- People's specific individual nutritional and dietary needs were known. Assessments had been carried out to identify people at risk of malnutrition and dehydration. Staff monitored people's general food and fluid input as needed. However, reviews had not been consistently completed. We noted some gaps in the monitoring of people's weight, this shortfall had been identified and plans were in place to make improvements.

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

- The provider's arrangements to monitor and refurbish the premises were inconsistent. We noted some areas needed improvement, including the upstairs communal areas and the garden area. Plans had been recently devised to develop and improve the accommodation, in particular responding more effectively to the needs of people living with a dementia. We will review the provider's progress to develop the premises at our next inspection.
- We observed people were relaxed and comfortable in the service. There was a satisfactory standard of furnishings. People had been involved with choosing colour schemes in the lounge. Most people had personalised their bedrooms with their own belongings, such as family photographs, ornaments and soft furnishings.

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 when this is in their best interests and legally authorised under the MCA. 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.

- The service was working within the principles of the MCA. People's overall capacity had been assessed and their capacity to make decisions about their care and support was reflected in their care plans. Action had been taken to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice and further applications were to be processed.
- We observed staff supporting people to make decisions. They involved people and got their agreement before providing care and support. Staff understood the importance of gaining consent and promoting people's rights and choices. One staff member said, "We always ask them. We explain things first, so they know what is happening."

Staff support: induction, training, skills and experience

- The provider had arrangements for staff to gain skills, knowledge and experience to deliver effective care and support. One person commented, "These staff are good workers."
- Staff spoken with said they had completed training. There was an induction programme for new staff. There was ongoing training to help ensure they understood people's needs and were able to provide effective support. Staff had or were expected to achieve nationally recognised qualifications in health and social care. They received one to one and group supervision and an annual appraisal.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness, they were given emotional support when needed. People were complimentary about the attitude and kindness of staff. They told us, "The staff are lovely," "They always check with me how I'm feeling" and "The staff are very nice." A visitor said, "My (relative) is very happy with the staff, she likes them a lot."
- We observed staff interacted with people in a caring and friendly manner. People appeared content and relaxed with the way staff supported them. Staff understood their role in providing caring support. They had an awareness of people's diverse needs and had developed positive relationships to support them. One staff member said, "I have got to know people well through their care records and we liaise with families."

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

- The service supported people to make choices in their daily lives. We observed staff offering choices and encouraging people to make their own decisions. Staff said they had some time to talk with and listen to people. One person commented, "Sometimes I wish they would chat to me more, but I know they're busy."
- The registered manager and staff described the processes for involving people or their representatives with planning their care. This had been mostly on an informal basis. Plans were in place to encourage a more person-centred approach by involving people and their families.
- The registered manager had arranged residents' meetings, to keep people informed of proposed events and offer opportunities for consultation and making shared decisions. Written information about the home advised people what services they could expect. Information was also available on other support organisations, including local advocacy services. Advocates can speak up for people and provide support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and supported them to maintain their dignity. People could spend time alone in their rooms if they wished. All bedrooms were single occupancy and had en-suite facilities. Bedrooms were fitted with appropriate locks. We observed staff knocking on doors and providing discreet, respectful support.
- Staff encouraged people's independence as far as possible. They described how they respected people's rights to autonomy and encouraged individuals to do things for themselves.
- The provider had arrangements for people's personal information and staff records to be stored securely, they were only accessible to authorised staff.

Is the service responsive?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Management and staff had not consistently planned people's care, in response to their needs and preferences. There were shortfalls in the care records we reviewed. Some sections of care plans had not been fully completed. Reviews had not always been carried out monthly, in line with requirements. We were assured these shortfalls had been identified and action was ongoing to make improvements.
- Although we found shortfalls with the care planning systems, people made some positive comments about the support they received. They told us, "It doesn't matter what you ask for, they get it straightaway," "You wouldn't get better in a hotel" and "I'm looked after very well."
- Staff kept daily records of people's well-being and the care and support provided to them. There were additional monitoring records. For example, related to specific health care needs and behaviours. Staff said they had access to people's care plans. There were staff 'hand over' discussion meetings to communicate and share relevant information.

We recommend the provider consider current recognised guidance when planning to meet people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood and had responded to the AIS. There was opportunity for people's sensory and communication needs to be considered in the assessment and care planning process. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences. Some written information for people had been produced in a 'user friendly' style.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Managers and staff encouraged people to maintain positive relationships. Visiting times were flexible and people were supported to keep in contact with their family and friends. We observed staff made visitors welcome. The service operated systems to link people with a staff keyworker. This aimed to provide a more personal, coordinated service and develop beneficial working relationships.
- The service had a programme of activities to help promote people's intellectual and emotional wellbeing. An activities coordinator was employed to organise individual and group activities. Various games, crafts and therapies were offered. There were visits from entertainers and church representatives. People said, "They're doing painting tomorrow so I'm joining in" and "[Activity coordinator] gets games out and dominoes or gets a few of us together and does a quiz." A visitor told us, "They're not left

to sit in a chair all day."

- The provider had 'my journal' and 'my choices' booklets, to identify with people their interests, hobbies and life experiences. These records had not always been completed, but we were assured this shortfall would be rectified. We observed people enjoying various activities including, board games and 'afternoon tea.' One person was supported to go shopping in the community.

Improving care quality in response to complaints or concerns

- Managers and staff listened to and acted upon, people's concerns and complaints. People spoken with were not aware of the complaints' procedure. However, they all said they would not hesitate to bring any concerns to the management's notice. Staff and managers were aware of the action to take when receiving complaints.
- The provider's complaints procedure was available at the service. This included directions on making a complaint and how it would be dealt with. Processes were in place to ensure formal complaints were recorded, investigated, managed and resolved.

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care. At the time of our inspection, the service was not supporting anyone with end of life care. Where possible, people's preferences and choices in relation to end of life care and their cultural and spiritual needs were explored. When appropriate, people's end of life choices were recorded and reviewed in advanced care plans. Staff liaised with relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's oversight of the service was insufficient, contingency action to rectify shortfalls had been slow in mitigating risks and improving care. For example, medicines audits had not identified the issues we found and some actions in audits had not been achieved. Timely action had not been taken to safeguard people from abuse and neglect. There had been shortfalls with the deployment of staff. Risks to people's wellbeing and safety had not been properly managed. Care assessments and care planning was inconsistent. Action was being taken to drive improvements. However, our findings showed governance arrangements had not been robust or timely.

The provider did not have effective systems in place to ensure the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and staff expressed a practical understanding of their role to provide support in accordance with the provider's expectations.
- The provider had processes aimed to convey a person-centred approach. Organisational policies and refresher training provided managers and staff with up to date learning, guidance and direction. Job descriptions and employment contracts outlined staff roles, responsibilities and duty of care.

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

- There was some inconsistency in the culture of the service. There had been changes in the staff and management team which had an impact upon the running of the service. Some staff were discontented, concerns were expressed about past events, general management and future implications. Comments from staff also included, "This manager is really good, she is approachable," "She listens and is responsive," "Things are slowly improving" and "Teamwork is really good. We all get on together."
- The registered manager, regional manager and management support team, were proactive in their response to the inspection process. They had worked together to identify shortfalls and plan improvements. People told us, "You wouldn't think she was the boss; you can just talk to her" and "[Registered manager]'s door is always open and she's always there to listen."

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 provider and registered manager understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty. The registered manager had been vigilant in appropriately notifying CQC of incidents and occurrences in accordance with regulations. Managers described how they aimed to analyse and learn from untoward events at the service and within the wider organisation.

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

- The provider consulted with people to monitor their experiences of the service and make improvements. A range of people were selected to complete a 'customer feedback' survey each week. The provider conducted an annual staff survey. The results of feedback and surveys was collated and used to influence forward planning.

- Staff meetings were held; various work practice topics had been raised and discussed. Staff told us they could voice their opinions and make suggestions.

Working in partnership with others

- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included, safeguarding officers, social workers, the police, pharmacists and community nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate people's medicines were effectively and safely managed. This placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to ensure the quality and safety of the service.