Mariposa Care Group Limited

Briardene Care Home

Inspection report

Newbiggin Lane
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Tyne And Wear
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service caring?	**Inspected but not rated**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Briardene Care Home is a residential care home providing accommodation and personal and nursing care to up to 60 older people some of whom are living with a dementia related condition. At the time of our inspection 58 people were living at the home. Accommodation is available across two floors.

People's experience of using this service and what we found
The service was not always well led. Systems were not always effective in monitoring quality at the service.

People were not always protected from the risk of harm. Staff did not always follow government guidance in relation to safe infection prevention and control [IPC] procedures and risk assessments did not contain specific information in relation to the potential impact to people from COVID-19. There were shortfalls in the knowledge of the management team in relation to safe IPC practices.

Systems were in place to ensure people received their medicines as prescribed. Care plans were in place to guide staff on when to administer medicines which were prescribed as required. Enough staff were deployed to meet people's needs and staff responded to people in a timely manner. Systems were in place to safeguard people from the risk of abuse and the staff spoken to understood their responsibilities in how to protect people.

Staff were caring and encouraged people to be independent. Staff also promoted a homely atmosphere at the service. Pets were welcomed into the home and people told us they enjoyed the opportunity to interact with animals. One relative said, "They [staff] are always happy for people to take pets in. I have seen people who have no verbal communication light up when pets are there, dogs sometimes reach the parts that people can't."

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 21 January 2020).

Why we inspected
We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about safeguarding people from abuse and the conduct of staff. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with the infection prevention and control practices of staff, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 caring?

Inspected but not rated

Inspected but not rated.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Briardene 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 conducted by one inspector.

Service and service type
Briardene 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. Registered managers 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 held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 two people who used the service and three relatives about their experience of the care provided and observed staff interactions with people. We spoke with 10 members of staff including the registered manager, deputy manager and regional manager.

We reviewed a range of records. This included care records for nine people and multiple medicines records. We looked at recruitment records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with a health professional and the local authority to share details of our inspection findings.

Requires Improvement

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 now deteriorated to requires improvement. 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.

Preventing and controlling infection
• Staff did not follow government guidance for the wearing and removing of Personal Protective Equipment (PPE). For example, staff were observed wearing face masks under their nose or chin or moved face masks from their face to eat or drink. Staff failed to follow the correct procedures and replace facemasks after each incident where they had been touched and potentially contaminated.
• Government guidance in relation to IPC procedures were not followed. Some staff were observed to touch people when providing support without wearing gloves and aprons.
• Cleaning was not always taking place in line with the requirements identified by the provider. This included the cleaning of highly touched surfaces such as door handles. In addition, there was no system in place for the cleaning of communal resources which were used independently by people.
• Systems were not in place to support people to following social distancing guidance.
• Staff did not have access to all the necessary PPE for one person. The provider responded to this feedback immediately and implemented risk assessments while they addressed this issue.

The provider's failure to ensure infection control policies and procedures were followed by staff was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Risk assessments were in place for people. However, they did not detail the potential impact of contracting COVID-19 for people with underlying health conditions.
• Systems were in place to review accidents or incidents. This included a post analysis review of incidents to consider if any actions could be taken to reduce future risks. Accidents and incidents were also reviewed on a monthly basis for everyone. However, these records did not contain detailed information of any action taken by staff. For example, we saw one person had fallen five times during the month of December 2020. Records did not evidence if any additional measures were required to reduce the number of falls this person had experienced.

The providers failure to assess, monitor and mitigate all the risks people were exposed to contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Premises checks had been completed to help ensure the safety of the building.
• Emergency plans were in place to ensure people were supported in certain events, such as fire. Records

stated how many staff would be required to support each individual in the event of an emergency situation.

Staffing and recruitment
• There were enough staff deployed to meet the needs of people.
• Relatives gave positive feedback about staff. One relative told us, "Staff are always on hand. I have never felt there are not enough staff."
• Procedures were in place to ensure staff were recruited safely.

Systems and processes to safeguard people from the risk of abuse
• Staff understood their role in how to protect people and told us they would be confident to raise any concerns if they suspected any form of abuse.
• Systems were in place to safeguard people from the risk of abuse and people told us they felt safe. A relative told us, "I can't speak highly enough of them [staff], I know she's safe, I know she's happy and I know she's well cared for."

Using medicines safely
• Systems were in place to ensure medicines were managed safely.
• 'As required' protocols were in place to guide staff on when to administer medicines, which were not given on a daily basis.
• Medicine administration records were accurate and showed people had received their medicines as prescribed.

Inspected but not rated

Is the service caring?

Our findings

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Ensuring people are well treated and supported
• Staff treated people with care, kindness and compassion.
• People and their relatives were complimentary about the caring attitudes of the whole staff team. One person said, "The staff are all very good and they seem quite caring." A relative told us, "They [staff] are absolutely first class. It's so friendly, it's not just the care staff, it's the nurses, the managers, it's everyone."
• Staff worked in ways to encourage people to be as independent as possible. For example, we observed staff giving verbal prompts and encouragement to people who required support at meal-times to support their independence.
• Staff described caring ways in which they supported people. This was especially important as relatives had not been able to visit people as they normally would due to the coronavirus pandemic. One staff said, "Staff went and bought party things for [name of person] for their birthday so people could celebrate with her. We bring little goodies in for people when families can't get in, as we know what people like."

Requires Improvement

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• A range of audits were completed at the service. However, they were not effective at robustly monitoring quality and had not identified the issues we found during this inspection.
• Action had not always been taken to address issues which audits had identified. For example, the catering audits for November, December 2020 and January 2021 all highlighted the same issue.
• Competency checks and assessments were not undertaken with staff to monitor their practice and understanding of IPC practices.
• Risk assessments were in place for staff where necessary. However, the measures identified by the provider to minimise risk had not always been completed. For example, the provider had identified one member of staff would receive monthly supervision as a measure to mitigate risk. However, the supervision records for this member of staff confirmed they had only received five supervisions during 2020.

The provider's failure to ensure effective quality monitoring systems were in place was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Following the inspection the provider wrote to us to provide an in-depth action plan to address the short falls identified within the service.

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 management team were aware of their regulatory responsibilities. Any statutory notifications the provider was required to submit to CQC had been sent in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others
• Surveys were used to gather the views of people, staff and relatives. This included completing questionnaires and providing feedback on the service website.
• Visits to the home had been affected as a result of the COVID-19 pandemic. Alternative ways for people to maintain contact with their relatives and friends had been introduced. This included garden visits, window

visits and phone calls. Relatives spoke positively about how they were being kept up to date, which provided them with reassurance their loved one was well cared for.
• Relatives provided positive feedback regarding staff and the management of the home. One relative said, "Places likes Briardene rely on the people at the top and I do think it's well led."
• The home had received infection control support and guidance from external health professionals and further support was planned.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to ensure compliance with regulations. The governance systems in place were not robust enough to identify shortfalls in quality and safety. Regulation 17 (1)(2) (a)(b)(c)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were not in place to assess, prevent or control the risk of spreading infections. Staff were not following government guidance introduced to prevent the spread of infection during the Covid-19 pandemic. Regulation 12(1)(2)(h).

The enforcement action we took:

We imposed an urgent condition on the provider to ensure the service followed current infection control practices.