

Prime Life Limited

# Braunstone Firlands Nursing Home

## Inspection report

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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

Braunstone Firlands Nursing Home provides personal and nursing care for up to up to 24 older people, some of whom are living with dementia. At the time of the inspection there were 20 people in residence. The service was purpose built and has communal rooms and bedrooms on both the ground and first floor.

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

Family members told us their relatives were safe at the service, which they attributed to the kind and caring approach of all staff. They told us staff had a good understanding of their relative's needs and spoke of staff's patience and support in caring for those living with dementia. Family members told us they were kept informed as to the health and welfare of their relatives, and some were involved in the reviewing of their relative's care plan.

People's needs were risk assessed and kept under review. Any changes in people's needs were responded to, which included seeking the advice of external health care professionals. Staff were aware of their responsibilities in reporting concerns to safeguard people. Medication was managed safely.

There were enough staff to meet people's needs and checks were carried out as part of staff recruitment. Staff undertook training in topics related to the promotion of people's safety, health and welfare. Staff were knowledgeable about their role in reporting concerns, both internally and externally.

Family members told us they had received information about the service's approach and management of COVID-19 during the pandemic. Family members had maintained contact with their relatives, including visits in line with government guidance.

The service had a 'visiting pod' which provided independent access for family members to visit their relatives. All visitors to the service were required to follow government guidance for visiting people in care homes. Staff were seen to be wearing PPE (personal protective equipment), which included gloves, aprons and masks. Both people and staff were routinely tested for COVID-19, consistent with government guidance.

Family members spoke positively of the manager, and spoke of their supportive, friendly and helpful approach. They told us their views about the service had been sought, however not everyone could remember receiving feedback following the consultation process.

The manager had an open-door policy and staff told us the manager was supportive. Systems to support staff and seek their views included meetings, supervision and the completing of surveys.

A robust system of quality monitoring was in place, which included managerial oversight of the service. The findings of monitoring visits and audits were collated into a report, which included action plans, which were kept under review.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 6 August 2018).

#### Why we inspected

We received concerns in relation to people's nursing and personal care. 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 these concerns. Please see the Safe and Well-led sections of this full report.

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.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Braunstone Firlands on our website at [www.cqc.org.uk](http://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 not always well-led.

Details are in our well-led findings below.

# Braunstone Firlands Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector, a specialist advisor and an Expert by Experience. A specialist advisor is a person with professional expertise in care and/or nursing. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Braunstone Firlands Nursing 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 did not have a manager registered with the Care Quality Commission (CQC). Registration with the CQC means 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

We gave the service a short notice period of the inspection. We telephoned and spoke with the manager and informed them of our inspection 15 minutes prior to entering the service. This was to help the service and us

manage the risks associated with COVID-19.

#### 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 and clinical commissioning group who commission the service for people who use the service. We used all this information to plan our 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.

#### During the inspection

We spoke with four family members by telephone who had maintained regular contact with their relatives during the pandemic.

We spoke with seven staff: the manager, regional support manager, regional compliance manager, a nurse, three care staff. We reviewed a range of records. This included four people's care plans and supporting documents and multiple medication records. We looked at two staff files in relation to recruitment and audits. We looked at records in relation to the maintenance of the service, and some policies and procedures.

#### After the inspection

We continued to seek clarification from the provide to validate evidence found. We looked at training data, quality assurance records, including audits and minutes of meetings.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse, and knew who to raise concerns with, including external organisations.
- The manager followed local safeguarding protocols and worked with the local authority to safeguard people and keep them safe.
- Family members were confident that their relatives were safe. A family member told us, "I know they are safe as the staff are very friendly and good to them, they look after [relative] well".

Assessing risk, safety monitoring and management

- Potential risks related to people's health were assessed and regularly reviewed and care records included the actions staff were to take to minimise risk and maximise people's health. For example, monitoring people's food and fluid intake where they were at risk of dehydration or malnutrition.
- People's care was kept under continuous review and any changes in health were responded to. Care plans were updated to reflect changes to care needs, and where necessary external health care advice was sought, and their advice incorporated into a care plan.
- Family members told us they were involved in key decisions about their relative's care and were kept informed of any changes in their wellbeing. A family member told us, "I have been fully involved in [relative's] care plan, as [relative] is not able to speak for themselves.
- Family members said their relatives were safe at the service, and in some instances were aware of the measures taken to promote safety. A family member told us, "The care plan makes sure [relative] is safe as they [staff] noted [relative] needs a sensor pad by their bed and zimmer frame."
- Equipment used by staff to promote people's health and welfare, for example pressure relieving mattresses, hoists and moving and handling equipment were maintained and used in line with manufactures' recommendations.

Staffing and recruitment

- The manager kept people's needs under review to ensure there were enough staff, with the right skills and experience to keep people safe and meet their needs. Staff were supported through a programme of induction, ongoing training and assessment of their competence.
- Staff underwent a robust recruitment process. Staff records included all required information to evidence their suitability to work with people who used care services. Records were in place to evidence nursing staff were registered with the Nursing and Midwifery Council (NMC).
- Family members spoke positively about the staff and their approach to their relatives' care. They stated this reflected the training and support staff received. A family member told us, "The staff are well trained,

and I have seen them talk to [relative] with great understanding and compassion."

#### Using medicines safely

- Records were kept of medicines prescribed for and given to people. These showed that people who used the service received their medicines at the times they needed them.
- The Mental Capacity Act 2005 was followed where people were given their medicine covertly (without their knowledge) and DoLS (Deprivation of Liberty Safeguard) documentation referred to the authorisation for the use of covert medicine.
- Medicines were stored securely and at the correct temperature.
- Monthly medicine audits were completed with action plans for any identified issues.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A family member told us. "I have visited my [relative]. I have been told about everything they have to do and why, so I have had a lateral flow test, my temperature taken and been given PPE (personal protective equipment). I have been very happy with all the COVID regulation put in place; they [staff] are very strict."
- 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. A family member told us, "During COVID-19 I have received email from the head office regarding policies and procedures in place to inform me of the actions the home is taking."
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- An analysis of accidents, incidents, safeguarding concerns and key aspects documenting people's care was undertaken monthly by the manager. Analysis of audits showed key information was accurately cross referenced across several documents, and any actions required undertaken.



# 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 service culture they created promoted high-quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a registered manager. The manager took up their role in February 2021 and were being supported as part of their introduction to the service. The manager has applied to the Care Quality Commission (CQC) for registration and their application has been validated and is being processed.
- All staff were monitored for their performance against the provider's quality monitoring criteria. Where shortfalls in performance were identified the provider's policies and procedures were followed and a personal improvement plan developed to support staff.
- Systems were in place to support open communication and sharing of information both within the service and with the wider senior leadership team. Minutes of meetings reflected topics discussed and underpinned the provider's expectations regarding the quality of the service to be provided.

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

- The manager kept under review the culture of the service through staff team meetings and staff supervision, which included one to one meetings and observed practice. A member of staff told us, "I feel listened to and valued."
- The manager implemented the provider's systems and processes to monitor the quality of the service, which included routine auditing and analysis. For example, safeguarding concerns and accidents and incidents were reviewed monthly and any themes or trends identified.
- Staff spoke positively of the recently appointed manager who had an open-door policy. Staff were encouraged to share their views, including concerns, with the manager.
- Family members spoke positively of the friendliness, approachability and kindness of staff and the positive atmosphere in the service. A family member told us, "I had lots of concerns and worries, and I was apprehensive about putting [relative] in the care home, but they have kept me fully informed about their needs at all times, and answered all my questions to make me feel at ease."

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 understood and complied with the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- People's, family members' and staff views were sought through annual surveys as part of the provider's quality monitoring systems. Responses were analysed and a report produced detailing the key findings and including an action plan to address ideas or suggestions.
- Systems and policies were in place to enable staff to raise concerns. Staff informed us they were confident to whistle blow and would raise concerns either internally or with external agencies.

Continuous learning and improving care

- The provider had effective and comprehensive systems to monitor the performance of the service. A compliance manager and regional support manager regularly visited the service to assess its performance against set criteria. Progress of action plans to bring about improvement were kept under review.
- Audits undertaken by the manager on key aspects of people's care, including concerns and complaints, enabled them to identify any trends and themes. Information analysed was shared with staff and used to review people's care plans to improve quality of care.

Working in partnership with others

- The management team worked with key stakeholders, which included the local authority and health partners. This had enabled all to work collaboratively during the COVID pandemic to support the health and welfare of people and staff, through the implementation of government guidance, testing and vaccination.