

Briarmede Care Limited

# Briarmede Care Home

## Inspection report

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Date of inspection visit:  
02 September 2019  
04 September 2019

Date of publication:  
18 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?

Good 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

Briarmede Care Home is registered to provide accommodation for up to 32 older people who require personal care. Briarmede Care Home is a detached converted building with bedrooms on the ground and first floor.

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

We found some aspects of the environment were unsafe on inspection. Some initial repairs were completed before the inspection concluded. However, there were other areas that posed a hazard to safety that remained in need of repair. Some bedrooms and communal areas of the home were in need of redecoration, repair or updating.

The CQC was not always notified of events that affect the running of the service in a timely manner.

Safeguarding policies, procedures and staff training helped protect people from harm. The recruitment of staff was safe.

Risk assessments helped protect the health and welfare of people who used the service. Systems for quality assurance checks and audits had improved. However, they were not sufficiently robust and had not ensured that where issues were found action was taken to rectify the problems.

People and staff thought the registered managers were supportive and approachable.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and a choice of a nutritious diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated as individuals which helped protect their dignity. People's equality and diversity was respected by a caring staff team and where they wanted, supported to pursue their religion and chosen activities.

We saw that the service responded to the needs of people by providing meaningful activities, having regularly reviewed plans of care and any concerns acted upon. Staff were able to support people at the end of their lives.

Rating at last inspection

The last rating for this service was requires improvement (last report published 15/04/2019). At this

inspection the service were in breach of Regulation 12(1), failure to comply with fire risk assessments, Regulation 15 (1) some equipment was unsafe and Regulation 17(1), a lack of good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found that some improvements had been made, however the service was in breach of Regulation 18: Care Quality Commission (Registration) Regulations 2009; Notification of other incidents and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 15 premises and equipment and Regulation 17 lack of good governance.

#### Why we inspected

The inspection was prompted in part due to concerns being received about the lift being out of action and people were having to be cared for in a lounge area, which was a risk of cross infection and a possible breach of privacy and dignity. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

We have found evidence that the provider needs to make improvement. Please see the regulatory requirements in the well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Briarmede Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We held a prearranged meeting with the provider following the first inspection day to discuss how they will make changes to ensure they improve their rating to at least good.

We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Briarmede Care Home

## Detailed findings

### Background to this inspection

#### Inspection team

Two inspectors and an Expert by Experience were present for the inspection on day one and one inspector concluded the inspection on a 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

Briarmede Care Home 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 two managers 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

The provider completed the required Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We used the information the provider sent us in the provider information return. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch Rochdale. 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 all of this information to plan our inspection.

#### During the inspection-

We spoke with the registered managers, the registered provider, the cook, three care staff, thirteen residents and two relatives. We reviewed a range of records. This included four people's care records, numerous

medicines records, four staff files and records relating to the management of the home.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

# 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.

### Assessing risk, safety monitoring and management

- At the last inspection the service were in breach of Regulation 12(1), failure to comply with fire risk assessments. The provider was liaising with the fire prevention officer to ensure the building was safe to meet this regulation.
- At the last inspection the provider was in breach of Regulation 15 (1). At this inspection we found loose radiator covers, unsafe window restrictors and unsafe wardrobes, which were repaired quickly. However, there were other areas that posed a hazard to safety, such as loose door fittings and door closure devices which had become unattached. Some bedrooms and communal areas of the home were in need of redecoration, repair or updating.

The service remained in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15 Premises and equipment.

- Other equipment in the home was maintained, such as gas boilers and the electrical installation system to ensure it was safe. There were policies, procedures and staff were trained to respond to emergencies such as a fire.
- There were risk assessments for nutrition, tissue viability (prevention of pressure sores), falls, moving and handling and mental capacity to help meet the needs of people who used the service.

### Systems and processes to safeguard people from the risk of abuse

- People who used the service said they felt safe and told us, "I feel safe. I have not experienced any rudeness or harshness", "I have no concerns on safety, staff are great" and "Everybody looks after you."
- There were policies and procedures for the protection of vulnerable adults. Staff were trained in safeguarding people from harm and told us they would report poor practice.
- Any safeguarding incidents had been reported to the relevant authorities and lessons were learned where possible.

### Staffing and recruitment

- We asked people if there were sufficient staff to meet their needs. Comments included, "There are enough staff, who deal in good time with requests", "I pull the cord and they come when you need them" and "Staff numbers vary. There are two upstairs, but they will come quickly if there is a situation."
- The recruitment of staff was safe, because all the required checks were undertaken prior to a person commencing employment, including those on the voluntary scheme.

### Using medicines safely

- People who used the service told us, "I get all my medicine on time" and "The staff are very good at giving you medicines on time".
- We looked at the systems for administering medicines, which were safe and cream charts included body maps to clearly identify the areas they should be applied.
- Medicines were stored safely, correctly ordered and disposed of in a sealed container. Staff were trained in medicines administration and had their competencies checked to ensure their practice reflected the training.

#### Preventing and controlling infection

- There had been a visit from an infection control officer who had highlighted areas of concern regarding infection prevention and control around the home. The registered manager showed us how they had responded to the concerns and had a plan to follow to ensure full compliance.
- We noted the home was clean and tidy. Staff were trained in infection prevention and had policies and procedures to follow good practice guidance.
- The laundry was sited away from any food preparation areas and all equipment was new and met current standards.

#### Learning lessons when things go wrong

- One of the registered managers said they had learned lessons during the current lift breakdown. The registered managers were devising a record of which notification each one had sent to ensure all future notifications were sent to the CQC or local authority as required under the regulations.
- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.



# 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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some areas of the home needed minor repairs such as a small hole in the ceiling. The service did not have a person employed to maintain the building and relied on outside contractors which could bring about delays for repairs. The registered manager had conducted a comprehensive audit of the environment, however there was not a robust system for how the provider was then able to respond to maintenance work. We have commented further on the governance system within the well led section of the report.
- We saw that the use of signage in the home was dementia friendly and people's bedrooms had been personalised to their tastes.
- The lift was out of action and awaiting parts. This meant that some people were being cared for in the lounge area. Arrangements had been made to ensure disruption was as minimal as possible.

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

- At the last inspection we issued a recommendation because there was no exploration of a person's equality and diversity. At this inspection we saw that protected characteristics were incorporated into assessments and where required acted upon. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, ethnicity, religion or disability.
- There was an assessment of need for each person prior to admission to ensure people were suitably placed. needs could be met. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.

Staff support: induction, training, skills and experience

- Each person had a mentor when they started working at the service. This ensured they were supported through their induction period and training.
- Staff we spoke with said they had undertaken mandatory training and made comments such as, "I have done everything (training). I have done my level 3. I have done my leadership course."
- We were not able to see the up to date organisational training records because the computer was away for repair. However, we did see that further training was arranged for moving and handling and personal care and the registered manager said training was mostly up to date and the provider had found a new training provider.

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

- People who used the service told us, "The food is very good. I have not been here long and have put on

weight", "The food is all right. I am on soft diet", "The food is nearly as good as home. Certain things I am not keen on, you tell them and they will change it" and "The food is excellent and I have a choice."

- We saw in the plans of care that people's nutritional needs were recorded and where necessary had access to specialist advice and treatment.
- We spoke with the cook who told us they were notified of any special diets or if people had allergies. We saw there were enough supplies of fresh, frozen, tinned and dried goods to provide a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care

- We saw the service liaised with other organisations. Due to the recent lift breakdown the service had been involved with organisations including social services, the fire service, infection control and occupational therapists.

Supporting people to live healthier lives, access healthcare services and support

- We saw from the plans of care that people had access to specialists and professionals. Each person had their own GP.
- From looking at the plans of care we saw records of attendance at hospitals for specialist treatment and routine appointments had been made with opticians, podiatrists and dentists. This helped to ensure people's assessed needs were being fully met, in accordance with their care plans.

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.

- People who used the service said, "The staff always ask for my consent" and "When it is appropriate they will ask for my consent." Where possible people signed their consent to care and treatment. We saw staff waited for a person's response prior to undertaking any support.
- We found the service were meeting the requirements of the act. Mental capacity assessments, best interest meetings and, where required, a DoLS had been implemented using the relevant organisations and paperwork.
- Staff were trained in DoLS and were due refresher training to reinforce their knowledge.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who used the service told us, "Staff are very interested in everybody", "It is like a happy family we are all in the same boat", "Staff are so gentle and will chat with you" and "They are so nice. If you feel down they will come and give you a cuddle."
- Each person had a section of their care plan which highlighted their equality and diversity characteristics. For example, people were able to follow their religion of choice. A person said, "I prefer a female when showering and they respect it."
- We observed staff during the inspection. Staff had a good rapport with people who used the service, were kind and caring. The registered manager said staff were very caring and had funded people's toiletries if they had no money, donated clothes and funded trips out.
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person.

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

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- We observed staff during the inspection. Staff had a good rapport with people who used the service, were kind and caring.
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person.
- People were encouraged to attend meetings and complete satisfaction surveys to have a say in how the home was run. We saw the registered managers supported any changes people wanted, for example from their suggestions scrambled egg was put on the menu, a movie night with snacks was held, books were brought into the home and a book club formed.

Respecting and promoting people's privacy, dignity and independence

- People who used the service said, "Staff attitude is nice, it is the way they speak to you with respect", "The care is good here. When I have a shower staff will shut the door and wait to help me to get dressed" and "They tell me to take my time and not to rush." People felt they were treated with dignity.
- At the last inspection some records were unattended within view of the public. At this inspection records were stored securely. Staff had been trained in confidentiality topics and had a policy to follow for guidance.

- Visiting was unrestricted, and we saw visits could take place in communal areas or in private. Visitors said staff were welcoming and offered them refreshments.
- We saw some people had an advocate. An advocate is an independent professional who supports a person to ensure their rights are protected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- We asked people if they had been involved in the care planning and they said, "Yes, I have had a discussion on my progress", "My daughter would have seen the care plan" and "Sometimes they will discuss it with me."
- We looked at four plans of care during the inspection. Plans of care contained enough information for staff to deliver effective care. The plans were regularly reviewed to keep people's care and support needs up to date.
- Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.
- Managers reviewed the plans of care to ensure staff were completing and amending them correctly.

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 registered manager was not fully aware of the AIS and said they would research what it entailed for their service. However, they did show us a simplified complaints procedure and would look at any other documents that needed to be amended.
- Staff ensured that people had any communication aids such as spectacles and hearing aids. Information could be provided in different formats such as large print.
- We were told staff brought in their own computer devices for people to be able to communicate with their families on social media.

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

- People who used the service told us, "I like watching television, read magazines and playing bingo. I am amazed the day goes fast and I sleep like a baby", "It is boring I would do the activities if they were interesting" and "I sometimes play games, join in postcard reading and it is all right for activities. I go to the Lord Mayor's dinner in Rochdale."
- We saw some activities were supported which were individual, including a veteran's breakfast event and luncheon club. Activities were held in the community such as shopping or visiting places of interest. The activities coordinator provided activities on both days of the inspection.
- Activities were discussed at meetings and people could ask for an activity of their choice. The registered

manager told us how staff supported people in their own time to attend activities. This included attending war memorial services and hairdressers. We saw there was a good range of activities on offer.

#### Improving care quality in response to complaints or concerns

- We asked people who used the service if they felt able or had any concerns. They told us, "I would tell one of the staff initially if I was unhappy", "I have never had to complain, but I know who to talk to" and "If I had a complaint about anybody, I would tell them to their face." A relative said, "I have not made an official complaint, but I have sorted out things with the appointed manager."
- There was an accessible complaints procedure for people to raise their concerns. The complaints procedure informed people how the service would respond, the timescales of response and the details of other organisations if they wished to take a complaint further.
- We saw the manager responded to any complaints to reach a satisfactory conclusion and looked at ways to minimise them happening again.

#### End of life care and support

- The service did not currently provide end of life care. However, the registered manager had completed end of life training at the local hospice and undertook competency checks when people needed end of life care, to ensure they were treated with dignity.
- The registered manager said that if people deteriorated they liaised with professionals to provide support with end of life care and district nurses had complimented them on the care provided. It was also planned to revisit people's end of life wishes to ensure staff knew what people wanted at the end of their life.

## 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 inadequate. At this inspection sufficient improvement had not been made and the key question remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider did not always notify the Care Quality Commission of significant events that affect the service in a timely manner. We were not notified in a reasonable time that the lift had failed, and some people had to be accommodated in a lounge area. The homes business continuity plan did not guide staff on appropriate action to take. This had a serious effect on the running of the care home.

This is a breach of Regulation 18: Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

- Systems for quality assurance checks and audits had improved. However, they were not sufficiently robust and had not ensured that where issues were found action was taken to rectify the problems. This included the issues we found during the inspection. Although improvements were seen, the service has a history of insufficient quality auditing and monitoring and repeated ratings of require improvement or inadequate in well-led. We have rated well-led as inadequate and the service will be placed in special measures. Thorough oversight of the service and effective communication between the management team and the provider will help to ensure that robust systems are embedded to sustain the improvements. This was a repeat breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure and staff felt supported at the service.

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

- People who used the service said, "The manager in charge is nice", "The office girls are all right and you can talk to the manager." A relative told us, "There have been different managers and they have got rid of the bad ones. It seems a lot better, improving in care."

- Staff said, "The registered manager is lovely, I felt sorry for them over last few months. They have had no support" and "They tell you how it is, but they are respectful. I can always go to [named manager] and they will help me."

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 manager and provider were aware of their responsibility regarding the duty of candour. The provider had notified all people/families about the lift being out of action and gave people the opportunity to move to another home if they wanted to.

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

- Staff received training around equality, diversity and dignity. This helped staff support people around their diverse needs.
- The registered manager held meetings with staff and people who used the service to gain their views and help run the service. People who used the service and family members were also asked for their views on the service and we saw action was taken such as alternative places to visit on activities.

Continuous learning and improving care

- There was a daily handover meeting for managers and staff to discuss important issues, any appointments people needed to attend and the care of people who used the service.
- The manager went to meetings with the local authority, other providers and managers to discuss best practice support, learn what each different organisation did, any local issues and any changes the local authority may wish to implement.

Working in partnership with others

- The service worked with other organisations to help maintain and improve the service and schools and colleges came into the home to entertain people who used the service.



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 18 Registration Regulations 2009 Notifications of other incidents  The service did not always notify the Care Quality Commission of event that affect the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Parts of the building were in a poor state of repair and could pose a hazard to people who used the service and staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not sufficiently robust