

Briarmede Care Limited

Briarmede Care Home

Inspection report

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Date of inspection visit:
13 July 2016
27 July 2016

Date of publication:
05 October 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection, which took place on the 13 and 27 July 2016. Our last inspection report was published in June 2015. At that inspection we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to good governance, record keeping, the management of people's prescribed medicines (controlled drugs) and management of risks to people. We asked the provider to send us an action plan telling us what action they had taken to meet the regulations. This was provided. During this inspection we checked to see if the breaches in regulation had now been met. We found the provider and registered manager had taken the necessary action to meet the regulations.

Briarmede Care Home offers accommodation and personal care for up to 32 older people. The home is situated on the main road which connects the towns of Middleton and Rochdale. There is a frequent bus service that passes the home and there is a car park to the rear. At the time of our inspection there were 25 people living at the home.

The service has a registered manager, who is supported in their role by the provider, area manager, operations manager and a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we identified five further breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Work was required to ensure water outlets worked effectively and at the correct temperature so that people's personal care needs were met safely and effectively

What people told us and what we saw did not demonstrate that the staffing arrangements in place to meet the current and changing needs of people were adequate ensuring people received a good standard of care in a timely manner.

People's prescribed medicines were kept safe. However the management and administration of prescribed skin creams needed improving to show that people were receiving these safely and effectively.

People's personal items were not respected and cared for properly. People's care was not always delivered in a person centred way, which protected their dignity and promoted their well-being.

The registered manager had not notified the CQC of all events, which occurred at the home, as required by legislation.

Systems were in place to support and develop the staff team. A review of staff training needs had been completed and a new training provider source. It was anticipated this would include other areas of training specific to the needs of people who used the service.

Opportunities for people, particularly those living with dementia, to participate in a range of activities offering stimulation and variety to their daily routine were limited. We have made a recommendation about the type of opportunities that could be made available to people to promote their well-being and encourage their independence.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where people lacked mental capacity steps were taken to ensure decisions were made in their best interests.

People were offered adequate food and drinks throughout the day ensuring their nutritional needs were met. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

Relevant information and checks were completed when recruiting new staff. This helps to protect people who use the service by ensuring that the people they employ are fit to do their job.

A programme of redecoration and refurbishment was taking place to enhance the standard of accommodation and facilities provided for people. Hygiene standards were maintained and checks were made to the premises and servicing of equipment. Suitable arrangements were in place with regards to fire safety so that people were kept safe.

The registered manager had a system in place for reporting and responding to any complaints brought to their attention. Management audits and checks were also completed to show that the service provided was being monitored and improved.

Information in respect of people's care was held securely, ensuring confidentiality was maintained.

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 safe.

Whilst people told us they felt safe, we found adequate numbers of staff were not available at times when most needed. Relevant information and checks were completed when recruiting new staff.

Work was required to ensure water outlets worked effectively and at the correct temperature so that people's personal care needs were met safely and effectively. Suitable arrangements were in place to ensure hygiene standards within the home were maintained.

People were not protected from harm as the management and administration of prescribed creams was not safe.

Potential risks to people's health and wellbeing were assessed and planned for to help protect them from harm or injury.

Requires Improvement ●

Is the service effective?

The service was effective.

Where people were being deprived of their liberty the registered manager had taken the necessary steps to ensure relevant authorisation was in place. Where decisions needed to be made in a person's 'best interest', relevant parties were involved in the decision making process so people's rights were upheld.

Opportunities for staff training and development were in place. Staff said they felt supported in their role. Managers were reviewing the training needs of staff and exploring training courses to be provided.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed as being at nutritional risk.

Good ●

Is the service caring?

Requires Improvement ●

The service was not always caring.

Staff were seen to be polite and respectful towards people when offering assistance. Staff spoken with knew people's individual needs and personalities. However people were not always cared for in a way they would wish or that protected their dignity.

People's records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

The service was not always responsive.

An activity worker provided people with occasional activities. We found routines could be enhanced so that more meaningful opportunities were made available helping to promote people's health and mental wellbeing.

People's care records provided clear information to guide staff in the safe delivery of people's care.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The service had a manager who was registered with the Care Quality Commission (CQC).

The registered manager had notified the CQC as required by legislation of some events, which occurred at the home with regards to the well-being of people. We noted however that allegations, whilst reported to the local authority had not been reported to CQC as required by legislation.

Systems to monitor and review the quality of service provided were in place to help protect people from the risks of unsafe or inappropriate care and support.

Requires Improvement ●

Briarmede Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we contacted the Local Authority Commissioners and Rochdale Healthwatch to seek their views about the service. We also considered information we held about the service, such as notifications received from the registered manager and information from the local authority adult care teams. We had been made aware of issues which had been raised as safeguarding concerns. These were currently being reviewed.

We also asked the provider to complete a 'Provider Information Record' (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and helps to inform some of the areas we look at during the inspection. This was provided prior to the inspection.

This inspection took place on the 13 and 27 July 2016 and was unannounced. The inspection team comprised of one adult social care inspector.

During the inspection we spent time speaking with five people who used the service, two care staff, the activity worker, the cook, the deputy manager, operations manager and the registered manager.

As some of the people living at Briarmede Care Home were not able to clearly tell us about their experiences, we spent some time observing interactions and support from staff to help us understand the experience of people who could not talk with us.

We looked at the environment and the standard of accommodation offered to people as well as four care files, medication administration records (MARs), two staff recruitment files and training records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

We asked people living at Briarmede Care Home if they felt safe and if their needs were met properly. One person commented, "I feel safe, I feel I am looked after" and another said, "Oh yes, I feel safe".

We spent some time looking at the staffing arrangements in place to support people living at Briarmede Care Home. We spoke with people who used the service, staff, looked at staffing rotas and observed the support offered throughout the day.

Some people told us they did not feel there were sufficient numbers of staff available at all times. Two people we spoke with who preferred to spend time in their rooms said they felt isolated at times and had little contact with staff. They told us; "Others need more help, so I am just left to it" and "The carers are very nice but don't stay long enough with you." Another person said there were not enough staff available, adding "They do their best, but struggle at times, particularly in the mornings." One of the people said they had been told by staff that they, "ring their bell too much". This person said they did ring a lot as staff did not respond. Another person told us that evening staff at times did not respond when they used their call bell. On one occasion they said they had used their mobile phone to call the home to request staff assistance. This person also said, "You can't have the same laugh with staff, they don't pass much anymore." Staff spoken with also told us that at times, "It was difficult" and "No two days are the same."

From our observations we found that staff support was centred on care tasks, with little opportunity to spend time with people. Those people who spent their time quietly or sleeping were left unless they needed care or it was mealtime. We discussed this with the provider, registered manager and operations manager, who recognised that staffing arrangements should be explored.

A discussion with managers and a review of records showed that in addition to the registered manager, staffing comprised of a deputy manager, senior care worker and two care staff. Day care staff worked between the hours of 8.00am and 8.00pm. They were supported by kitchen and domestic staff and an activity worker during the day time. Night cover comprised of two care workers with additional 'on-call' support from a designated senior care worker. This was confirmed by those staff we spoke with. We found that kitchen staff and domestic staff were only available up to 2pm. Care staff were then responsible for the evening meal time and any laundry.

We asked how staffing levels were determined to support the assessed needs of people. We were told that senior management identified staffing ratios based on occupancy levels and that there was no dependency tool to determine if this was sufficient in meeting people's individual assessed needs.

We found that staffing arrangements in place did not meet the current and changing needs of people ensuring they received a good standard of care in a timely manner. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we spent some time looking at hygiene standards throughout the home. We were told

and rota's showed that designated domestic staff were available throughout the week. We saw records to show that audits were completed to check hygiene standards within the home. We found bedrooms, lounges, bathrooms and toilets were clean. People spoken with told us their rooms were cleaned regularly.

We looked at the laundry; this was cluttered and two of the machines (one washer and one dryer) were not in working order. We were told there was no designated laundry worker and that laundry was carried out by domestic and care staff.

We saw sufficient supplies of protective clothing, such as; disposable gloves and aprons were available. Staff were seen to wear them when carrying out personal care duties or assisting at meal time. Liquid soap and paper towels were available in bedrooms, bathrooms and toilets where personal care was provided. We also saw yellow 'tiger' bags were used for the management of clinical waste and red bags were used for soiled items sent to the laundry.

Whilst talking with people about the care and support they received we identified issues with regards to hot water. One person we spoke with told us that they had had a bath that morning, adding "but the water wasn't very warm, so I had a quick wash and got out." Another time they had been told they were unable to have a bath as there was no hot water.

We checked the water temperatures in toilets, bathrooms and seven bedrooms. We found the distribution of water in outlets where personal care was provided was not adequate and some temperatures exceeded safe levels. The registered manager provided information from June 2016 to show that internal checks to water outlets had been completed. These identified issues with water outflow and temperatures. Arrangements had been made for a further check to be completed by an external contractor on the 6 July 2016. This check also identified several rooms had no water flow, outlets where high temperatures were recorded and mixer valves which had failed.

The provider and registered manager explained that a complete inspection of the system had been undertaken, however a full report detailing the work required had yet to be received and therefore action to rectify the issues had yet to be taken. The registered manager told us that in those bedrooms where there was no hot water flow; staff would fill a large water jug and take this to the person's room so they could wash. Whilst hot water was available in some areas of the home and provided by staff when offering personal care, records showed that some people did not have easy access to hot water in their bedrooms for a period of 2 months.

Immediately following our inspection, on the 28 July 2016, we wrote to the provider expressing our concerns and requiring them to tell us what immediate action they were going to take to ensure water outlets worked effectively and at the correct temperature so that people's personal care needs were met effectively.

Health and safety legislation and good practice guidance clearly states that it is essential to check the temperature settings and the operation of water mixing devices regularly in healthcare settings. Without such checks or action to remedy any faults it places people at risk of harm or may result in people experiencing poor standards of care. This was a breach of Regulation 15(1)(c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked to see how the medicines were managed. We saw policy and procedures were in place to guide staff. We found the systems for the receipt, storage (including controlled drugs), administration and disposal of medicines were safe. We found the medicine stocks were stored securely in a locked medicine room. The system in place for the storing and recording of controlled drugs (very strong medicines that may be

misused) was safe and managed in accordance with legal requirements.

We saw that records were completed with regards to daily medication checks and temperature checks. A satisfactory audit had recently been completed by the supplying pharmacist and there was evidence of staff competency assessments to check they were managing and administering medicines safely.

We asked to see the records completed for topical creams. We were told by a senior care worker that creams were applied by care staff when assisting people to rise or retire or following personal care. They said that cream charts were kept in people's room so that staff could complete them. From our observations looking around the home we found that records were not in place for all the people who were prescribed creams. In two rooms we found creams which were not labelled so there was no way of knowing if they were actually prescribed for those people. In another person's room the records we found they had a number of items, which were not recorded on their chart. It is important that prescribed items are managed and administered appropriately so that people's health and well-being is not affected.

The management and administration of people's medicines needed improving to demonstrate people were receiving their prescribed medicines safely and effectively. This was a breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at two staff personnel files and saw a safe system of recruitment was in place. The recruitment system in place helped protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, and at two written references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We asked the registered manager for information to demonstrate that equivalent checks had been carried out when the home used agency staff. The registered manager told us that relevant information had not been requested to confirm recruitment checks were in place and completion of training by agency workers. The registered manager addressed this during the inspection and provided information to show that relevant checks were in place for the agency worker on duty during the inspection. They also received confirmation from the agency that this information would be provided in the future. This helps to protect people from being cared for by unsuitable staff.

We saw a whistleblowing policy was in place and policies and procedures were available to guide staff in safeguarding people from abuse. We were told a programme of training was in place with updates in this training every two years. An examination of training records showed that 19 of the 22 staff team had completed this training. Those yet to complete the course were new members to the team. This training is important to ensure staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected. Staff spoken with said if they had any issues or concerns they would report it to the registered manager.

At our last inspection in April 2015 we identified that assessments had not been completed where areas of risk had been identified to people. During this inspection the care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, risk of falls or risk of choking. We saw care plans had been put into place to help reduce or eliminate the identified risks.

At our last inspection we also found there was no formal contingency plan in the event of an emergency. During this inspection we looked at what systems had been put in place in the event of an emergency

arising, for example a fire. We saw that a contingency plan was now in place and was easily accessible to staff. This provided clear information and relevant contact information for agencies that may be needed. A fire risk assessment had been undertaken in June 2016. The registered manager told us that areas identified for immediate action had been addressed. We saw that internal checks were carried out with regards to the fire alarm, exits and extinguishers.

The operations manager had completed personal emergency evacuation plans (PEEPs) for people living at the home. This information helps to assist the emergency services in the event of an emergency arising, such as fire. We again discussed with the registered manager and operations manager about this information being made easily accessible should an incident arise. This was to be addressed following the inspection.

Other records to show equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions were seen. These included checks to the gas safety, small electrical appliances and hoisting equipment. The registered manager was unable to locate the current 5 year electric circuit check. We were told maintenance checks were managed by another member of staff and this would be followed up with them. We did however see information to show that a further check had been scheduled to take place on the 17 August 2016. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We saw that windows had not been fitted with restrictors to ensure the safety of people who used the service. We raised this with the provider during the inspection who said this would be addressed as a matter of urgency. Following the inspection we were advised by the provider that risk assessments would be completed on smaller windows and work to fit the restrictors would be completed by the 17 August 2016.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw information to show that applications to deprive people of their liberty had been made to the relevant supervisory body (local authority). These had been made for 11 people living at Briarmede Care Home. The operations manager showed us what information was incorporated into the person's care plan to show how and why the decision had been made to deprive the person of their liberty.

We spoke with two care staff. One care worker had completed training in MCA, but not DoLS and the second member of staff had yet to complete the training. This was confirmed on the training records we looked at. One of the care staff was not able to demonstrate their understanding of the MCA principles or DoLS procedures. A review of training records also showed that only 8 of the 22 staff had completed training in MCA and DoLS. The operations manager told us that a review of staff training needs had been completed and planned for. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded. It should also help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure that they are looked after properly and are kept safe.

One person we spoke told us they were involved where decisions needed to be made about their care and support. They told us that a meeting was to be held with staff from the home, a social worker and their family, which they too would attend so that they could discuss their needs and wishes. This helps to ensure that any decisions made are in the person's 'best interest'.

During the inspection we looked at how staff were supported to develop their knowledge and skills. We spoke with a new member of the team who told us they had received an induction on commencing work, which included practical training in moving and handling, fire safety and first aid. They said they had also spent time shadowing experienced members of staff to ensure they understood their role. They told us they felt supported and had been given enough time to learn the role.

The new member of staff said they had not yet had supervision but were aware the manager had met with other staff. We saw records to show that the registered manager did meet with staff to discuss their

performance and any training needs. The provider also told us they met with staff individually on an annual basis to check if they had any issues or concerns in relation to their work.

We were told that staff team meetings were also held. The registered manager said that the whole team met twice a year and more frequent meetings were held with senior care staff. This was confirmed by staff spoken with. We saw minutes recorded from recent meetings which had been held.

The registered manager said that internal training was provided with the aid of DVD's and the completion of questionnaires in addition to practical training courses. Staff spoken with confirmed they had recently completed training in moving and handling, first aid and fire safety. We looked at the current staff training record, which had recently been updated. We were told that training was updated every two years, unless refresher training was required due to poor practice. We saw the majority of staff had completed the mandatory health and safety training in moving and handling, infection control, food hygiene, first aid and safeguarding. The manager and several care staff were also completing training in the 'End of life passport', which involves the care and support of people at the end of their life.

We found that further training was still required in other areas of care and support, such as continence care, nutrition, MCA and DoLS and dignity in care. The operations manager told us that a review of staff training needs had been completed and was being planned for. The registered manager told us they were to access new e-learning training provided through the local authority, which they anticipated would address the areas of training needed.

We looked at how people's health care needs were met. We were told and saw information to show that people were registered with a GP and where necessary had additional support from district nurses, dietician, speech and language therapy, opticians and podiatry. Staff told us that should people need to attend appointments or an emergency arose then staff would provide an escort, unless requested otherwise. One person we spoke with confirmed staff supported them when they needed to attend appointments and during the second day of inspection we saw an additional member of staff had been rostered to work to take someone to a health appointment. This helped to ensure the needs of people are communicated, where necessary, to other agencies so that continuity of care could be provided.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We found that meals continued to be supplied by 'Apetito'. This company provides ready prepared meals, which are nutritionally balanced. In addition some of the meals were made by kitchen staff. During the inspection additional food supplies were delivered to the home, including fresh, tinned and dried goods. We were told that staff always had access to the kitchen so that drinks and snacks could be provided.

We observed the lunchtime period on both inspection days. People had been asked that morning, which choice of meal they would like. We saw that alternatives were provided where people did not want what was on the menu. We saw that portions sizes were ample and where people needed encouragement or support, this was provided by staff. People we spoke with had mixed views about the meals provided, some preferring the home cooked meals. We discussed this with the registered manager and operations manager who said that meal arrangements would be explored.

The care records we looked at showed that additional monitoring was completed where people were at risk of inadequate nutrition and hydration. We saw that action was taken, such as referral to a dietician or their GP, if a risk was identified.

We saw that, following a recent food hygiene inspection in January 2016, the home had been rated a '3', with areas of improvement identified. We saw that work required to the kitchen environment had been completed on the second day of our inspection.

Briarmede Care Home is able to accommodate up to 32 people. Bedrooms are provided on the ground and second floor and accessible by a small passenger lift. People have access to a large open plan lounge/dining room on the ground floor. Some of the bedrooms we looked had been personalised with belongings from home. Plans were in place to refurbish all areas of the home. At the time of the inspection new flooring was being fitted throughout the ground floor corridors.

Is the service caring?

Our findings

During this inspection we spent some time speak with people and staff. We observed how staff interacted and supported people to see if their privacy and dignity was respected.

People we spoke with told us, "They [staff] are all helpful and polite", "The staff are like friends", "You can relax here, it's comfortable" and "No complaints, they [care staff] are very helpful". Night staff were described as, "Great".

For those people not able to tell us about their experiences, we spent some time observing how they were spoken to and supported by care staff. Staff interactions were seen to be polite and friendly. People were supported in a unhurried manner and staff were heard offering encouragement when offering support. One person we spoke with told us staff responded when they needed support. They said they were always assisted by two care workers when using a stand-aid, adding, "I feel comfortable when they support me".

People we spoke with also commented about the way their laundry was managed. People said there were items of clothing they could not wear as they were very creased and the home did not iron clothing. Others commented on items of clothing going missing and one person said that there was regularly someone else's clothing found in their wardrobe. Another person said staff would iron clothing if creased but this was not done routinely. A member of staff told us ironing was done in the laundry. However we found the laundry was cluttered and did not provide sufficient space to do this; nor did we see an iron or ironing board available. A review of the complaints records also showed that in July 2016 a family member had raised concerns about items not being returned and other people's clothing being found in their relative's room. At our last inspection we identified that a better way of managing people's laundry needed be explored so that people were helped to maintain their appearance in a dignified way. Our findings during this inspection did not demonstrate any changes had been made so that people's personal items were respected and cared for properly.

We looked at the personal care charts, which were used to record when people had received care such as; showers, immersion baths, teeth or denture care, hair and nail care. We found that a record had been made where people had received a body wash or a shower. However no other information was recorded. We asked people how often they would like to take a bath or shower. People told us they would like one more frequently however they were usually supported once a week. However one person did say they showered up to three times a week. A review of their records for the week prior to the inspection confirmed what they had told us. From our observation we saw that some people had been assisted to address their personal appearance, wore smart clothing and had their hair brushed. However one person we spoke to was unshaven and their finger nails were dirty.

We spoke with the registered manager and operations manager, who acknowledged that the care records did not accurately reflect the care provided.

A review of the personal care records showed that on most days people were offered a body wash. We

looked at what equipment was in place in people's bedrooms to do this. A wash basin was provided in each of the rooms we looked in. We saw old worn towels were provided and some toiletries were available. One person told us they would like the opportunity to wash themselves. We saw this was not possible at the sink in their room due to where it was positioned. They said they would like a wash bowl and flannel so they could wash themselves, however this was not available. We were aware that due to the current issues with the water supply, hot water was brought to rooms in jugs so that personal care could be provided.

We found that care and support offered to people was not consistent; nor based on their individual needs and wishes. We found the above was a breach of Regulation 10(1) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We saw sufficient aids and adaptations were fitted throughout the home including handrails, assisted bathing, raised toilet seats and grab rails. This helped to promote people's independence and keep them safe. We were told that one of the bathrooms on the first floor was currently not in use as this was not adapted and therefore not easy to use. We were told that consideration was being given to making this a walk-in shower room, which would provide better facilities for people.

Whilst looking around the home we saw some people had personalised their bedrooms with belongings from home. We saw a number of people wished to spend their time in the privacy of their own room, this was respected.

We were told and saw people's records were stored securely in lockable cabinets so that confidentiality was maintained.

Is the service responsive?

Our findings

We looked at what opportunities were made available to people offering variety to their day. We spent time speaking with and observing people and spoke with the activity worker about their role.

The activity worker, who worked 15 hours per week, told us they would do a weekly planner however this was not often followed. The activity worker said they were able to provide a variety of activities such as, pamper day, bingo, sing along, baking, and arts and crafts. Where possible they also spent time with people on a one to one basis. On the first day of our inspection we saw the activity worker spend time with a small group of people reminiscing and chatting. From our observations the activity worker had a good rapport with people and interactions were friendly and good humoured.

The activity worker showed us records where they recorded the activity and those who had taken part. Information showed they were also exploring opportunities for days out and had regular meetings with people to seek their views and ideas.

We asked the activity worker if people's religious and cultural needs were always respected. We were told that at present the home did not have visitors from the Church. However we were told that this was being explored. We were told that religious events, such as Christmas and Easter were celebrated and respected.

Most people living at Briarmede Care Home lived with dementia. Two of the people we spoke with who spent time in their own room also told us they felt isolated, although had chosen not spend time in the communal areas as they felt they were not able to engage with people. Where possible people, with the involvement of their care workers, should be able to take part in leisure activities during the day based on their individual interests and choices helping to maintain and improve the quality of their life. We recommend the service considers current good practice guidance in relation to the choice of activities offered, to help promote people's well-being and independence.

We asked the deputy manager to tell us about the assessment process when people were considering moving into the service. We were told that arrangements would be made to visit the person so that relevant information could be gathered about the care and support they required. Where possible information from the funding authority would also be requested. Information from the assessment would then be used to develop the person's care plan. Completing assessments of people's needs helps the home when deciding if the placement is suitable and if they are able to meet the person's needs.

We looked at the care records for three people who used the service. One of the people had recently moved into the home. Their records showed that a pre-admission assessment had been completed, which detailed their support needs, routines and preferences.

People's records explored all areas of daily living and considered people's likes, dislikes, preferences and routines. We found that care plans provided sufficient detail to guide staff in how the person wished to be cared for. Monthly reviews were completed to ensure information was accurate and up to date. We noted

that information for a new person did not fully reflect the support required. For example; the plan stated that staff were to supervise when walking due to risk of falls, this was not done. In addition guidance from the speech and language therapist in relation to the use of thickeners had not been incorporated into their care plan. Thickeners' are added to drinks, and sometimes food, for people who have difficulty swallowing. This helps to prevent a person from choking. We discussed this with the registered manager and operations manager who said this would be addressed following the inspection.

At our last inspection we identified that systems were not in place to clearly inform people about the process and records were not completed to show that people's concerns were taken seriously and acted upon. During this inspection we asked the registered manager to show us how they handled complaints and concerns brought to their attention. We saw a complaints and compliments book where all issues were recorded. Information also detailed any investigation and the action taken. This helps to demonstrate people's views are taken seriously and acted upon.

Is the service well-led?

Our findings

The home had a manager in place that was registered with the Care Quality Commission (CQC). They were supported by an area manager, operations manager and deputy manager. Staff spoken with said they felt supported and could approach the manager. One staff member said, "The managers are approachable and will listen and do things" adding "I've no issues or concerns".

Before our inspection we checked our records to see if accidents, incidents or allegations that CQC needed to be informed about had been notified to us by the registered manager. Information about certain events within the home had been provided. However we noted that recent allegations, whilst reported to the local authority had not been reported to CQC as required by legislation. Without this information CQC is not able to fully monitor the service ensuring appropriate and timely action has been taken to keep people safe. This meant there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At our last inspection we identified that effective operations to assess, monitor and improve the quality and safety of the service were not in place. During this inspection we looked at what improvements had been made. We saw that audits were completed with regards to medication, infection control, kitchen and environmental health and safety checks. The registered manager continued to complete weekly reports, which was sent to head office. These provided further information regarding occupancy, staffing arrangements, recruitment, training and the environment. Information provided was then discussed in the management meetings.

Policies and procedures were in place to inform and guide staff on their practice. These were reviewed by the manager on an annual basis to check that information for current.

We were told that annual feedback questionnaires had been distributed people and their relatives. Any feedback was collated by staff at head office and a report would be sent to the manager. Further opportunities were provided for people to feedback about the service provided in the regular resident meetings held by the activity worker. Staff also had an opportunity to discuss any issues or ideas through their meetings and supervisions with the registered manager and provider.

The registered manager told us and provided information to show that a plan of work was in place with regards to the environment and the current refurbishment planned throughout the building. We discussed with the registered manager the implementation of a more detailed business improvement plan based on findings from each of the audits completed. This helps to demonstrate that robust systems are in place to identify areas of improvement and demonstrate that appropriate action is being taken so that outcomes for people are good.

As part of this inspection we contacted the local authority commissioning team. We were told that a recent routine monitoring visit had been completed. A report had been sent to the registered manager detailing areas of improvement needed. The registered manager said they had responded accordingly by providing an action plan detailing how they intended to make the improvements.

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 registered manager had not formally notified CQC of allegations made within the home, as required by legislation. This information is essential so that CQC is able to fully monitor the service ensuring appropriate and timely action has been taken to keep people safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's personal items were not respected and cared for properly. People's care was not always delivered in a person centred way, which protected their dignity and promoted their well-being.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management and administration of prescribed skin creams needed improving to show that people were receiving these safely and effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment

Work was required to ensure water outlets worked effectively and at the correct temperature so that people's personal care needs were met safely and effectively.

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 18 HSCA RA Regulations 2014 Staffing Staffing arrangements in place did not meet the current and changing needs of people ensuring they received a good standard of care in a timely manner.

The enforcement action we took:

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