

Denehurst Care Limited

# Browfield Residential Home

## Inspection report

159-161  
Walmersley Road  
Bury  
BL9 5DE

Tel: 01617978457

Date of inspection visit:  
15 March 2022

Date of publication:  
29 April 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Browfield Residential Home provides accommodation for up to 14 people with enduring mental health needs who require support with personal care. Accommodation is provided on three floors of two large houses, converted and adapted into one care home.

There is no passenger lift, but double handrails are fitted to all stairways. On street parking is available to the side of the home. The home is situated approximately one mile from Bury town centre and is close to all local amenities and public transport. The home had undergone a period of refurbishment since our last inspection and this was still in progress. At the time of our inspection there were 12 people living at the home.

People's experience of using this service and what we found Medicines were being managed safely at this inspection. Medication processes were in place and staff practice had improved. People had their care and support needs met by sufficient numbers of suitably trained staff. Face to face training delivered by the local authority was now available following the COVID-19 pandemic. Staff were scheduled to attend various sessions.

Support plans and risk assessments provided staff with relevant information so that appropriate care could be provided for people. The service worked in partnership with people, their families and staff. We received positive feedback from people and staff about the service.

A major refurbishment programme was in progress at the time of this inspection. Communal areas and most bedrooms had been modernised and decorated. A new kitchen had been fitted. Plans were in place to modernise bathrooms and office spaces. The positive changes to the home environment were apparent and people told us the difference this had made to their lives.

The care environment was clean and comfortable throughout. Infection control procedures were in place and staff used PPE effectively. Additional cleaning had been introduced during the COVID-19 pandemic. The service had good working relationships with GPs, district nurses and mental health professionals.

The service had good governance arrangements in place and completed regular internal quality checks. Findings from audits were reviewed by the registered manager and used to drive improvement within the service.

People told us they were happy and settled. There was a positive response to the changes being made to the home. A member of staff was now responsible for the development of activities and opportunities to help enable people to develop their daily living skills and access the local and wider community.

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.

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 and update

The last rating for this service was requires improvement (published 9 August 2021) and there were breaches of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

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 carried out an unannounced comprehensive inspection of this service on 21 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Browfield Residential Home 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, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Browfield Residential 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 Health and Social Care Act 2008.

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 one inspector.

#### Service and service type

Browfield Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Browfield Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 15 March 2022 and ended on 21 March 2022. We visited the service on 15 March 2022.

#### 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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, area manager, and three support workers. We observed staff interacting with people throughout the inspection.

We reviewed a range of records. This included four care records and multiple medication records. A variety of records relating to the management of the service, including quality assurance systems, policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We sourced feedback from two additional staff, two relatives and an independent professional who works with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk management plans were in place and contained information staff needed to manage and mitigate risks posed to people.
- A door at the rear of the home was not secure and led to a number of stairs. This posed a risk to some people living at Browfield Residential Home. We brought this to the registered manager's attention and a keypad was fitted the following day so that people were kept safe.
- One person chose to holiday away from the home. A risk assessment had been undertaken by the registered manager to make sure the person could administer their own medicines. A consent form had been signed by both parties.
- Individual risks were discussed with people during care plan review sessions and safeguards were put in place.
- Equipment was serviced, checked and maintained in line with regulations and manufacturer's instructions.

### Using medicines safely

At our last inspection the provider was not managing medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed. Regular stock counts were completed by staff; in the event of any errors these would be quickly identified and rectified.
- Information and guidance were available to staff for when people needed medicines that were given 'as required' (PRNs).
- One person was spending time at the family home at the time of this inspection. Staff went to their home to ensure the person received their prescribed medicines on time.

### Staffing and recruitment

- There were enough staff on duty to meet people's needs.
- Staffing levels could be flexed based on the number of people in the home and their care and support needs.
- Staff were available when required, for example to support people in the community or to attend health appointments.
- Staff were safely recruited. All pre-employment checks, including Disclosure and Barring Service (DBS) checks were completed prior to a member of staff starting work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Incidents had been notified to the safeguarding authorities and the CQC appropriately.
- People told us they felt safe living at Browfield. Staff completed safeguarding training and knew the process to follow in reporting any concerns. Policies and procedures were in place for staff to follow.
- Staff were aware who was able to leave the home on their own and who was on a DoLS and needed staff support.
- The registered manager reviewed incidents for themes and patterns and liaised with relevant healthcare professionals as and when required.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Visiting in care homes

There were no restrictions placed on visitors to the home. Visitor numbers to the service were low, but we were assured that the provider ensured visitors entered the service safely. The appropriate checks were in place in relation to COVID-19 and mechanisms were in place to prevent any visitors from catching and spreading infections

### Learning lessons when things go wrong

- The provider had processes in place to ensure accidents, incidents and concerns were documented and investigated.
- The registered manager linked in with other managers in the group.
- Knowledge and information were shared to minimise the likelihood of incidents happening again.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support: induction, training, skills and experience

At our last inspection staff had not received adequate induction and supervision necessary to carry out their duties safely and effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Training provision had much improved since our last inspection. Staff had access to a programme of e-learning and completion rates were monitored.
- Sessions of additional external training delivered by the local authority were scheduled. As part of the home's business improvement plan more specific training in people's health needs and behaviours were being explored to help enhance the skills of staff.
- There was a programme of induction and supervision of staff, undertaken by the management team.
- Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. People we spoke with told us staff had the right skills to support and care for them.

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

- The building and redecoration improvements had continued as per the service's refurbishment plan.
- A large fully fitted kitchen had been installed, a space to the rear of the home had been paved and most bedrooms had been modernised. We noted a broken dining room chair during the inspection. These were replaced with more robust dining room chairs after the inspection.
- People's rooms were personalised according to their own tastes if this was their choice. People we spoke with were happy with the improvements to the home. One person told us about the plans for a barbecue for the paved garden area.

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

- Support plans received regular reviews and reflected people's changing needs and wishes.
- Staff had identified one person's declining mobility and a move to a ground floor room had been discussed with them. This was their choice and they were looking forward to moving from an upstairs room.
- The management team were keen to develop people's strengths and promote independence. At the time of this inspection staff were supporting one person to move back home.

- One professional we spoke with indicated the improvements the service had made in their approaches and told us, "They've come on a long way; they seem more client-orientated; interested in meeting people's needs. I feel a lot more confident with the service."
- Assessments of people's needs were in place, expected outcomes were identified and care and support was reviewed when required. One relative we spoke with told us they were very satisfied with the support given to their family member and said, "Without the kindness of staff [person's name] would be lost. They give him confidence; he goes alone on trips at times."

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

- We observed lunchtime. People were given a choice at mealtimes.
- Staff were familiar with people's needs and likes and dislikes. Staff were there to offer support and assist people to eat their meal if this was needed.
- Where people had specific dietary requirements, we saw arrangements were in place to ensure people received this.

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

- People's care records evidenced they had access to health professionals, to ensure their on-going health and well-being.
- Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner.
- Where people had specific health needs for example sight loss and diabetes, support plans reflected this and detailed how to meet these needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was acting within the principles of the MCA. Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority.
- Staff supported people to make decisions for themselves whenever possible. When people lacked mental capacity to make specific decisions staff understood the best interests' decision process.
- Entry and exit via the front door was restricted by use of a keypad. People who were able to access the community independently had access to the code. We noted there was no keypad fitted to the back door of the home. We made the registered manager aware of this and a keypad was purchased and fitted the day after this inspection.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection systems in place did not demonstrate clear management and oversight of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager in post was now supported by a more consistent team of staff. There was a deputy manager and a care co-ordinator to assist the registered manager with the day to day running of the service.
- The management team had clear roles and responsibilities. The different strengths displayed by the management team were used accordingly to help manage and develop the service. Staff we spoke with spoke highly of the management team.
- Quality assurance systems in place were more thorough. Oversight and management of all aspects of the service had improved. People living at Browfield Residential Home told us it was a better place to live and staff also felt more supported.
- The registered manager spoke positively of the support offered to them by the company. The area manager was present on the day of inspection.

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

- People were complimentary about the registered manager and senior team. Staff we spoke with felt supported at work and listened to. The service had signed up to a confidential helpline staff could access to help with their wellbeing.
- The registered manager involved appropriate healthcare professionals in reviews and discussion around support. People were able to discuss their mental health and recovery openly. People told us about goals and aspirations they hoped to achieve.
- People had been consulted. Recent survey feedback from people and their relatives was positive. One relative indicated that the new management team was "excellent now"; another stated, "no complaints at all." Meetings had been held during the pandemic to keep people involved and informed.

Working in partnership with others;

- Browfield Residential Home had worked in partnership with the local authority and local public health team throughout the COVID-19 pandemic. The registered manager valued the support they had received during this time.
- The registered manager had established good relationships with health and social care professionals. They also had a network of support with the registered managers of other homes in the group.
- One professional we spoke with told us the home was more transparent in their communication and the sharing of information. No scheduled telephone reviews had been cancelled during the COVID-19 pandemic.

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; Continuous learning and improving care.

- The registered manager notified the CQC and safeguarding teams of any potential safeguarding referrals, incidents and accidents as appropriate.
- The service was looking to further develop and improve for the benefit of people living at Browfield Residential Home.