

Premier Nursing Homes Limited

# Briarwood Care Home

## Inspection report

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## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Briarwood Care Home is a residential nursing home providing personal and nursing care to older people and people living with a dementia. It accommodates up to 49 people across three units in one purpose-built building. There were 44 people using the service when we visited.

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

Medicines were not always managed safely. Risks to people were not always assessed or reviewed. Infection control processes were ineffective. Consent was not always obtained or recorded. Care records did not always reflect people's needs and preferences. Governance systems were not always effective.

We have made a recommendation about staff training on activities for people living with a dementia.

Staffing levels were monitored to ensure people received safe support. Accidents and incidents were reviewed to see if lessons could be learned to keep people safe.

Staff received regular training, supervision and appraisal. 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 and relatives said staff were caring and kind. People were treated with dignity and respect. Advocates were arranged where this would assist people to make their voice heard.

We received positive feedback on the leadership provided by the registered manager. Staff worked closely in partnership with external professionals and agencies. Feedback was sought from people, relatives and staff.

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 16 November 2018) and there were two 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 enough improvement had not been sustained and the provider was still in breach of regulations.

The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to medicines management, risk assessment and management, infection control, consent and quality assurance processes. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will also meet with the provider following this report being published 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 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Briarwood Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

An inspector, a medicines inspector and a specialist advisor nurse carried out this inspection.

#### Service and service type

Briarwood 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 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 unannounced.

#### What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

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. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 14 members of staff, including the registered manager, deputy manager, clinical, care, kitchen and maintenance staff.

We reviewed a range of records. This included two people's care records and 17 medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to training, activities and quality assurance processes.

# 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 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.

Using medicines safely; Assessing risk, safety monitoring and management

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines such as creams and emollients were not being kept safely to ensure people could not access them.
- Some medicines had been recorded as administered but were still in their packaging. This indicated people were not always receiving their medicines as prescribed.
- People requiring regular checks of underlying health conditions such as diabetes did not always have these carried out.
- Risks to people's health were not always effectively assessed or monitored. Where risk assessments were in place they did not always contain detail on how people could be supported safely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We saw that some communal areas and equipment were dirty. These included chairs, shower chairs and floors.
- Some equipment was in a poor state of repair, which meant it could not be effectively cleaned.
- There was a strong malodour in some communal areas. Some action had been taken to address this, but it had not been effective.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to ensure safe staffing levels on the unit for people living with a dementia. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

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

- We received mixed feedback on staffing levels, but the provider was regularly reviewing staffing levels to ensure they were safe.
- We observed that people's requests for support were met quickly. A relative told us, "There's odd days they're hard pressed for staff, but usually they're here straight away."
- The provider's recruitment process minimised the risk of unsuitable staff being employed. This included checking employment histories and completing Disclosure and Barring Service checks.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had.
- Where issues had been raised, records showed they appropriately investigated and reported to the relevant safeguarding authorities.

Learning lessons when things go wrong

- Systems were in place to learn lessons and improve practice when things went wrong. This included analysing accidents and incidents to see if changes could be made to keep people safe.



# 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 requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- MCA and best interest decisions were not always in place where people's rights were being restricted, for example through the use of close observations or lap belts.
- Consent forms were not always signed. Where people lacked capacity to sign themselves systems were not in place to ensure appropriate parties were consenting on their behalf.
- One person was receiving medicines covertly without a mental capacity assessment in place.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent).

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure relevant training was completed or recorded. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

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

- Training had improved. Some training was still outstanding, but plans were in place to ensure staff completed this.
- Staff spoke positively about the training they received. One member of staff said, "The training has got a lot better since [registered manager] came in."
- Newly recruited staff completed the provider's induction course before supporting people without

supervision. This included shadowing more experienced members of staff.

- Staff were supported with regular supervisions and appraisals. These meetings allowed staff to raise any issues they had.

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

- People's needs were assessed before they moved into the home to make sure staff could provide the care and support they needed.

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

- People were supported with eating and drinking. People had care plans in place which included their preferences and any special dietary requirements.
- People and relatives spoke positively about food at the service and said they had choice over what they ate. One person said, "The food here is good."

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

- People were supported to access external professionals to maintain and promote their health. Records showed where referrals to healthcare professionals had been made to ensure people received appropriate care and support.

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

- The premises were adapted to meet people's needs. This included appropriate signage to help people move around the building, and communal spaces for them to spend time in.
- People's rooms were customised to reflect their own preferences.

# 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 good. At this inspection this key question remained the same. 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 received kind and caring support from staff who knew them well. We saw numerous examples of caring interactions during the inspection.
- People and relatives spoke positively about staff at the service. One person said, "The staff are very good." A relative told us, "I'm quite happy [named person]'s looked after."
- Staff supported people to maintain relationships and social networks of importance to them. This included helping them to practise their religion and to express their sexuality.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. This included addressing them by their preferred name and protecting their privacy when discussing their support needs with them.
- People and relatives said staff were polite and respectful.
- Staff encouraged people to do as much as possible for themselves to help them retain their independence.

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

- Feedback was sought from people and relatives and was acted on. A relative told us, "They ask if I'm happy with things and how it's going."
- Advocates were arranged where needed. Advocates help to ensure that people's views and preferences are heard.

# 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 deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans did not always contain detail on the type of support people wanted or needed. This included the support needed to manage health conditions.
- Regular reviews of care plans took place, but we saw records were not always updated when people's needs changed.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

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

- Some people were supported to access activities based on their assessed needs and preferences. One person told us, "There is enough to do to stop me from getting bored."
- However, other people gave mixed feedback on activities. We received negative feedback from staff on activities for people living with a dementia. The registered manager and activities co-ordinator had identified this issue and were working to address it.

We recommend the provider finds out more about training for staff, based on current best practice, in relation to activities for people living with a dementia.

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.

- Care plans contained information on how people could be helped to communicate effectively.
- Documentation was made available to people in the most accessible formats possible, such as large print.

End of life care and support

- Policies and procedures were in place to support people with end of life care where needed, including ensuring their choices and preferences were respected.

Improving care quality in response to complaints or concerns

- Systems were place to respond to and learn from complaints.

- People and relatives were familiar with the complaints policy and were confident in using it. One person told us, "I know how to tell them if I'm not happy."

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed ensure the service had effective good governance processes. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance checks were in place, but these had not identified or addressed the issues we identified at this inspection in relation to medicines management, risk assessments, mental capacity records and infection control.
- The provider did not have effective systems in place to ensure people's care records were reviewed and reflected their support needs and preferences.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager joined the service in May 2019. Staff spoke positively about their leadership and the changes they had made since their arrival. One member of staff said, "The new manager is really good, brilliant."
- People, relatives and staff said that communication was improving under the registered manager. A relative told us, "I find the manager smashing."
- The provider and registered manager had submitted required notifications in a timely manner.

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

- Feedback was sought and people, relatives and staff felt their voices were heard. One member of staff said, "I feel comfortable going to [registered manager] and telling him what any problems are."
- Regular meetings were held with people, relatives and staff to involve them in the running of the service. The registered manager had introduced 'surgeries' where appointments could be made to discuss issues on

an individual basis.

Continuous learning and improving care; Working in partnership with others

- Staff worked closely in partnership with external professionals and agencies to help ensure they applied latest best practice. For example, staff were undertaking work with a local dentist to promote oral hygiene.
- The service had links with local schools, places of worship and amenities to help promote people's overall wellbeing.

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 11 HSCA RA Regulations 2014 Need for consent  Consent was not always obtained or recorded. Regulation 11(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed safely. Risks to people were not always assessed or reviewed. Infection control processes were ineffective. Regulation 12(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Care records did not always reflect people's needs and preferences. Governance systems were not always effective. Regulation 17(2)(a), (b) and (c).