

Premier Nursing Homes Limited

Briarwood Care Home

Inspection report

Normanby Road
Eston
Middlesbrough
North Yorkshire
TS6 9AE

Date of inspection visit:
04 May 2021

Date of publication:
28 May 2021

Tel: 01642456222

Website: www.hillcare.net/our-homes/briarwood

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Briarwood is a nursing home, which provides care and support for up to 49 older people and people living with dementia. At the time of our inspection 24 people were using the service

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

People and their relatives spoke positively about the caring, friendly nature of the service. There was a new manager in post, and we received positive feedback about the improvements made to the service. Regular checks ensured care plans were up to date and included information to provide safe, person centred support for people.

We were assured that people were supported safely with good infection control practices followed. People received their medicines safely as prescribed. Associated records were in place and completed by suitably trained staff.

Systems and processes in place, ensured people were safe from avoidable harm. A range of quality audits and checks were completed. Provider oversight ensured any required preventative actions were implemented to keep people safe.

Enough suitable staff were employed and supported by the manager. Staff worked well as a team and with other health professionals where additional support was required. 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 enjoyed a range of activities and were supported to remain free from social isolation. Relatives told us communication with people was well managed during the pandemic and that they were looking forward to enjoying direct contact with their loved ones as the restrictions eased.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was requires improvement (published 6 December 2019)

Why we inspected

We undertook a focused inspection to review the key questions of safe, effective responsive and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Briarwood Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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.

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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Briarwood Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied to register with the Care Quality Commission. This means that they and the provider will be 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 all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people about their experience of the care provided.

We reviewed a range of records. This included three people's care records and multiple medication records. We spoke with seven members of staff, including the registered manager, the cook, a domestic, a team leader, and care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two relatives over the telephone to obtain their feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm by staff who understood the importance of raising any concerns for further investigation.
- People and their relatives told us they felt staff helped to keep them safe. A relative said, "He is very safe, staff are very nice to him."

Staffing and recruitment

- Enough staff were observed to be on duty to meet people's assessed needs and spend quality time with them.
- Recruitment of staff followed safe practice.
- People and their relatives provided very positive feedback about staff support. One relative said, "They have enough staff, they have a new manager. Staff are very friendly. My husband now has a designated carer."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm.
- Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Incidents had reduced because lessons had been learnt from previous events.
- A range of checks ensured the environment and equipment remained safe.

Using medicines safely

- People received their medicines safely as prescribed. A relative said, "His medicines are in a liquid format so he can swallow, staff are very good with him; it's very safe."
- Where medicines were administered for pain relief, records provided information to ensure people received these as and when required.
- Staff received training in medicines and observations on their practice to ensure they remained competent.

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.

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 has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received ongoing reviews of their care and support to ensure any changing needs were met.
- People and their relatives were involved in documenting information in care plans. Records included information which staff used to provide person centred care. A relative said, "Yes, they have a care plan, and if we have questions, they always inform us what it means."

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.

- Where restrictive practices were in place to keep people safe, records included information to ensure these were carried out following the MCA.
- Decisions made on behalf of people who lacked capacity were made in their best interest. Records included reasons why the decisions were required and were in line with legislation. Further work was in progress to strengthen the associated records to ensure everyone's feedback was included.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff promoted and encouraged a balanced diet. Regular daily checks on people's health and wellbeing were completed and maintained by the service.
- Where concerns were noted the service worked with health professionals to manage the issue.
- People were supported in line with their preferences. Care plans contained details about people's dietary requirement and included guidance for staff to follow. Staff promoted and encouraged a balanced diet.

Staff support: induction, training, skills and experience

- People were supported by suitably skilled and experienced staff.
- Staff had completed required training to carry out their role, and training specifically related to meet people's individual needs. One staff member said, "We had everything we needed during Covid-19 and it is good that the training is back on."
- Staff held supervisions and appraisals in support of their roles. Competency checks were completed to ensure staff remained up to date and followed best practice.

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 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised, detailed and regularly reviewed. Updates were made to reflect people's changing needs.
- Staff held discussions with people, their relatives and healthcare professionals about the care and support provided. People's records were updated because of feedback ensuring staff had up to date accurate information.
- Staff were responsive when people's needs changed. Staff sought medical assistance when required and explored new areas of interest to stimulate people.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported with a range of suitable activities to enjoy through the day. The manager told us, "All staff take time out from duties to spend quality time with the residents engaging in an activity of the person's choosing. This has had a positive impact especially on the residents who choose to spend time in their room and do not always socialise."
- People had good access to outdoors areas and inside communal rooms. One person said, "I enjoy going outside when it's nice. I go out and sit with my daughter."
- The service ensured people had contact with their loved ones throughout the pandemic. One relative said, "We communicated daily using face time." Another said, "They have been brilliant with visiting. We can go into the home now. I'm just waiting until I can give him a hug – a year is a long time isn't it?"

Support for people to follow interests and to take part in activities that are socially and culturally relevant to them

- An activities co-ordinator supported people to enjoy a variety of activities which were both socially and culturally relevant to people. The manager said, "Family and residents are asked about any religious beliefs to ensure we respect residents' rights, choices and religious lifestyle."

Meeting people's communication needs; Improving care quality in response to complaints or concerns
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 an accessible format, such as large print.
- The service had a complaints procedure displayed in the reception. Information was in an accessible large print format. The procedure outlined the actions to take and how to acknowledge, investigate and respond to complaints.

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.
- All staff had completed end of life, and dignity and respect training. The manager told us, "I feel this is the responsibility of the whole team to promote end of life care to a high standard. Where applicable, we work in partnership with family and health professionals such as Macmillan nurses to ensure the best care possible is delivered."

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; Continuous learning and improving care

- The manager understood their role in terms of regulatory requirements. For example, they notified CQC of events and incidents as required by law.
- The service required a manager who is registered with the CQC. The new manager had recently been appointed and had commenced the application process with the CQC.
- The service had a range of audits and checks in place which helped to maintain and improve standards.
- Regular reporting and analysis of all accidents, incidents, safeguarding alerts, skin integrity and infections helped to identify any recurring trends. Where required actions were implemented to promote safe practice and reduce the risk to people.

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

- The culture of the service helped ensure good outcomes for people. A relative told us, "[Person] has had the odd infection, the staff recognise he needs to go straight into hospital and off he goes and then he bounces back just to being himself again."
- People and their relatives talked openly about the friendliness of the staff team. One staff member said, "I think it's all going okay at the minute. The new manager is getting on with things and is making some good changes."

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

- Staff had received training in and promoted equality and diversity. The manager told us, "Staff have a good understanding and this cascades into the residents care files where residents' rights, wishes, choices and beliefs are all documented."
- Meetings were held, and surveys completed with people and staff to encourage feedback about the service, processes, and to develop good practice.

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; Working in partnership with others

- The manager understood the requirement to share information in an open and transparent way with other organisations.
- Health professionals told us the service was proactive in working in partnership with them and the service

was responsive to feedback. This had helped to implement required improvements.

- People and their relatives told us they would be happy to speak with staff and the new manager to raise any concerns they may have. One relative said, "I have no concerns about him living there, I would go straight to staff if I had any worries, not that I ever had, just silly things like, where is his shaver. It is always resolved quickly."