

Mariposa Care Group Limited

Briardene Care Home

Inspection report

Newbiggin Lane
Newcastle Upon Tyne
Tyne And Wear
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Tel: 01912863212

Date of inspection visit:
07 January 2020
09 January 2020

Date of publication:
21 January 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Briardene Care Home is a care home providing personal and nursing care to 58 people at the time of the inspection. The service is registered to support up to 60 people, some of whom may be living with a dementia.

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

People told us they felt safe and were well cared for by staff who treated them kindly and with respect. Staff clearly knew people well and had developed warm and engaging relationships with people and their family members.

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.

We have made a recommendation about capacity assessments and best interest decisions.

People's needs were assessed, and the information had been used to develop care plans and risk assessments, with involvement from the person and their family, if appropriate.

Nutritional needs were met and nursing staff complimented the kitchen staff for their knowledge about nutritional and the way they prepared meals for people who had specific dietary requirements.

Visiting healthcare professionals commented that staff were proactive in making necessary referrals and how they were confident any advice and guidance given would be followed. They added that staff were particularly good at providing end of life care and supporting families.

Staff were recruited safely and there were enough staff to meet people's needs in a timely way. Staff had attended training relevant to their roles including safeguarding. Any concerns were recorded, investigated and reported to relevant authorities. All incidents were reflected upon for learning and improvement.

A range of activities were on offer for people, including the use of a virtual reality headset which people seemed to enjoy. The environment had improved under the management of the new provider and there were plans in place to make further improvements to make sure it was dementia friendly.

Staff understood their responsibilities in line with regulatory standards and a range of audits were completed to monitor the service and drive improvement.

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 20 November 2017). Since this rating was awarded the registered provider of the service has changed. We used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the registration date.

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 caring?

Good ●

The service was caring.

Details are in our caring 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.

Briardene 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

The inspection was completed 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

Briardene 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 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 had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used 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 eight people who used the service and six visitors about their experience of the care provided. We spoke with a volunteer and 14 members of staff including the registered manager, deputy manager who was a nurse, a nurse, clinical care assistants, care assistants, activity coordinator, administrator, handyman, housekeeping staff and the regional manager. We also spoke with two visiting healthcare professionals. 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 reviewed a range of records. This included four people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We reviewed the training matrix and the master action plan.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of harm. Concerns were investigated and reflected upon for learning. Steps had been taken to minimise the risk of reoccurrence.
- Staff had attended training and knew how to identify and report possible signs of abuse and harm.
- People told us they felt safe, one person said, "I feel very safe. Staff are very friendly and have looked after me very well." Visitors shared this view and reflected on how safe they felt their loved one was.

Assessing risk, safety monitoring and management

- Improvements to risk assessments had been made since the new provider was in place. Risks had been identified and assessed. Some risk assessments would benefit from more detail however we found no impact on people as staff were able to explain how they minimised risks and the action they would take if concerned. The registered manager discussed a plan to review documentation.
- The handyman completed appropriate premises and equipment checks. Servicing records were in place.
- Overall staff understood emergency evacuation procedures however the registered manager agreed to reinforce this as some staff were a little unsure of their responsibilities.

Staffing and recruitment

- There were enough staff to meet people's needs.
- The nurses were well supported by a team of clinical support assistants and care assistants.
- Recruitment processes were safe and appropriate pre-employment checks were completed.

Using medicines safely

- Medicines were managed safely by the nurses and clinical care assistants.
- Clinical staff were very patient with people when administering medicines, engaging in conversation and explaining the reasons why people needed their medicines.
- Records were fully completed and regularly audited to make sure the management of medicines remained safe.

Preventing and controlling infection

- The home was clean and tidy with no malodours.
- Housekeeping staff were very visible and responsive to any areas of the home where ad hoc cleaning was needed as well as keeping on top of cleaning schedules.

Learning lessons when things go wrong

- Any incidents, including safeguarding concerns, were reflected upon by the registered manager. Learning from reflections were shared with the staff team, where appropriate, to improve the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- DoLS applications had been appropriately submitted to the local authority and were monitored to make sure they were adhered to.
- Capacity assessments and best interest decisions were made. They were not always decision specific and there was limited evidence of involvement from the person and significant others. There was no evidence that people had been unduly restricted.

We recommend the registered manager consider current guidance on assessing capacity and making best interest decisions.

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

- Management and nursing staff assessed people's needs and preferences before they moved to the home. This information was used to develop care plans and risk assessments which were regularly reviewed.
- The pre-admission assessment tool was being updated to make sure it remained in line with current standards, including equality, diversity and human rights.

Staff support: induction, training, skills and experience

- Staff support and training had improved under the new provider. Staff attended training relevant to their role, so they had the appropriate knowledge to meet people's needs. Clinical support assistants attended clinical training alongside nursing staff. Care staff said they had all the training they needed.
- New staff had an induction however it was not specific to Briardene Care Home. This was acknowledged by the registered manager who commented that it needed to be more "personalised." Staff said they had completed shadowing of existing staff and training as part of their induction.

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

- People were supported to maintain a healthy diet. People and visitors were complimentary of the food and one person said, "We can have whatever we want if we don't like what's on the menu."
- Nursing and care staff commended the knowledge of kitchen staff, saying they provided attractive meals which catered for everyone's needs, including people who had specific dietary requirements.
- People's nutritional needs were monitored by staff and appropriate action taken, were needed if concerns were identified.

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

- Staff worked with other agencies, including healthcare services, to make sure people had consistent and effective care.
- Oral healthcare assessments were completed, and people were supported to register with a local dentist.
- The local GP and nurse specialist attended the home weekly to complete a 'ward round.' We were told, "Staff work well with the service and it has prevented hospital admission. They follow any guidance given. We know the staff very well and there's good communication. No improvements are needed."

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

- Improvements had been made to the environment under the new provider. It had been recognised there was limited signage and decoration to support people who may be living with a dementia. A pictorial menu and memory boxes had been purchased. There was ongoing action in relation to researching dementia friendly environments which was to be completed by May 2020.
- The corridors were spacious, well-lit and decorated to a high standard with stimulating pictures on the walls to give a bright and airy feel to the building.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and compassion.
- Everyone we spoke with said they were happy with the care they received and had no concerns. A visitor said, "[Family member] has settled very well, the staff know us all well, we have no concerns. All of our expectations have been met."
- Staff said the best thing about the home was the people they cared for who they "loved."

Respecting and promoting people's privacy, dignity and independence

- Overall people were treated respectfully, and their dignity was maintained.
- Staff encouraged people to be independent and we observed one staff member who showed exceptional patience and kindness when supporting someone over lunch. The staff member provided verbal encouragement and guidance and role modelled how to use their specialised cup. Praise and congratulations were offered when the person was able to hold, and drink from their cup independently. The look on the person's face expressed how pleased they were with the achievement.
- We observed some staff did not always knock on people's doors before entering. We shared this with the registered manager who was already aware and said it had been addressed before but they would do so again.
- One person said, "Staff always treat me with respect. When you're getting dressed, it's nice that they ask you if you want a hand"

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

- People and their visitors told us they had been involved in conversations about the care they received.
- People and their family members, if appropriate, had been involved in completing assessments, care plans and risk assessments. Reviews were documented and evidenced people's satisfaction with the care they received.
- Overall, we observed staff involved people in decision making. This was particularly evident when staff were administering medicines. At other times some staff did not fully engage people, for example with regards to decisions about wearing dignity aprons at meal times, and when offering drinks to people. The registered manager was aware and thought it was due to staff knowing people's preferences, however they did acknowledge the importance of reminding staff to offer a choice.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 was planned, and overall people's preferences had been included in care records. Some care plans would benefit from additional information on how people wanted their needs to be met.
- People and their family members said they were involved in care planning if they wanted to be. Care records were regularly reviewed with the involvement of people and their family members.
- Staff clearly knew people well and quickly identified any changes to people's needs.

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.

- People's communication needs had been assessed. Care plans guided staff on any specific needs. The registered manager explained that some people had communication boards to support them to share their preferences and wishes. A pictorial menu was being introduced and staff were aware of services who could be contacted for specialist advice and support.
- Information could be made available in different formats, including braille, large print, audio and alternate languages if needed.

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

- A range of activities were provided by the activities co-ordinator, including, arts and crafts, quizzes and virtual reality sessions using a headset.
- People were complimentary of the activities, saying they were "spot on."
- Some people had taken part in a project to develop life history booklets. This was being rolled out by the activities co-ordinator, so every person had the opportunity to complete a 'This is Me' profile.

Improving care quality in response to complaints or concerns

- Complaints and concerns were logged and investigated. Outcomes were shared with the complainant and issues were reflected upon for lessons learned.
- The complaints policy was available in different formats, including easy read.
- People and their visitors knew how to complain but said they had no reason to do so.

End of life care and support

- End of life care was provided by staff, and it was an area of care the deputy manager was particularly passionate about. A healthcare professional said, "End of life care is particularly good. The person and their family are well cared for and involved in decision making. Some people come here from hospital or hospice for end of life care."
- Clinical decisions relating to people's wishes were well documented however people's preferences and final wishes were not fully developed into care plans. The registered manager and regional manager acknowledged this as an area for development. Staff were able to share with us moving accounts of meeting people's final wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture which fostered openness and inclusivity. People, visitors and staff told us the registered manager was approachable, managed the home well and was making improvements.
- Staff told us the registered manager was "out on the floor" and would "step in and support people" where needed. This gave them a genuine understanding of the needs of people and staff.

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 understood their responsibility to be open and transparent if something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and responsibilities. There were clear lines of accountability for areas such as medicines and care planning. Nurses allocated areas of responsibility to care staff on a daily basis.
- A range of audits were completed which were used to identify areas for improvement. A master action plan was monitored and evidenced the improvements that had been made.
- The registered manager had notified the CQC of any significant events that had occurred at the home, in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were regular meetings which involved people, visitors and staff in the running of the service.
- 'You said, We did' boards were on display which commented on actions taken in response to feedback from people and visitors, this included changes to the menu and more entertainment.
- The registered manager said they attended networking meetings with other registered managers to share lessons learned and best practice.