

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?

Good 

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 care and support to up to 49 people. The service provides support to older people and people living with a dementia. Bedrooms are situated over 2 floors. At the time of our inspection there were 21 people using the service, only accessing bedrooms the ground floor.

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

Following the previous inspection in July 2022 the provider sent us an action plan to make the necessary improvements to the service. Whilst some improvements to the service had been made, some areas were identified as needing further action.

People's medicines were still not always managed safely. Records demonstrated medicines were not always given as prescribed.

Care plans were not person centred. They did not always contain information on how people wished to receive their care and support. Risk assessments were in place for people around risks to their health and wellbeing and there was guidance for staff around supporting people. However, there was still some inconsistency in how information was documented.

Actions had been taken to continue to improve the provider oversight, however audits had not always identified the areas for improvement evidenced during inspection.

People told us they felt safe and well cared for. We observed staff supporting people with kindness and compassion. We saw people smiling and joking with staff, appearing comfortable in their presence.

People were supported to eat enough food and drink. Staff were knowledgeable about people's nutritional needs. People were supported to access the appropriate healthcare professionals to support their physical and emotional wellbeing.

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.

There were enough staff to meet people's care and support needs, improvements had been made regarding the use of agency staff. Appropriate background checks and inductions were now in place and recorded.

Staff spoke positively about the management of the service and the support they received. They felt there had been some improvements since the last inspection, especially around the recruitment of permanent staff. There was a new home manager in post who, along with the regional manager, offered reassurances

regarding their commitment to make the necessary improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 August 2022) with 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 some improvements had been made in some areas. However, the provider remained in breach of some regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Enforcement and Recommendations

We have identified continued breaches in relation to good governance. We continued with the recommendation around ensuring consistency and clarity within people's support plans.

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 and meet with the manager and 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 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 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 team consisted of 1 inspector, a Pharmacist Specialist, 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Briarwood is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day.

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, Healthwatch, and professionals who work with the service. 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 (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 4 people who use the service and 4 relatives. We spoke with 12 members of staff including the regional manager, care home manager, agency nurse, care staff, activity co-ordinator, housekeeping staff and catering staff.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 2 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 regional manager to validate evidence found.



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 requires improvement. The rating for this key question has remained requires improvement. 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

At our last inspection the provider failed to have robust systems in place to demonstrate medicines were effectively managed. 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.

- Medicines were not always managed safely. Records demonstrated that medicines were not always given as prescribed. For example, in 1 person's medication record we saw they were consistently given the wrong dose of medication.
- Guidance for the safe administration of covert medicines was not always completed in full and required further improvement.
- Records relating to medicines administration were not always accurate. For example, cleaning and rotation records relating to PEG (Percutaneous Endoscopic Gastrostomy) care were not always consistently completed.
- Records did not assure us that topical medicines were being applied as prescribed, for example we found records for creams which were no longer prescribed.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate medicines were always effectively managed. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regional manager responded during the inspection to address some of the concerns identified.

Assessing risk, safety monitoring and management

- There were systems in place to ensure risks to people's safety were appropriately assessed and managed. However, guidance in people's care plans was not always clear on how staff should manage the risk.
- Assessments were completed for risks to people's health and wellbeing. This included people's mobility, nutritional needs, and skin integrity. However, the monitoring of these risks was not always followed up. For example, 1 person was at risk with their nutrition. They were weighed monthly for monitoring, but this did not identify the person had been losing weight since October 2023. This was reported to the regional manager for their action.

- People were kept safe from the risk of emergencies in the home. Personal Emergency Evacuation Plans (PEEPS) were in place.

We recommend the provider continues to undertake a comprehensive review of all care and support plans to ensure they contain consistent and clear information for staff around people's needs and risks to people's safety.

Learning lessons when things go wrong

- The service responded to accidents and incidents. Records were analysed for trends and patterns to ensure incidents were used as a learning opportunity and any changes to care made. Lessons learnt were shared with staff during team meetings.

Staffing and recruitment

At the last inspection the provider failed to ensure enough suitably trained staff were deployed to meet people's needs. Systems were not robust enough to demonstrate agency staff had received appropriate checks and induction to the home to support people safely. This was a breach of regulation 18 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.

- There were enough suitably trained staff to meet people's needs. Agency staff profiles were now available, and an induction checklist was completed to ensure the necessary information of their skill and training was available.
- Safe recruitment practices were followed. Checks were made to ensure staff were of good character and suitable for their role.
- Staff said there had been an improvement with staffing levels since our last inspection. The regional manager said they had recruited to permanent posts since our last inspection which had reduced the need for agency to be used. We observed staff provided care and support to people as required.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the potential risk of harm or abuse.
- Staff had the knowledge and confidence to identify safeguarding concerns and knew how to report them.
- People and their loved ones felt they received a safe service. Comments included, "[Relative] is safe, all the staff are fine, never seen anything of concern" and "There's no issues with the care up here, [relative] gets support when required. They have time for her."

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 did notice an odour during our inspection which was reported to the regional manager who confirmed they would take action to address it.

Visiting in care homes

- Visiting was in line with the latest government guidance and there were no restrictions at the time of our inspection.

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, the provider failed to ensure systems were robust enough to demonstrate staff had received appropriate training to support people safely. This was a breach of regulation 18 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.

- Agency staff now received an appropriate induction before commencing work at the home. The agency provided the service with a skills and qualification profile for each agency worker. This supported the home manager to identify they had the correct skills and competencies.
- Staff said they felt supported by the management. They confirmed they received regular supervision and support. One staff member said, "Things are improving. We get regular supervision and [regional manager] door is always open. We have lots of support and we are good team."
- People received care from staff who had received the correct training to carry out their roles. A matrix was in place to monitor training requirements to ensure staff were up to date.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, the provider failed to have robust systems in place to monitor DoLS authorisations effectively was a breach of regulation 17 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.

- Systems were in place to monitor DoLS authorisations and when they need to be applied for again.
- Assessments of people's capacity and best interest decisions were available in some people's care plans but not others. We spoke with the regional manager and home manager who will reviews this as part of updating care plans.
- We saw staff offering people choice and seeking consent before providing care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received health care support when needed. Care records showed relevant health and social care professionals were involved in people's care.
- The service assessed people's oral health care needs. Care plans guided staff on the support people needed to maintain good oral healthcare.
- People's needs were assessed before they came to live at the home. This ensured the service could meet people's needs.

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

- People were supported to maintain a healthy, balanced diet. We observed people had access to food and drinks throughout our visit.
- . People's dietary needs and preferences were documented and known by the catering staff and staff.
- People and their relatives spoke positively about the food and said they could choose what they wanted to eat. Their comments included, "The food is nice, I get weighed every month, no problems" and "If there's something [relative] doesn't want he will tell them. He's eating and drinking things he hasn't done for years."

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

- The design of the service was suitable for the people who used it. There was adequate space for people who used walking aids or wheelchairs to mobilise safely.
- The décor promoted independence for people living with dementia. Signage was in place to support people to orientate themselves.

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 our last inspection we rated this key question good. The rating for this key question has remained 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: respecting and promoting people's privacy, dignity and independence

- People spoke positively about the care and support they received. Comments included, "[Staff] come straight in and put [relative's] clothes straight if they're inside out" and "Yes [staff] help me to the toilet if I have an accident, they clean me up and they change my clothes."
- We observed staff treating people with kindness, informing them what was happening and asking permission to support them. We observed people smiling and joking with staff, appearing comfortable in their presence of.
- Staff maintained people's privacy and dignity. We observed staff discreetly asking 1 person if they wanted support with their personal care.
- Staff responded to people's requests for support and were attentive to those who were unable to verbally request support. Staff offered people choice throughout inspection including what activities they wanted to take part in or whether they wanted a shower or a bath.
- People were encouraged to maintain their independence. For example, 1 person was supported to help out with the laundry which they told us they enjoyed.

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

- People and their relatives were encouraged to share their views and be involved in making decisions about their care. One person told us, "I see my care plan. Staff went through it with me, it's there in a big folder, I signed things. There's a booklet, I could read it if I wanted to."
- People were able to express their views about the running of the service. There was a resident's meeting each week where people could share ideas and make suggestions on areas such as preferred food and activities, they wished to take part in.
- People's views were sought through care reviews and annual surveys. A 'Customer Survey' was sent to people using the service in November 2022. People said food choices could be better. The provider responded by offering a variety of food alongside alternatives.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection, the provider failed to maintain accurate, complete and contemporaneous records in respect of people's care and treatment. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Care plans were not person centred. They didn't contain information on people's likes, dislikes and personal history.
- Care plans did not always consistently and accurately reflect people's needs and preferences. Some areas of people's care plans continued to lack consistency and clarity as to their support needs.
- People's care plans were reviewed monthly, or sooner if needed. However, the reviews continued to lack information and had not always identified the inconsistencies we found

This failure to maintain accurate, complete and contemporaneous records in respect of people's care and treatment was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regional manager and new home manager agreed to take action to ensure care plans were person centred.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service assessed people's communication needs. Care plans contained information for staff on what support people needed with communication and accessing information.
- The provider understood their responsibility to comply with the Accessible Information Standard.

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

- People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously. They were investigated and responded to in a timely manner.
- People's concerns and complaints were encouraged. People's comments included "I'm happy, I can't complain. I would complain to the manager and if there was no response, I'd report it to the social worker and then the care commission."

End of life care and support

- There was no-one receiving end of life care at the time of our inspection.
- End of life wishes were recorded in people's care plans.
- Staff had now completed end of life training.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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; Continuous learning and improving care

At our last inspection, the provider failed to maintain accurate, complete and contemporaneous records, and failed to have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There were systems in place to monitor the quality of the service. However, audits carried out had not identified all of the issues we found on inspection, for example, care plan guidance and reviews and the safe management of medicines.

This failure to have effective systems to assess, monitor and improve the quality and safety of the service was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regional manager continued to complete regular provider visits and the areas looked at during these visits were comprehensive. They had identified some of the areas of concern evidenced during inspection. A regional manager's action plan was in place which was reviewed monthly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were encouraged to share their views. Surveys and meetings were undertaken to seek feedback.

- There were opportunities for staff to engage with the management team. Staff received regular supervisions and appraisals. Staff team meetings took place regularly where various topics were discussed and staff received updates on the service.

- Staff and relatives spoke positively about the regional manager who had been overseeing the service in

the absence of a manager. One person said, "They are pleasant, brilliant, I can ask questions and they would apologise. I have asked questions when they come up."

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people's physical and emotional needs were met.

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 provider understood the duty of candour and their responsibility to be open and honest with something had gone wrong.
- The regional manager and new home manager were both present throughout the inspection and were responsive to our feedback, taking action to address concerns raised immediately.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to have robust systems in place to demonstrate medicines were safely and effectively managed.</p> <p>The provider failed to maintain accurate records in respect of people's care and treatment. Care plans did not contain person centred information.</p> <p>The provider failed to have effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>17(1) (2) (a)(b)(C)</p>