J&S Healthcare Limited

Brierfield Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Brierfield Residential Home is a residential care home providing personal care to up to 26 people. The service provides support to older people in one adapted building. At the time of our inspection there were 19 people using the service, some people were living with dementia.

People's experience of using this service and what we found
Risks were not always being identified and measures put in place to reduce these risks. This included the safety of the stairs in the building and routine checks on the water system to reduce the risks of legionella bacteria. This had not been identified in the provider's own governance systems.

Risks in people's daily lives were being assessed, however the risk assessments in their care plans did not always provide detailed guidance for staff in how the risks were mitigated. There were some inconsistencies in people's care plans, we were assured this was being addressed by the registered manager.

Prior to our inspection, we had received concerns regarding the quality and safety of care provided in the service. The service was working on an action plan with support from the local authority to implement improvements. Although some improvements had been made, for example in the staffing levels, progress had not always been made in a timely way. We were also concerned that all of the shortfalls had not been independently identified by the provider and actions taken prior to them being pointed out.

Improvements were needed in the provision of training for staff, not all staff had received training in safeguarding and there was only one staff member who had received training in supporting people with behaviours others may find challenging.

Medicines were being monitored and checked. The management team had identified shortfalls in the recording of the administration of medicines, such as creams, and medicines to be administered where required. We were assured actions were being taken to improve this.

Improvements were needed in the general cleaning of the service, such as cobwebs in the communal lounge and a build-up of dust on the stairs. Staff wore appropriate personal protective equipment (PPE) such as masks. However, where staff were wearing gloves and aprons to support people with their personal care needs, they were seen to be walking around the service in these prior to and following supporting people, which is not recommended infection control practice.

During our inspection we found that improvements were being made in areas such as how much people had to drink, how staff were deployed to reduce risks in the communal areas, governance systems and the overall monitoring of the service provision to people.

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. Deprivation of Liberty Safeguard referrals were made where required and people's capacity was identified in their care records.

People using the service told us they were happy, and the staff treated them with kindness. During our visit several people went out for a meal in a local restaurant.

The management team were working to improve the service and had developed a shared a commitment to ensure people were receiving good and safe quality care moving forward.

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 good (published 4 February 2020).

Why we inspected
We received concerns in relation to governance, the safety of the service provision and care provided and staffing levels. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement
We have identified breaches in relation to safe care and treatment and governance at this inspection. 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Brierfield Residential Home

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by one inspector.

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

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service and observed interactions between staff and people. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with seven staff members, including the registered manager, deputy manager, nominated individual's personal assistant, senior care staff, care staff and an individual employed to undertake maintenance.

We reviewed a range of records associated with the governance and health and safety of the service and medicines. We reviewed three staff personnel files, one of which had recently been employed.

Following our visit, we reviewed the care records of four people using the service and the staff training records.

We fed back our findings to the inspection to the nominated individual and registered manager using electronic video call on 26 August 2022.

Requires Improvement

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 good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

● People's care records included risk assessments relating to the risks in their daily living, such as mobility, pressure ulcers, falls and nutrition. The records did not always provide detailed guidance for staff to reduce the risks. For example, what signs the staff were to look for if a person's skin was deteriorating. This meant staff were not provided with clear advice to mitigate the risk of harm to people they cared for.

● Daily records did not always demonstrate people were supported in line with their care plan to change position to reduce the risk of pressure ulcers. The registered manager told us they were monitoring and updating people's records to improve this.

● The safety of the internal stairs in the service and fire escapes with stairs was not being robustly assessed to reduce risks to people. The nominated individual assured us this would be addressed.

● The systems to reduce the risks of legionella bacteria in the water system required improvement. A recent legionella risk assessment identified actions were needed to reduce risks. Two of these had been addressed relating to the descaling of shower heads. Domestic staff run water through little used outlets and there was an annual check on the water system for traces of legionella. However, there were no further routine checks undertaken to reduce risks, such as regular water temperature checks and descaling. The nominated individual sent us documents which showed these checks had been resumed in September 2022.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The local authority had identified improvements were required in the knowledge of staff relating to fire safety. The provider had acted on this feedback. Fire drills were now taking place and staff had received training the week before our inspection.

● The recent fire risk assessment identified actions were needed. The provider had sourced an individual to work in the service to review the improvements required, including making fire doors safe. This work was ongoing.

Systems and processes to safeguard people from the risk of abuse

● There was a policy in place relating to safeguarding. Not all of the staff working in the service had received training in safeguarding, we were assured this would be addressed. Staff spoken with confirmed they knew how to report concerns.

● Prior to our inspection we had received information that incidents had occurred between people using the service which had not always been reported to the appropriate professionals. This was now being recorded,

reported and monitored.
● Actions had not been taken to sufficiently monitor people to reduce these incidents until guidance had been provided by the local authority. Although the provider had now deployed staff in communal areas to observe people, there were times on the morning of our visit that staff left to collect breakfast for people who were eating in there. During feedback the registered manager understood the risks and assured us they would continue to review that staff were following their guidance.

Staffing and recruitment
● We received concerns from stakeholders regarding insufficient staffing numbers and deployment of staff in the service to ensure people's needs were being met safely. The system in place had not been robust enough to ensure safe and effective staffing levels.
● At the time of our inspection new staff had been employed and the service were working to the suggested staffing levels. Staff told us they felt the current staffing levels enabled them to support people to meet their needs. People told us the staff were available when needed, this was confirmed in our observations.
● Records showed checks were undertaken prior to staff working in the service, including Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. A staff member also confirmed the checks had been completed before they could work in the service.

Using medicines safely
● We observed a staff member during the administration of medicines, which was done safely. A staff member told us they had received training and their competency was assessed.
● Medicine administration records were generally clear and evidenced people mostly received their medicines, in tablet and liquid form, as required. However, there were inconsistent recording when people had received medicines which were prescribed to be administered when required (PRN). Some were signed, some were blank, and some used a code for 'offered but not required'. There were not always records to show why the medicine had been provided which would assist in ongoing monitoring of people's wellbeing.
● Records relating to the administration of medicines to be administered externally, such as creams, did not always show people received these as prescribed. The registered manager told us improvements were being made. This included monitoring, advising staff to ensure they were completed and ensuring they were being recorded in the appropriate charts.
● Audits identified discrepancies which were in the process of being addressed. There were also incident reports where missed signatures and discrepancies had been identified suggesting some checks were being done and actions taken, such as speaking with staff and seeking advice from other professionals

Preventing and controlling infection
● The service was not visibly clean and hygienic throughout. For example, the spaces in between stair risers were dusty, cobwebs were on the lounge wall light and under the curtain pelmets and a pressure cushion was split with a black substance along the split. The registered manager told us they were undertaking daily checks in the service and had identified some areas for improvement and assured us this would be addressed.
● There was a smell of urine on the first and second floor of the service. The registered manager told us the domestic team had reported this and they were in the process of reviewing how it could be addressed. Due to the odours in the service, we looked at five beds including the bedding and mattresses and found they were clean.
● Staff wore personal protective equipment, such as masks. However, we saw that staff moved around the service wearing aprons and gloves when they had either supported people with their personal care needs or preparing to support people. This meant they were handling doors which increased the risk of cross

infection. The registered manager told us this had been identified and they were advising staff of the appropriate infection control processes.
● The local authority had awarded the service 3 for their food hygiene in July 2022, the lowest score is 0 the highest is 5. The nominated individual and registered manager told us about the actions taken to make the necessary improvements.

Visiting in care homes
● People were supported to have visits from their family and friends in a safe way.

Learning lessons when things go wrong
● Analysis on falls were being undertaken which identified any patterns and actions to prevent future risks.
● The registered manager was in the process of reviewing all accident and incidents reports to ensure lessons were learned and disseminated to the staff team.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Requires Improvement

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 good. At this inspection the rating has changed to 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.

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

- We received concerns about the service provided and the safety of the service, including staffing. Also, the provider was not implementing improvements in a timely way. We met with the nominated individual prior to our inspection who told us they felt actions had been taken to improve the service. However, we also attended a meeting with stakeholders and the nominated individual which identified there were some improvements which had not been fully implemented.
- We were concerned the provider's governance systems and strategic oversight of the service was not robust enough to independently identify and address shortfalls and continuously improve the service.
- Since our last comprehensive inspection there had been changes in the management of the service. The current registered manager was registered with CQC in May 2022. They had developed monitoring systems and identified some improvements required. These improvements had not been made in a timely way to protect people from harm.
- The nominated individual and registered manager told us that some staff had been resistant to change, which had made the implementation of improvements difficult. We spoke with the nominated individual about previous managers who had similar experiences and the importance of supporting managers to implement changes to continuously improve the service provided to people and keep up to date with legislation and good practice guidance.
- During our inspection, we saw a letter where the provider had been advised by the local authority in 2009 and 2012 regarding the requirements for legionella checks, although this had periodically been addressed, this again required improvement. This was despite training in legionella being provided to the nominated individual in August 2012. Therefore, we were not assured improvements were embedded and sustained.
- There were some discrepancies in people's care plans and the daily recording of the care people received. For example, reviews in the care plans identified changes in people's needs but the care plan had not been changed to reflect the changes. The registered manager was working on these improvements, but this was not yet fully implemented at the time of our inspection.
- Prior to our inspection we had received concerns about recording relating to the fluids provided to people to reduce the risks of dehydration. During our inspection we found some improvements had been made but required further monitoring. Some records had been completed by two different staff members for one drink being provided, so may not be always accurate. There was no target provided in records as to the recommended amount of fluid required and no guidance for staff to indicate when referrals should be made to professionals.

Governance systems had not been established to assess and monitor the service, and independently identify shortfalls and address them in a timely way. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager had reviewed and updated assessments relating to skin integrity and the Malnutrition Universal Screening Tool (MUST) which identified where people were assessed at risk and how people were being supported to reduce the risks.
● During our inspection visit, the nominated individual told us they had decided they would not admit any new people to the service until shortfalls had been fully addressed.

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
● There was a duty of candour policy in place which was understood. The registered manager explained their responsibilities and when the duty of candour would be used.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The registered manager understood their role and responsibilities relating to the management of the service. There had been limited support for the registered manager, however, there was a new deputy manager in post and an operations manager from another organisation was providing support, such as advising on changes in good practice guidance and auditing.
● Feedback from the registered manager, deputy manager and the nominated individual's personal assistant, who was now based in the service, was positive. They felt confident that working together as a strong team would enable them to make the necessary improvements in the service.
● The registered manager told us they had spoken with staff and felt the relationships and commitment of staff to implement changes was improving, along with the recruitment of new staff.
● Staff spoken with during our inspection told us they could see improvements being made in the service and that the recent increase of staff numbers improved the time they could spend supporting people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● In the entrance hall to the service there was the complaints procedure and feedback forms available for visitors. However, records reviewed showed there had not been any satisfaction surveys completed by relatives and people using the service since 2019 to gain feedback and use this to drive improvement. The nominated individual told us people had been asked for their views after 2019, but no evidence was provided. We were not provided with any analysis of comments received and actions taken.
● The registered manager showed us records where they had started meeting with relatives to review people's care and they were planning a relative and resident meeting to gain feedback. In addition, at the beginning of the year newsletters had been send to relatives about the service and any changes. The registered manager was planning to reintroduce these.
● Minutes of staff meetings showed they were being advised of their roles and responsibilities and any improvements being made. Staff had been requested to read policies and procedures and sign a document to show it had been read and understood. However, staff had not always done this, for example in April 2022 staff were asked to read and sign the whistleblowing policy of 28 staff listed, only seven had signed. Therefore, we were not assured that the staff were up to date with the policies and procedures they were supposed to be working to.
● The registered manager had reintroduced daily meetings with the senior team to identify any issues and lessons learned going forward.

Continuous learning and improving care

● Improvements were needed in staff training, the matrix in place showed not all staff had received training to meet people's needs effectively. This included pressure area care and supporting people with behaviours others may find challenging. We fed back the gaps to the nominated individual and registered manager and were assured this would be addressed.

● The deputy manager and nominated individual had commenced spot checks in the service to ensure staff were undertaking their duties as required.

● The deputy manager told us they were ordering new uniforms and identification badges for the staff team. This would improve the recognition of staff working in the service and infection control.

● We had received concerns about the heating and hot water system in the service, this had now been addressed by the provider.

Working in partnership with others

● The service had received a lot of input from stakeholders, who had identified concerns of safety within the service. The provider and registered manager were working on an action plan with the local authority to put improvements in place.

● The registered manager told us how they found the local authority had been supportive and was working with them to improve the service.

● People had access to the community, for example on the day of our inspection visit several people went out in a hired bus to have a meal in a local restaurant. Prior to this people told us they were looking forward to it and on their return how much it had been enjoyed.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems had not been established to assess and monitor the service, and independently identify shortfalls and address them in a timely way. This placed people at risk of harm.