Briarmede Care Limited

Briarmede Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This was an unannounced inspection, which took place on the 27 January 2017, 28 February 2017 and 1 March 2017. Our last inspection report was published in October 2016. At that inspection we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the notification of incidents which must be reported to the Care Quality Commission (CQC), the lack of dignity and respect in the support provided to people, that prescribed creams were not managed safely and water outlets did not work effectively or at the correct temperature so that people's personal care needs were met safely and effectively. We also issued a warning notice requiring the provider to improve staffing levels within the home so that people were supported in a timely and effective manner.

We asked the provider to send us an action plan telling us what action they had taken to meet the regulations. This was provided. During this inspection we checked to see if the breaches in regulation had now been met. We found the provider had taken the necessary action to meet the regulations. However further breaches were identified during this inspection.

Briarmede Care Home offers accommodation and personal care for up to 32 older people. The home is situated on the main road which connects the towns of Middleton and Rochdale. There is a frequent bus service that passes the home and there is a car park to the rear. At the time of our inspection there were 25 people living at the home.

The service has a registered manager, who is supported in their role by the provider, operations manager and a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we identified breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Systems to demonstrate clear leadership and effective quality monitoring of the service were not in place to help protect people from the risks of unsafe or inappropriate care and support. Better opportunities could be provided for people and their relatives to comment on the service provided.

People's medicines were not always managed and administered in a way which ensured people received their prescribed medicines safely.

Clear assessments and management plans had not been put in place where risks to people's health and well-being had been identified.

The provider had not acted in accordance with the principles of the MCA where people were unable to consent to the care and support. Where people were being deprived of their liberty requests for authorisation had been made; these provide legal safeguards for people unable to make their own decisions.

Information in the care records was not complete and up to date to ensure consistent and appropriate care was delivered.

Required information and checks were not always completed when recruiting new staff ensuring their suitability to work at the home. People told us they felt safe and that there were adequate numbers of staff to meet their individual needs.

The lack of social and leisure opportunities did not promote people's autonomy, independence and community presence and consider their individual needs and preferences.

People told us that staff were polite and caring and responded to their requests for help. Staff spoken with were able to demonstrate a good understanding of the care and support that people required. Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed end of life care.

Suitable arrangements were in place to meet people's nutritional needs. Relevant advice and support had been sought where people had been assessed at nutritional risk.

Opportunities for staff training and development were in place. Staff had received training on identifying and responding to the signs and allegations of abuse. Staff spoken with said they felt supported in their role.

Suitable arrangements were in place in relation to fire safety and the servicing of equipment was undertaken so that people were kept safe. On-going improvements were being made to enhance the standard of accommodation and facilities provided for people.

Adequate arrangements were in place for reporting and responding to any complaints or concerns. People we spoke with said they would feel able to speak with staff if they had any concerns.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not always safe.

People's medicines were not managed and administered in a way that ensured people received their prescribed medicines safely.

Whilst the premises and equipment were adequately maintained. Clear assessments and management plans had not been put in place where risks to people's health and well-being had been identified.

Required information and checks were not always completed when recruiting new staff. People were cared for by sufficient numbers of staff who had received training on identifying and responding to allegations of abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

Care and treatment was provided without the consent of people who used the service. Where this was not possible the provider had not acted in accordance with the MCA. Applications to deprive people of their liberty had been requested so that people's rights were protected.

Opportunities for staff training and development were in place. Staff said they felt supported in carrying out their role.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed as being at nutritional risk.

Is the service caring?

Good

The service was caring.

People spoke positively about the polite and caring attitude of the staff. We saw staff cared for the people who used the service with dignity and respect and attended to their needs discreetly.

The staff showed they had a good understanding of the care and support that people required.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed end of life care.

Is the service responsive?

Inadequate

The service was not always responsive.

People were at risk of not receiving consistent and appropriate care as their care records were not up to date reflecting how their needs were to be met.

More social and leisure opportunities were needed to enable people to maintain their autonomy, independence and community presence to meet their individual needs and preferences.

Adequate arrangements were in place for reporting and responding to any complaints or concerns. People we spoke with said they would feel able to speak with staff if they had any concerns.

Is the service well-led?

Inadequate

The service was not always well-led.

Systems to demonstrate clear leadership and effective quality monitoring of the service were not in place to help protect people from the risks of unsafe or inappropriate care and support.

The service had a manager who was registered with the Care Quality Commission.

The provider had notified the CQC as required by legislation of all events, which occurred at the home with regards to the well-being of people.

Briarmede Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We were also following up on a warning notice which had been issued requiring the provider to improve staffing levels within the home so that people were supported in a timely and effective manner. We asked the provider to send us an action plan telling us what steps they had taken to meet the regulations. This was provided.

Prior to the inspection we contacted the Local Authority Commissioners and Rochdale Health watch to seek their views about the service. We also considered information we held about the service, such as notifications received from the registered manager and information from the local authority. We had been made aware by the local authority prior to the inspection of issues which had been raised as safeguarding concerns. These had been reviewed by commissioners.

We normally ask a provider to complete a 'Provider Information Record' (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and helps to inform some of the areas we look at during the inspection. This was not requested at the time of this inspection as the provider had submitted a PIR within the last 12 months as required by CQC.

On the 27 January 2017 a pharmacy inspector carried out an inspection of the medication system due to concerns that had been raised with us by the local authority. A continuation of the inspection took place on the 28 February and 1 March 2017. The inspection team comprised of two adult social care 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 service.

During the inspection we spent time speaking with six people who used the service, four visitors, a visiting health professional, two care staff, the cook, the deputy manager, operations manager, the registered manager and the provider.

As some of the people living at Briarmede Care Home were not able to clearly tell us about their experiences 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 also looked at the environment and the standard of accommodation offered to people as well as four care files, medication administration records (MARs), four staff recruitment files and training records as well as information about the management and conduct of the service.

Inadequate

Is the service safe?

Our findings

We asked people living at Briarmede Care Home if they felt safe and if their needs were met properly. People told us; "Yes I feel very safe now and much better, I need the company of other people", "I was very frightened at first, but I have settled quite well now", "Oh I feel very safe" and "I only feel safe with my door wedged open." People's visitors also told us they thought their relative or friend were safe and cared for.

During this inspection we looked at the whole system of medicine management within the home. Records showed that only the senior care staff who had received medication training were responsible for the management of the medicines. We found that medicines, including controlled drugs, were stored securely. The medicines in current use were kept in locked trolleys in a locked medicine room. One person we spoke with told us staff supported them with their medicines. They said, "Yes they come with my medicines at regular times".

We were told the medicine keys were always kept with the person responsible for the management of medicines. Ensuring that only authorised people have access to medicines helps to prevent them from being taken by people they were not prescribed for.

During the last inspection of July 2016 we found that the management and administration of prescribed skin creams needed improving to ensure that people received their creams safely and effectively. During an inspection of the medication system, undertaken by a pharmacist inspector on 27 January 2017, we found that prescribed skin creams were not stored safely and records in respect of the application of skin creams were either absent or incomplete.

During this inspection we found there had been some improvement in the way that prescribed skin creams were being recorded. We also saw that the provider was in the process of installing locked boxes in the bedrooms to ensure that the prescribed creams were securely stored. The provider informed us that it was their intention to keep the prescribed cream administration records within the locked boxes. This was to ensure that staff recorded the application of the creams immediately after being applied.

During our walk around the home however, we found that a tube of prescribed skin cream had been left in the person's bedroom instead of being stored in the medicine fridge as required. Medicines may spoil and not work properly if they are kept at the wrong temperature.

At the pharmacy inspection of 27 January 2017 we also found that information was not in place to guide staff when they had to administer medicines that had been prescribed as 'when required' and records for medicines received and no longer needed were not always in place. During this inspection we again found that guidance (protocols) for 'when required' medicines prescribed were either not in place or were not detailed enough. If information is not available to guide staff about 'when required' medicines need to be given, people could be at risk of not having their medicines when they actually need them.

Arrangements were in place to order new medicines and to return medicines that were no longer needed.

We did see however, that medicines that were no longer needed were kept in an open container in a locked room. The container must be closed and tamper-proof. Medicines no longer required need to be securely stored to prevent them from being in the possession of people they were not prescribed for.

At the pharmacy inspection we identified there was no date of opening on some of the bottles of eye drops that had been opened. Eye drops must be discarded within 28 days of opening to reduce the risk of any infection to the eyes. During this inspection we found the date of opening was written on the eye drop containers when they had been opened.

It was identified during the pharmacy inspection that staff were not documenting on the medicines administration records (MARs) if people had allergies to any medications. During this inspection we saw that in some instances stickers were attached to the laminated front sheet of the MARs to indicate if a person had an allergy. Some of the stickers were peeling off and therefore at risk of being lost. We discussed with the senior care staff the need to ensure the information about allergies was permanently documented.

Several of the MARs that we looked at showed there were handwritten prescriptions that had been signed by the care staff member who had transcribed them but not checked by another care staff member to ensure their accuracy. If checks are not made on the accuracy of handwritten entries then people may be given incorrect doses and/or incorrect medication. We found that medicines were not managed safely and this was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw policies and procedures were available to guide staff in safeguarding people from abuse. We were told that staff had recently completed training in safeguarding. This was confirmed on the records we examined. This training is important so that staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected. Staff spoken with said if they had any issues or concerns they would report it. One staff member commented, "If I felt I needed to whistle-blow I would go to the people I trust."

Prior to this inspection we were informed by the local authority of safeguarding concerns involving four people and how their medication was being managed. At our pharmacy inspection in 27 January 2017, we also identified two further concerns and asked the registered manager to alert the local authority of these in line with the procedures. The registered manager confirmed these had been verbally reported the day following the pharmacy inspection.

Following the pharmacy inspection of 27 January we wrote to the provider expressing our concerns. We requested action be taken to ensure staff responsible for the administration of medicines were suitably trained and competent to do so, that a full audit was of the system be undertaken by someone suitably qualified to do so and that clarification was sought in relation to two people's medication with their GP. The provider sent us a plan detailing what action they were to take. Immediate clarification was sought with regards to the medication queries. The registered manager told us staff had completed medication training on the 6 February 2017 and that an independent audit was undertaken on the 24 February 2017, however there was no report available at the time of our inspection. We were told that there had been a delay in completing competency assessments due to the training provider. These had been scheduled for completion on the 6 and 7 March 2017.

We found that areas of risk to people's health and well-being had been identified, such as poor nutrition, falls and the risk of developing pressure ulcers. However, inspection of three of the care files of people who had difficulty swallowing showed there were no assessments in place to identify they were at risk of choking.

On a fourth care file we saw this person had a specific medical condition. However there was no assessment or plan to guide staff about what to do in the event the person became unwell. This placed the health and welfare of people at risk of harm.
We found this was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we checked to see if robust recruitment procedures were in place. We asked the registered manager for a copy of the recruitment policy however this could not be located. We asked for this to be forwarded to us following the inspection. This was not received. We reviewed the personnel files for four staff employed since the last inspection. The staff files included an application form, written references and proof of identity. We noted on two files gaps in employment had not been explored. On all four files interview records did not clearly demonstrate the skills and abilities of applicants. A score sheet had been used on only one of the four files and did not evidence how the decision about their suitability for the position had been made. We also found that written references were not addressed to the home and had not been verified to check there authenticity. A number of records were also undated. Robust recruitment procedures need to be followed so that only suitable candidates are offered employment at the home to help ensure people are kept safe. This meant there was a breach of Regulation 19(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On three of the four files we found evidence that checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. On the second day of the inspection the registered manager provided evidence to show that a DBS check had been completed for the fourth member of staff.

At our last inspection we found that staffing arrangements did not meet the current and changing needs of people ensuring they received a good standard of care in a timely manner. We issued the provider with a warning notice requiring them to make improvements. Following the inspection we were sent information to show that further staff appointments had been made. This was reviewed during this inspection. We found that care staffing levels had been increased throughout the day and included two apprentices. We were told that the apprentice worked on opposite shifts and were supported by experienced members of staff. This was reflected on the staff rotas. This meant in addition to the management team there was a senior care worker and four care staff on duty throughout the day.

The provider had also employed a laundry assistant on a part time basis and recruitment was taking place for a new activity worker. The service also had designated kitchen and domestic staff available throughout the week. From our observations we found that sufficient numbers of staff were available to support people living at Briarmede Care Home. One staff member we spoke with commented, "Staffing is not too bad."

We asked people if they felt staff responded to their requests for help in a prompt manner. People told us, "Yes the staff come right away" and "More or less straight away." A third person told us "My call button on the wall has been broken for many months. They have given me a temporary one." This person was concerned however that staff would not always hear them calling depending on where they were in the building. From our observations we saw this person call for assistance. However, it took staff approximately 15 minutes for staff to respond. We discussed this with the provider who told us they were aware improvements were needed and that they had been looking into purchasing a new system.

During our last inspection we found that water outlets were in poor working order. It was noted that that people had not had access to hot water that had been maintained to an adequate safe temperature, for a

period of at least two months. Records showed that checks in several rooms had no water flow, outlets in some areas recorded high temperatures and mixer valves had failed. Immediately following our inspection, on the 28 July 2016, we wrote to the provider expressing our concerns and requiring them to tell us what immediate action they were going to take to ensure water outlets worked effectively and at the correct temperature so that people's personal care needs were met effectively. The provider sent us a plan of action to be taken to address the concerns raised. During this inspection we checked the water output in several bedrooms, toilets and bathrooms. We found that water was available and maintained to a safe temperature.

During the inspection we spent some time looking at hygiene standards throughout the home. We saw and rota's showed that designated domestic and laundry staff were available throughout the week. People spoken with all agreed the home was kept clean.

We saw sufficient supplies of protective clothing, such as; disposable gloves and aprons were available. Staff were seen to wear them when carrying out personal care duties or assisting at meal time. Liquid soap and paper towels were available in bedrooms, bathrooms and toilets where personal care was provided. We also saw yellow 'tiger' bags were used for the management of clinical waste and red bags were used for soiled items sent to the laundry. We looked at the laundry; items previously stored in the laundry had been removed and all equipment was found to be in working order.

We saw records to show that audits were completed to check hygiene standards within the home. Audits identified that daily cleaning records were not always completed by domestic staff to evidence the work carried out. A check of records kept in the toilets showed these had not been kept up to date and were last completed on the 16 February 2017. This was raised with the registered manager.

Suitable arrangements were in place with regards to dealing with emergencies. The home had a contingency plan, which provided clear information and relevant contact details for agencies that may be needed. We found an up to date risk assessment had been completed and regular internal checks were carried out to the fire alarm, exits and extinguishers. We saw personal emergency evacuation plans (PEEPs) were in place for each person living at the home. This information helps to assist the emergency services in the event of an emergency arising, such as fire.

Records showed that equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions were seen. These included checks to the gas safety, small electrical appliances and hoisting equipment. We asked to see the current 5 year electric circuit check as this was not available at our last inspection. We were shown a full check had been carried in August 2016 following our last visit. Several areas of immediate and urgent action had been identified. We asked for confirmation this work had been completed. We were told by the provider that this had yet to be done. We advised this must be completed without further delay. At the time of writing this report we received confirmation from the provider that the outstanding work had been completed. This helps to ensure everybody living, working and visiting the home are kept safe.

At our last inspection we saw that windows had not been fitted with restrictors to ensure the safety of people who used the service. We raised this with the provider during the inspection who said this would be addressed as a matter of urgency. During this inspection we spent time looking around the environment. We saw that all windows on both the ground and first floors had been fitted with restrictors. We did however discuss the safety of people accessing the first floor balcony due a low level railing. The provider told us that this had already been identified as an area which needed additional safety. The provider agreed for the area to be restricted until such time suitable arrangements had been made to ensure people were kept safe.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw information to show that applications to deprive people of their liberty had been made to the relevant supervisory body (local authority). These had been made for 17 of the 25 people living at Briarmede Care Home. Applications for 15 people had yet to be authorised or renewed by the supervisory body.

Policies and procedures were in place with regards to MCA and DoLS. Training was also planned for all staff as part of the annual training programme. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded. It should also help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure that they are looked after properly and are kept safe.

During the inspection we were made aware of two current issues involving people living at the home. Best interest meetings had been arranged with relevant parties including the person concerned, staff from the home, a social worker and a relative or independent mental capacity advocate (IMCA). These meetings help ensure the persons wishes and preferences are discussed and considered as part of the decision making process. This helps to ensure that any decisions made are in the person's 'best interest'.

We asked the registered manager and operations manager how they had determined an application to deprive a person of their liberty was required. We were told the decision made was based on their knowledge of the person. This meant the first principle of assuming capacity unless evidenced otherwise had not been adhered to. Furthermore there was no information in people's care records about their mental capacity and the restrictions in place. For those people able to make decisions for themselves there was no evidence within care records to show they had been involved and consulted in planning their care and support. Care and treatment must be provided with the consent of the person. Where this is not possible the provider must act in accordance with the MCA. This was a breach of Regulation 11(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we looked at how staff were supported to develop their knowledge and skills. We saw the programme of induction included the completion of DVD training followed by the completion of a

questionnaire. The registered manager told us they delivered the training and reviewed staff responses to check their knowledge and understanding. However there was no evidence of this on file. The registered manager told us that as part of the new training package being introduced this would include the Care Certificate. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare staff, particularly those new to care work, in carrying out their role and responsibilities effectively.

We were told that new staff were provided with additional support on commencing employment to ensure they understood their role and what was expected of them. Staff we spoke with told us, "Yes they covered everything and I was supervised for the first two weeks" and "When I started I was supported for two weeks."

We saw opportunities were provided for staff to discuss their work on an individual and group basis. Staff told us occasional team meetings had been held. Adding; "Staff meetings are usually every three months" and "They are not held regularly enough." The registered manager also said that supervisions were held on a three monthly basis and were facilitated by members of the management team. These meetings enable staff to talk about their work and any training needs they may have. Records seen confirmed what we had been told.

At the last inspection we identified that areas of training in nutrition, MCA and DoLS and dignity in care had yet to be completed by staff. The provider was exploring training opportunities, which they anticipated would address the areas of training needed. During this inspection we were told that an annual programme of training had been sourced and was being rolled out to all staff. Recent training had included safeguarding adults, moving and handling and dementia awareness. A calendar of training was seen for the rest of the year and included MCA and DoLS, health and safety, infection control, fire safety, person centred care, nutrition, end of life and equality and diversity. The manager and several care staff were also completing training in the 'End of life passport' supported by the local hospice, which involves the care and support of people at the end of their life.

We looked to see if people were provided with a choice of food and drink to ensure their health care needs were met. People we spoke with had a mixed response to the meals provided. We were told, "I like the food but can't eat a lot of meat", "I'm not happy with the food, it could be much better. I also seem to miss out on the mid-morning or afternoon drinks. When I ask for a drink this is not always possible due to staffing" and "I don't like the food, no fruit and I always have to ask my family to bring me some."

During the inspection on the 28 February and 1 March we spent time observing the lunch time period. We saw that people were assisted to the dining tables from 11:30am. However meals were not served until approximately 12:30pm. We saw three members of staff assist with serving meals, whilst a fourth member of staff assisted a person with their meal. Liquid refreshments were served at the beginning of meals.

We asked to see the menus to check if they were varied and if people had a choice. No menus were available. We were told that ready prepared meals were provided for the main meal at lunchtime by a company that specialised in providing varied and nutritionally balanced frozen meals. The company was also able to provide any special diets that people required.

The chef told us that the frozen ready-prepared lunchtime meals were provided on a monthly basis and there was a choice of main meal and dessert. We looked at the freezer in the kitchen and saw the stock of meals that were in place.

A representative from the company was in the home on one of the inspection days. They showed us the four week menu that was in place and told us they would be holding a 'plate presentation day' and resident tasting event later in the month. We were told they would then be changing the menu for some new dishes.

We asked the chef to tell us how people knew what was being served and how they were able to choose what they wanted. We were told that people were told before each meal what was available and asked what they would like as the meals were being served.

We were told that people had mainly cereals, porridge and toast for breakfast but could also have a cooked breakfast if they wished. The chef informed us that a lighter meal that cooked by the home's chef was served in the evening and that there was always a choice. We discussed with the chef the necessity to have a menu to help evidence that the evening meals were nutritionally balanced and not repetitive. One person we spoke with complained that they had sausages on seventeen occasions over a period of three weeks. Following the inspection the registered manager advised us that meal records had been reviewed for the three weeks prior to the inspection. These identified that sausages had been served on only two occasions.

We looked at the kitchen and food storage areas and saw good stocks of frozen and dry foods were available. We saw that, apart from a small bunch of grapes in the fridge, there was no other fresh fruit available. We asked one of the care staff to tell us how and when fresh fruit was given out to people. We were told it was given chopped up and taken out on the tea trolley normally once a week. We discussed this lack of fresh fruit provision with management who told us they felt it was more often than that but they would look at ensuring people received fresh fruit regularly.

Staff told us that the kitchen was always open and food was available 'out of hours'.

A discussion with the chef showed that, although they had received no specific training in relation to special diets, they knew what constituted the special diets that people needed.

We had previously identified that a food hygiene inspection had been undertaken in January 2016. The home had been rated a '3', with areas of improvement identified. During this inspection we were told that the service had been re-inspected by food hygiene team to check that the work required had been completed.

Records we looked at showed that following each meal staff completed records for the people who required monitoring of their food and fluid intake. We noted on the records for one person that information did not provide sufficient detail to monitor the person's intake, for example, evening meal stated 'pureed diet' or breakfast stated 'Weetabix'. However this did not specify what was served or the amount eaten. Without this information it was difficult to monitor the person's diet fully.

The care records showed that people had access to external healthcare professionals, such as district nurses, speech and language therapists, opticians, chiropodists and dentists.

During the inspection we spoke with a visiting district nurse. They told us they had no concerns about the care provided for the people whom they also cared for. They told us they felt the staff were pro-active in seeking advice from the district nurses and they were good at following guidance and instructions about people's care.

A visitor said they were not always kept informed about their relative's appointments. They gave us an example whereby they were informed the afternoon of the inspection of an appointment the following day,

although the letter was dated the 31 January 2017.

Briarmede Care Home is able to accommodate up to 32 people. Bedrooms are provided on the ground and first floor and accessible by a small passenger lift. People have access to a large open plan lounge/ dining room on the ground floor. Some of the bedrooms we looked had been personalised with belongings from home. Plans were in place to refurbish all areas of the home.

Good

Is the service caring?

Our findings

All the people we spoke with were happy living at Briarmede Care home and the care they received. People told us, "Staff are lovely and they do care for me", "I do get frightened that is why I leave my door open all the time, so that they won't forget me" and "I love it here."

People's visitors were asked if they felt their relative or friend was cared for properly. One person said, "Yes I do by and large". Other comments included, "Treated like a human being", "Always made welcome", "Staff are so good", "Things always get sorted", "Absolutely no issues with care", "A good set up" and "All brilliant."

Some of the people living at Briarmede were not able to tell us about their experiences. Therefore we spent some time observing how staff interacted and supported people. Staff were polite and friendly and supported people in a relax manner. It was evident that staff had a good understanding of people's individual needs and wishes. One staff member we spoke with said, "You have to know your people and look at their care plans."

Staff told us they encouraged people to maintain their independence, such as, encouragement to walk independently with the use of walking aids where necessary or addressing their own personal hygiene. We saw that suitable aids and adaptations were fitted throughout including handrails, assisted bathing, raised toilet seats and grab rails. One staff member told us, "I encourage residents to walk where possible." Whilst another said they would move all obstacles out of people's way to reduce any risks. This helped to promote people's independence and keep them safe.

At our last inspection we received some negative comments about the management of people's laundry. People told us that items went missing and that some items could not be worn as they were very creased and the home did not provide ironing. During this inspection we were told that a part time laundry assistant had been employed and that ironing was now provided. Ironing equipment was seen in the laundry. We saw people were clean and tidy and appropriately dressed. Where necessary people were assisted to change their clothing if they were soiled. This helped to maintain people's dignity.

We again spent time looking around the home including a number of bedrooms. We saw that some people had personalised their bedrooms with belongings from home. There were a small number of people who wished to spend their time in the privacy of their own room, this was respected.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told about The Palliative Care Education Passport training that had been undertaken by five of the care staff members.

This training had been developed by the education staff at the local hospice. The programme was developed to assist care homes within the region to deliver quality end of life care. The training accredits the actual care worker rather than the organisation they work for so when staff changed their employment they took their skills, knowledge and accreditation with them. The Palliative Care Education Passport training

enables staff to recognise and meet the physical, emotional and spiritual needs of the dying person and their family.

We were told and saw people's records were stored securely in lockable cabinets in the hallway. This meant information was easily accessible to staff whilst ensuing confidentiality was maintained.

Inadequate

Is the service responsive?

Our findings

We looked at the care records for four people. The care plans were not 'person-centred' as they did not always reflect the individual's care needs and preferences in relation to the care and support people required and needed.

This was particularly evident in the care record of a person who had a medical condition that could result in a sudden medical emergency arising. Although there was a risk assessment in place for this condition, there was no guidance for staff on the care and treatment required if an emergency occurred.

The individual care records of two people who also had a medical condition that could result in an emergency arising did not contain information to guide staff on what to look for to enable them to lessen or prevent a more serious emergency occurring.

To reduce the risk of people receiving unsafe or inappropriate care, information must be in place to guide staff in the care and treatment required in an emergency. We found this was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there was inadequate information in one of the care records of a person who had been prescribed thickeners. Thickeners are added to drinks, and sometimes food, for people who have difficulty swallowing. Although we saw there was a list attached to the 'tea trolley' that identified how many scoops of thickener were to be added to the given amount of fluid, the person's care record did not document this information. There was therefore no evidence to show if what had been written on the list was accurate. This could place people at risk of harm as they could be given the wrong amount of thickener, which could cause them to choke.

We saw that the care records were reviewed regularly. A review is when a care record or risk assessment is checked regularly by staff so that any change in a person's needs can be identified and the appropriate action taken where necessary.

A review of one person's care records however was inaccurate. A body map showed that on two dates at the beginning of December 2016 the person had a pressure ulcer. There was no reference to the presence of the pressure ulcer in the late December 2016 review of their care. There was no information to show whether the pressure ulcer had deteriorated or improved or was even present.

To ensure care is consistent and appropriate, information in the care records must be up to date. Failing to develop care plans so that people's needs are identified and met is a breach of Regulation 9(3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked again at what opportunities were made available to people offering variety to their day. At the time of the last inspection the home employed an activity worker however they had since left employment. A further appointment had also been unsuccessful. The registered manager told us that a new appointment

had been made. However they had yet to commence as recruitment checks were being completed, therefore no programme of activities were being provided.

We spent time speaking with six people about how they spent their day and observed people's routines. We saw that people were able to move around the home freely spending time in communal areas as well as the privacy of their own rooms. From our observations we saw that people spent their time either watching television or sleeping in the chair. People we spoke with told us, "I used to do painting but it has stopped now", "They used to have activities but it's all stopped", "They used to have a good activities person" and "It's boring." We did observe one staff member spending time chatting with people briefly. Another staff member said they rarely had time to spend with people as they were too busy.

We were told that those people able to access the community independently were encouraged to do so. However there had been little opportunity for those who required support.

At the last inspection we were told that opportunities for people to meet their religious and cultural needs were being explored. We were told that no progress had been made in this area due to the activity worker leaving.

People who use the service should be offered support to maintain their autonomy, independence and community presence to meet their individual needs and preferences. This meant this was a breach of Regulation 10(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at what information was made available to people and visitors should they wish to raise any complaints or concerns. At our last inspection we identified that information was not easily accessible to people. We were told that due to redecoration information had been removed from the reception area. During this inspection we found no complaints procedure displayed. We asked the registered manager how people were aware of the procedure. We were told that information was available in people's rooms. We did not see information in the rooms we looked at. However people we spoke with told us, "Yes I know who to speak to", "I would now what to do" and "Yes I am confident to report it." We looked at what records were completed when people raised any issues or concerns. We saw a complaints and compliments log in place. No complaints had been received since the last inspection.

Inadequate

Is the service well-led?

Our findings

The home had a manager in place that was registered with the Care Quality Commission (CQC). They were supported by the operations manager and a deputy manager, who had been appointed following the last inspection.

We looked at how the registered manager ensured legal requirements were met. We found that, tasks were delegated across the management team. For example the deputy manager took responsibility for overseeing the day to day care, supporting staff, updating care records and liaising with social and health care professionals. Whilst the operations manager offered support in developing people's care records as well as completing audits and overseeing staff training and development. Whilst the registered manager may delegate tasks to others it remains their responsibility to ensure that effective systems are in place to demonstrate clear oversight and accountability of the service.

We asked people their views about the management and conduct of the service. Overall people told us they could speak with any member of the management should they need too. One person described the manager as, "A good man." Other comments included, "I would recommend it" and "All members of the team are good." However one visitor we spoke with expressed their concerns about the management of the service. Adding, "It is not particularly well led. I can speak to the deputy manager better than the manager."

During this inspection we looked at how the registered manager assessed, monitored and improved the quality and safety of the service. We were told and records showed some checks were delegated to members of the management team. We saw that audits were completed on a monthly basis with regards to infection control, the kitchen and environmental health. It was noted on the infection control audit that up to date records were not in place to evidence the cleaning of toilets. During this inspection we found this action had not been addressed as records seen were not up to date having last been completed on the 16 February 2016.

We found that more robust checks were not in place in other areas such as staff recruitment files, medication and care records. We saw the last recorded audit to the medication systems was completed in December 2016. The registered manager told us they had completed a more recent audit however evidence of this was not provided. We also saw that an audit of eight care plans had been completed in July 2016 and October 2016. However no further progress had been made. When asked, the registered manager told us that care plan audits would be completed on an annual basis. This did not ensure information recorded by care staff was adequately checked making sure information was accurate, up to date and complete so that people's current needs were planned for. Without clear monitoring and oversight by the registered manager there was no assurance that improvements to continually enhance the service would be made.

At the previous inspection we saw information to show that the registered manager completed weekly reports, which were sent to the provider. However these had been discontinued as this was felt unnecessary due to the provider visiting the service several times a week. We had also previously discussed with the registered manager about emergency information being made easily accessible should an incident arise. We

were told this would be addressed following the last inspection. During this inspection we noted no action had been taken.

We looked at what opportunities were provided for people and their relatives to comments about their experiences. We were told that feedback surveys had recently been distributed. However there had been a poor response. We were told at this present time meetings involving people who used the service and their relatives were not held. It was anticipated these would be put in place by the new activity worker. This was confirmed by two people we spoke with who said, "There are no residents meetings that I know of" and "I am not aware of any meetings".

Staff also had an opportunity to discuss any issues or ideas about the service through their team meetings and individual supervision meetings. However one staff member felt that more team meetings could be held.

Systems to demonstrate clear leadership and effective quality monitoring of the service were not in place to help protect people from the risks of unsafe or inappropriate care and support. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During this inspection it was noted that information requested was not always easily located. Information was either held in paper form or electronically on the computer or phones, with some items being held at head office. We discussed with the registered manager and provider about having more effective systems in place so that information was easy to locate when needed.

Policies and procedures were in place to inform and guide staff on their practice. These were reviewed by the operations manager on an annual basis to check that information was current. We were told that a 'policy of the week' had been introduced, whereby staff were expected to read and sign to show they had read and understood the procedure in place. Evidence of this was seen.

As part of this inspection we contacted the local authority commissioning team. We had previously been advised of concerns identified following a commissioning visit. The provider was cooperating with the local authority to address the issues identified.

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us.

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 9 HSCA RA Regulations 2014 Person-centred care Information in the care records was not complete and up to date to ensure consistent and appropriate care was delivered. Regulation 9(3) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People who use the service were not offered support to maintain their autonomy, independence and community presence to meet their individual needs and preferences. Regulation 10(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the principles of the MCA where people were unable to consent to the care and support. Regulation 11(1)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always managed and administered in a way which ensured that received their prescribed medicines safely. Regulation 12 (2) (g)

Clear assessments and management plans had not been put in place where risks to people's health and well-being had been identified. Regulation 12 (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to demonstrate clear leadership and effective quality monitoring of the service were not in place to help protect people from the risks of unsafe or inappropriate care and support. Better opportunities could be provided for people and their relatives to comment on the service provided. Regulation 17(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Required information and checks were not always completed when recruiting new staff ensuring their suitability to work at the home. Regulation 19(1)(2)