

Masterpalm Properties Limited

Brierfields

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection visit took place on 4 December 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

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

Brierfields is a single storey care home in Failsworth, Oldham It is registered to provide care and support for up to 37 people. At the time of our inspection there were 32 older people living at the home some of whom were living with dementia. All bedrooms are single occupancy and have an en suite toilet and sink. There are two enclosed garden areas, one of which is accessible to wheelchair users. Car parking is available within the grounds.

We last inspected Brierfields in October 2017 and identified two breaches of the of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 12 in relation to medicines management and Regulation 17 in relation to good governance.

In October 2017 We also identified a breach of Regulation 18 Registrations Regulations 2009, Notifications of other incidents. This was because the provider had failed to notify the Care Quality Commission of authorised Deprivation of Liberty Safeguards. We rated the service overall as 'requires improvement'. The service had received an overall rating of 'requires improvement' at inspections carried out in February 2017 and October 2017.

At this inspection we found that the service had improved in some areas however, we identified that medicines were not consistently managed safely. This was a continued breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of this report.

We recommend that the provider carry out a full review of their medicines audit process to ensure systems are robust.

There was a registered manager in place. 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.

Staff knew people's care needs, preferences, personal histories and backgrounds. People said staff protected their privacy and their dignity was respected. People were supported to remain independent.

People said staff treated them with kindness and compassion. Comments included, "I am happy and settled here, the staff are good, we get everything we need" and "[Registered manager] is hands on and knows everyone well."

People received care from staff who were appropriately trained to effectively carry out their job roles. People were supported to have maximum choice and control of their lives. The service acted in accordance with the Mental Capacity Act (2005).

Appropriate health and safety checks had been carried out on the building and the home was clean and well maintained. We saw that infection control measures were becoming embedded and the manager completed a full health and safety audit every month.

Accidents and incidents had been appropriately recorded and monitored and risk assessments were in place for people who used the service and staff.

People's nutritional needs were met and they were supported to maintain good health and receive ongoing healthcare support.

Staff were aware of their responsibilities to safeguard people from abuse. Safe recruitment practices were in place and the service followed national and local safeguarding guidance.

There were sufficient staff to care for people. Risks to people's safety were assessed.

Care records written in a positive and respectful way we found that plans provided guidance on how to support people.

Brierfields had arrangements in place to receive feedback from people that used the service, their relatives, external stakeholders and staff members about the services provided.

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 consistently safe.

Medicines were not always managed safely.

Staff understood safeguarding processes.

People told us that they felt safe and there were enough staff to meet their needs.

There was an effective system in place for the recruitment of staff.

Is the service effective?

Good 

The service has improved and was effective.

Staff members felt supported and had regular one to one meetings with the manager.

Capacity and consent issues were considered, and where people were deprived of their liberty the correct authorisation had been applied for.

There was effective liaison with health care professionals.

People were given a nutritious diet and said the food provided at the service was good quality.

Is the service caring?

Good 

The service was good.

Staff treated people in a caring and compassionate manner.

Staff spoke kindly about the people they supported.

People's privacy and dignity was respected, and personal information was securely stored.

People and relatives were confident staff treated people well.

Is the service responsive?

Good 

The service was good.

The service had systems in place for receiving, handling and responding appropriately to complaints.

Care plans reflected people's needs and how they would like their care to be delivered.

People were encouraged to voice their opinions about the quality of the service, and their views were taken into consideration.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Systems to monitor the quality of the service failed to identify inadequacies in medicines management.

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

The registered manager and provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Brierfields

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.

This unannounced inspection was conducted by two adult social care inspectors on the 4 December 2018.

Before this inspection, we reviewed notifications that we had received from and about the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, and tells us what the service does well and the improvements they plan to make. We used this information to help plan the inspection. We also checked with the local authority commissioning and safeguarding teams. The service was awaiting the outcome of one safeguarding investigation at the time of the inspection visit. No other concerns were raised relating to the service provided at Brierfields.

We spoke with four people who used the service, four relatives, the registered manager, the cook, the activities coordinator and five care staff members. We also spoke with two health and social care professionals that visited the service during the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

We reviewed care records and risk management plans for four people who lived at the service, and checked other records relating to people's support plans which included medicines administration records to ensure these were accurate and completed correctly. We looked at a range of staff files and the training records to ensure that staff were recruited safely and were trained to carry out their roles effectively. We also reviewed additional information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People told us they felt safe at the service. When we asked people if they felt safe at the home they replied, "Yes absolutely, the home is secure,"; "I feel safe yes, the doors are kept locked so people can't get in without being met at the door" and "The staff are trustworthy and keep an eye on things."

We saw that the home was secure. The entrance was kept locked and people could not enter the building without being let in by a member of staff. There was a 'signing in' book. This ensured staff were aware of who was in the building at any time. Areas where it was not safe for people to enter, such as cleaning cupboards where chemicals were stored, were kept locked.

At the last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the failure to manage medicines safely.

At this inspection we identified several concerns with the management of medicines; handwritten medication administration charts (MARS) were not always clear, completed or countersigned by two staff members in line with safe medication protocol. This increased the likelihood of errors being made when administering medicines.

The NICE guidance 'Managing Medicines in Care Homes' states; "Care home providers should ensure that a new, hand-written medicines administration record is produced only in exceptional circumstances and is created by a member of care home staff with the training and skills for managing medicines and designated responsibility for medicines in the care home. The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used." However, we found there was not a system in place to ensure service users medication details were verified for accuracy.

We also identified various anomalies in medication records; individualised protocols were not always in place for 'as required' medicines to ensure these were given appropriate for pain relief; care plans did not always match the information shown on the MARS and we found that one person's medication had been stopped by their doctor, however the MARS had not been updated to reflect this.

These shortfalls in medicines management demonstrate a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We invited the provider to meet with us to discuss these findings and decide what action to take next.

We saw from training records and staff files that staff had received safeguarding training. Staff had policies and procedures available to report safeguarding issues and used the local social services department's adult abuse procedures to follow local guidance. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistleblowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. Staff we spoke with said, "I would pass any concerns on immediately." and "I'm

confident that any concerns would be reported." This showed staff would respond to any incidents of abuse. The service had a system in place for passing concerns to the local authority.

The service carried out environmental safety checks of the fire safety equipment, fire alarms, electrical appliances and hoists. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency. The service had recently had a new fire alarm system installed and staff were trained in fire safety. The emergency lights were tested as required. There were contingency plans in place in the event of a fire or need to evacuate the premises. The temperature of hot water was checked to ensure it was hot enough to combat risks of legionella and a suitable legionella risk assessment had been completed.

Each person's care records included risk assessments and care plans to mitigate these risks. These included the risks of falls and moving and handling assessments with guidance on how staff supported people to mobilise safely. Care records showed risks regarding pressure areas to people's skin were assessed thoroughly. Specialist equipment was provided, where needed, such as air flow mattresses and pressure mats to alert staff should someone get out of bed and require support.

Risks of choking on food where people had difficulties swallowing were assessed and referrals made to the speech and language therapist (SALT) for assessment and advice. There was a care plan for managing these risks and we saw the cook followed procedures to ensure people received pureed food where this was needed.

Where accidents or incidents had occurred, there was an evaluation review and an action plan implemented to reduce the risk of a reoccurrence. The service also referred all accidents to the local authority for monitoring purposes.

Staff were recruited safely and full employment checks were carried out before staff started work at the service. We looked at three staff files. They contained the required documentation including an application form, interview questions and answers, references which had been validated and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

The service provided sufficient staff to meet people's needs. We based this judgement on our observations and what people and their relatives told us. Staff also said there was enough staff to meet people's needs. The staff rota showed at least five care staff on duty during the day plus the registered manager. Night time cover consisted of three waking night staff. The registered manager was on call 24 hours to support staff. The service also employed two cooks and a housekeeper.

The home was clean. There were no offensive odours. Staff wore protective aprons and gloves to control the risk of infection. People told us the home was kept clean and tidy. The service had an infection control audit carried out by the local authority in August 2018 which indicated the home had improved in certain areas since the previous assessment. A visiting health and social care professional told us, "The home always looks hygienic and tidy and smells a lot fresher with the new flooring down."

Is the service effective?

Our findings

People said they felt supported by staff who understood their needs. A relative told us, "The staff really helped [relative] to settle, they have kept me updated with their progress, I'm happy with everything." People looked comfortable and at ease with staff and each other and we observed positive interactions between people, relatives and staff throughout the inspection.

People's support needs were assessed prior to using the service. A relative told us, "Someone came to see me to find out what support [relative] needed. I feel like we've had help with the transition." We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, preferences and interests. This information included the person's support needs and their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them.

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.

Some people living at the home were able to make decisions about their own care and support. Where decisions were made on behalf of people who were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS and to report on what we find. DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

At our last inspection we found that the CQC had not been notified about the four DoLS authorisations. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4). Notification of other incidents.

At this inspection we found that the registered manager had informed us about all DoLS authorisations and was now compliant with this regulation.

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs and we saw training records that showed staff engaged in a range of learning opportunities.

Newly appointed staff received an induction to prepare them for their job and this involved an assessment

of their competency to work effectively and safely with people.

Staff told us they felt well supported and we saw that staff had regular supervisions and were invited to team meetings. At a team meeting in October 2018 discussions had taken place regarding infection control, the redecoration of the home and the quality of the food.

We saw that staff communicated well with each other and passed on information in a timely fashion. All staff attended a handover meeting at the start and finish of each shift. This helped to ensure that staff were given an update on a person's condition and behaviour and ensured that any change in their condition had been properly communicated and understood. Staff shared information about individual people who used the service and tasks were delegated appropriately.

People told us they liked the food and that there was a choice. One person told us, "There is a range of food available and it's all lovely and homemade." People's nutritional needs were assessed. People were asked what they wanted to eat daily. The cooks ensured people with dietary needs received the correct meals. Meals were home cooked and fresh fruit and vegetables were provided. Snacks were made available day and night.

The Malnutrition Universal Screening Tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. This helped identify the level of risk and appropriate preventative measures. Fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts were well completed and analysed, which showed staff were effectively monitoring people's intake and taking action, as required. This information was collated and analysed using the electronic monitoring system. The cook showed a thorough knowledge of people's likes and dislikes and various dietary requirements.

We saw people had access to a range of external healthcare professionals. One person said, "If I feel poorly they always get the doctor or nurse out to me." The service had good links with people's GP's and other specialists such as dietitians and speech and language therapists.

A visiting health and social care professional told us, "I've no concerns with the care at Brierfields, staff report any concerns they have about people to me quickly and they complete any monitoring forms I request. Staff seem to know people really well and appear open and honest when discussing people's needs with me."

The home's environment had improved since the last inspection and redecoration was ongoing. People were using a large lounge area that had previously stood empty. We noted that the atmosphere was calm and pleasant and people had a safe uncluttered space to move around freely. New flooring had been fitted to the dining area and the layout of the furniture allowed people to sit with their visitors or in small groups.

Is the service caring?

Our findings

People and their relatives commented on the kindness and compassion of the staff. For example, when we asked one person if they got on well with the staff they replied, "You always get on with some staff better than others, but generally they are all ok." A relative told us, "They really care for [relative]. We are more than satisfied with the care here so far." Another relative said, "I've no concerns, the staff are lovely."

We observed staff speaking to people kindly and with respect. Staff knocked on people's bedroom doors and waited for a response before entering, which promoted people's privacy. One person said, "The staff are always considerate of my needs."

Staff were aware of the need to treat people equally irrespective of age or disability or race. Staff had attended training in equality, diversity and inclusion.

A relative said they were always made welcome, "I am always made to feel welcome when I visit and I come most days, you can just go and make drinks when you like." Another relative said, "They are great, they even offer me a meal if I'm visiting at that time." We saw staff welcome visitors into the home. We observed visitors came and went as they liked.

One person told us, "I still do what I can for myself and the carers just help me with fiddly bits." We saw that people's abilities and preferences were documented in their care files to ensure that their independence was promoted.

Care plans showed people were involved in decisions about their care. People said they were able to exercise choice in how they spent their time, in the meals they ate and the times they received personal care. One person told us, "I can choose what time I get up and go to bed. Staff come to help when they are available, I never have to wait too long."

We saw people were well presented and dressed appropriately for the weather and looked well cared for. This showed that staff were attentive to people's needs and preferences.

Bedrooms were individually decorated and contained people's own personal possessions such as family photographs. Some people chose to spend time in their rooms, but were invited to join any activities or events that were happening.

We saw that staff knew people well. People's known communication methods were used to determine what it was people wanted but we also saw that where people did not communicate verbally staff appeared to know what the person wanted or waited for a response from the person to see their reaction. We saw a care plan that explained that staff should observe body language and other cues to determine a person's mood. This helped ensure that people received the care they wanted.

All the records we asked to look at were stored securely. Staff received training in information management

and confidentiality which ensured information would only be shared with people who needed to know people's personal details.

A new service user guide included information about the service and details on how the service could help people find an advocate should one be required. Each resident had a copy in their bedroom.

Is the service responsive?

Our findings

Care records showed people's needs were assessed prior to being admitted to the home. Care plans reflected individual needs and how people preferred to receive support from staff. Care plans showed attention to detail regarding personal care such as oral health care and people's needs at night. Each person had a care record which had details of their preferred routines, preferences and life history. People said they were involved in decisions about their care which were included in their records.

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. Staff understood about respecting people's rights and supported them make choices. One person told us, "The carers do things the way I like, they are respectful." Another person told us, "They [staff] always ask me before helping me, so I have control over what is happening." The registered manager confirmed that people's protected characteristics were met and told us, "We treat each resident as an individual here regardless of who they are or their backgrounds." The Equality Act 2010 legally protects certain groups from being discriminated against; this means that everyone should be treated equally regardless of their age; disability; gender reassignment; marital status; pregnancy; race; religion/belief; sex or sexual orientation. These are known as 'protected characteristics'.

People told us they were kept informed if there were any changes to their relative's health and that communication between staff and families was good. A relative said, "Staff contacted me to let me know my relative was unwell and kept me updated regarding appointments." Another relative said "[Name] had a chest infection and they got them up the hospital to check it out, they tried to contact me too." A visiting healthcare professional told us that the service was always responsive to any requests they made and followed any treatment and medication reductions with a positive 'can do' attitude.

A new activities coordinator had been recently appointed and was getting to know the residents and work with them to develop an activities schedule. People told us they took part in musical activities and were making better use of the building by accessing various lounges and quiet areas. The activities coordinator told us "I am planning to start lots of group activities and have rearranged the activities room, I also intend to take people out to do activities with them on a one to one basis."

The service had links with the local college who had invited residents to visit the college and watch a drama performance, have a meal and have a pamper session. The registered manager told us, "We hope this will be an exciting event for everyone and it is something that we can facilitate regularly, we support the college by welcoming students to come and do some work experience here."

A complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. The service had received one formal complaint since the last inspection. This had been investigated and the registered manager had followed up the complaint with a letter and developed an action plan to avoid a recurrence of the incident.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and care plans included details about how to best support people. The home were able to provide information in other languages should this be required.

The service helped people and their families to explore and record their wishes about care at the end of their life. Staff were trained in the six steps program so they were prepared to support people at this difficult time, with the support of the local district nursing team. A health and social care professional told us, "Brierfields have supported people at the end of their lives very well in some difficult circumstances." A staff member told us, "We had extra staff on duty when we recently supported someone at the end of their life. This meant we could spend extra time with them to provide comfort and to ensure they had all they needed."

Is the service well-led?

Our findings

The 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. 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. Brierfields had a manager that had registered in October 2018.

We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.

People and visitors said they felt "Very welcome." The management team encouraged feedback, collecting quarterly questionnaires from residents and their families which fed into an annual development plan.

The home was transparent and open with effective communication systems in place and information about the service was accessible. People living, working and visiting the service confirmed this in their feedback. The registered manager was held in high regard by people living at the home, relatives and staff. One member of staff told us, "[Name of registered manager] is really approachable and wants to make improvements and get it right for residents."

Visitors commented on the registered manager describing them as, "Hands on manager who is seen around the home keeping up to date with what is happening, they know everyone really well." Staff praised the registered manager for enabling them to develop their skills and confidence; One staff member told us they appreciated working at the home because they had been supported by the registered manager and other staff to gain confidence. The service supported staff to train to obtain their Qualifications and Credit Framework (QCF) in Health and Social Care, encouraging them to go beyond the standard care requirements.

Staff met with the registered manager if they required support or to discuss important issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

We looked at some key policies and procedures including, for example, infection control, health and safety, complaints, medicines administration, safeguarding, whistleblowing and reporting falls. We saw the policies and procedures were updated and available for staff to follow good practice.

Incidents and accidents were investigated accordingly. Systems included an analysis of events that could be used as an opportunity for learning and preventing further incidents from occurring. The registered manager reported incidents to the local authority.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

Meetings were held for people and their families. We saw that topics such as; meals, events and future plans were discussed. The registered manager explained that she regularly spoke with family members when they visited their relatives and was in touch with some families by email.

We saw spot checks and direct observations were carried out with staff to ensure that standards of care were maintained. We looked at a sample of these and determined they were carried out regularly and where issues were noted, staff discussed these with their manager or attended additional training. Any action taken regarding staff performance issues was also recorded. One staff member said, "We work closely with the registered manager and have regular official observations to make sure that we are doing things right."

At the last inspection we identified a breach of Regulation 17 in relation to good governance. At this inspection we found that the service had improved and now compliant.

The registered manager carried out a range of audits at the home to monitor quality in areas such as; infection control, health and safety, equipment, care planning, meals and falls prevention. These systems had developed since the last inspection and we could see a clear trajectory of improvement.

We recognised that the provider had made significant improvements in leadership and governance, however, audits had failed to identify that medicines were not always administered and recorded correctly. The registered manager told us they intended to focus on this area to improve the safety and wellbeing of people living at the home. We invited the provider to meet with us to discuss these findings and decide what action they propose to take to fully remedy the issues we found in respect of the medicines systems.

We recommend that the provider carry out a full review of their medicines audit process to ensure systems are robust.

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 Medicines were not always managed safely. |