

Sanctuary Care Limited

Briggs Lodge Residential and Nursing Home

Inspection report

London Road
Devizes
SN10 2DY

Tel: 01380711622
Website: www.sanctuary-care.co.uk

Date of inspection visit:
04 February 2022

Date of publication:
02 March 2022

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Briggs Lodge Residential and Nursing Home provides nursing care and accommodation for up to 66 people in Devizes. Accommodation is provided on three floors accessed by lifts and stairs. People have their own rooms and access to communal areas such as lounges, dining rooms, a cinema, café and hair salon. People can access the garden from the ground floor. At the time of our inspection there were 37 people living at the service.

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

This was a targeted inspection that considered improvements carried out in response to a Warning Notice served following the previous inspection. We reviewed what actions the provider had taken in response to the Warning notice.

People's monitoring records were completed in full documenting what care and support staff had provided. Where people were at risk of developing pressure ulcers there were re-positioning charts in place which recorded care provided and at what time. Where people were at risk of dehydration or malnutrition, they had food and fluid charts in place. Records seen were completed in full with all fluids consumed added up at the end of the day. Nursing staff kept regular monitoring of all charts to make sure they were completed in a timely way.

Incidents had been recorded and investigated by the registered manager. Any referrals needed to the local authority had been made and CQC notified where appropriate. The registered manager recorded all investigations on the provider's electronic reporting system. This enabled the provider to have oversight of actions taken and to help the service close records where possible.

The registered manager had been supported by the provider to make improvements needed. Quality compliance teams and regional management support had helped to complete the action plan in place following our last inspection. There was new management at the service who were working with the provider to make all improvements needed.

The home was clean, and staff had cleaning schedules to help them make sure all areas were regularly cleaned. Staff had personal protective equipment (PPE) and were seen to use it safely. Staff had training on working safely during COVID-19 and were provided with updates as needed.

All staff were testing regularly for COVID-19 and had all been vaccinated. People were also testing regularly for COVID-19 with support from staff. People were able to receive visitors in their rooms following some screening actions. For example, all visitors had to complete a Lateral Flow Test prior to entering the home and have their temperatures checked. The registered manager knew who to contact for advice and guidance with regards to any positive COVID-19 cases.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 October 2021) and there was one breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Briggs Lodge Residential and Nursing 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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by one inspector.

Service and service type

Briggs Lodge Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with three people living at the service and four members of staff. We also spoke with the registered manager, deputy manager, regional manager and regional support manager.

We reviewed nine people's care records, incident forms, quality monitoring action plans and cleaning schedules.

After the inspection

We continued to validate evidence found during the inspection. We reviewed records relating to the management of the service, quality monitoring audits and checks, training data and some policies and procedures.

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 this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to have systems in place to demonstrate good governance which 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection we found people's monitoring records in place to help mitigate risk had not been completed to demonstrate care had been given. At this inspection we observed improvement to the records had been completed.
- People who were at high risk of developing pressure ulcers had re-positioning charts in place. Staff had recorded they had carried out the re-positioning within the recorded frequency.
- People who needed increased monitoring for their food and fluids had charts in place. Staff had recorded food and drink offered and consumed consistently. This meant the provider had records of care and support provided.
- At our last inspection we found not all incidents of safeguarding had been reported to the local authority. At this inspection all the incidents we reviewed had been reported to the local authority and notified to CQC. These actions had been completed without delays.
- Incidents and accidents had been recorded and loaded onto the provider's electronic system. Investigations had been carried out by the registered manager. Details of the investigations were recorded on the electronic system and monitored by the provider.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could have visitors indoors and outdoors. Visits were pre-booked so the service could manage numbers of people in the home. All visitors were asked to complete a Lateral Flow Test prior to being able to visit the home. They were also asked to have their temperature checked and to wear appropriate PPE.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- The provider told us all staff were vaccinated against COVID-19 and their dates of vaccinations loaded onto their electronic systems. This enabled the provider to carry out their internal monitoring checks. New staff were asked to provide evidence of vaccination prior to offers of employment.
- Being vaccinated against COVID-19 had been added as a requirement to the provider's terms of employment.

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 this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to have systems in place to demonstrate safety and oversight was effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection the service had a new registered manager. They told us they had been supported by the provider to carry out the improvements required.
- At our last inspection people were placed at increased risk of dehydration as checks to people's fluid records did not identify shortfalls. At this inspection we observed this had improved. Staff were monitoring people's fluids and recording totals consistently. Where people failed to meet their target fluids staff told us they were referred to and monitored by their GP.
- The registered manager told us nursing staff were monitoring people's fluid charts throughout the day to keep track of fluid intake. There was a daily head of department meeting where staff could raise any shortfalls to care delivered and evaluate their practice.
- At our last inspection we found incidents where the provider had not submitted a statutory notification to CQC. At this inspection all incidents we reviewed had been managed appropriately. We observed referrals had been made to the local authority and notifications submitted to CQC where needed.
- The registered manager told us following the last inspection they produced an action plan with the provider to record all the shortfalls found and identify what help was needed to make improvements. They told us they had been supported by the provider to close outstanding actions from the previous manager.
- The provider had improved the IT systems at the home to help staff with using and recording on electronic care records. The quality care plan audits were helping to identify any shortfalls in a timely way.