

Sanctuary Care Limited

# Briggs Lodge Residential and Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Briggs Lodge Residential and Nursing Home provides care and accommodation for up to 66 older people over 3 floors. At the time of our inspection there were 41 people living at the service.

People had their own rooms and access to communal rooms such as lounges, dining rooms and a hairdressing salon. There was also a cinema, café and gardens which people could use. The home had a room accessed from the garden to support socially distanced visits .

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

Records of care provided were incomplete which put people at an increased risk of dehydration and developing pressure ulceration.

Staff knew how to recognise and report safeguarding concerns to line managers, however meaningful investigation had not been completed and any lessons learnt not shared with staff. Safeguarding concerns had not always been reported to the local authority in a timely manner. This put people at an increased risk of recurring harm and delayed interventions to reduce ongoing risks.

Staffing levels met assessed dependency needs, however people and staff commented the care provided was sometimes impacted when short staffed. People and relatives mainly spoke positively about the care provided.

Medicines were administered safely, however needed improvements in how they were managed. Infection prevention and control measures were appropriate.

The registered manager left on the day of the inspection. A new manager had been recruited and started that week. Governance was undertaken using an electronic system, however, checks and audits had not identified the issues identified during our inspection.

Staff said they weren't confident in raising concerns and that action would be taken by the registered manager, however staff were more positive and confident with the recent change in management.

Relatives said the pandemic had impacted their involvement in the running of the service, however, knew how to raise any concerns.

Statutory notifications which the service is required to notify CQC were either delayed or had not been submitted. There was evidence of partnership working with professionals to support people's healthcare needs.

The new management team demonstrated an understanding on what improvements were required in the

service with the support of the provider. An action plan had been developed with the involvement of people and staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 1 December 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We received concerns in relation to the management of the service and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection .

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Briggs Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach of regulation in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

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

#### Inspection team

This inspection was carried out by three 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 care service.

#### 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. However, the registered manager had given notice to leave the service and a new manager was employed.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. This included information of concern received from staff and family members. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and eight relatives about their experience of the care provided. We spoke with 22 members of staff including the provider, registered manager, new manager, deputy manager, peripatetic manager, nurses, senior care workers, care workers, domestic staff and the chef. 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 reviewed a range of records. This included six people's care records and multiple medicines records. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance data. We also contacted three healthcare professionals for their views on the care and support provided.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- People were not always protected from risks associated with their care.
- Monitoring records to support people at risk of skin damage and dehydration were not always completed to reflect the care people had received. Records did not show people were receiving support in line with their care plans.
- Staff told us people were supported to reposition to reduce the pressure on their skin but they did not always have the time to update records. When people did develop a pressure ulcer, we saw evidence of good practice with regular monitoring.
- People were not always protected from the risks of abuse. When incidents of alleged abuse had occurred, the registered manager had not always reported the concerns to the local authority safeguarding team. The provider identified some incidents after an audit and reported them to the appropriate authorities. This meant any delay may have put people at an increased risk of harm.
- The provider had policies and procedures in place regarding safeguarding and recognising the signs of abuse. Not all staff had received safeguarding training, however, staff we spoke with knew how to recognise the signs abuse and the process to report this in the service.
- Processes were in place for the recording of accidents or incidents. However, meaningful investigation into the causes lacked any detail. This meant that lessons could not be learnt when these incidents occurred.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People felt safe with the care they received. One person said, "I feel safe in my room." Relatives told us "I know [person] is safe now because of where he is." Another said, "My mum gets excellence care."

Using medicines safely

- Medicines were not well managed.
- There was not a designated lead for medicines in the home and issues were identified with the ordering of medicines. Some people ran out of medicines which meant staff regularly had to chase the pharmacy and GP surgery, to ensure people had the medicines they had been prescribed. The manager had identified this issue and allocated a nurse to take responsibility for the management of medicines.

- We observed a medicines administration round where staff give people their medicines. The morning medicines round took two hours meaning one person did not receive their 09:00hrs medication until 10:50hrs. No harm was caused by the delay, however, people may be at potential risk of harm due to the delay.
- The provider used an electronic medicines administration system and only suitably trained staff in medicines management were able access the system to administer medicines .

#### Staffing and recruitment

- Staff told us their experience of staffing was variable and sometimes it felt like there was not enough staff to meet the needs of people. One staff member said, "Sometimes we are only enough staff, we don't have extra staff."
- People and relatives gave mixed feedback about staffing levels. One person told us, "Quite a few staff have left" and "Staff will come if I ring my bell, they're good at night." A relative said, "When I go there and see new staff, they seem to know what they are doing."
- We reviewed rotas which showed that staffing was supported by agency workers. The provider utilised a dependency tool which assisted them to calculate their staffing ratio based upon the needs of people. The manager had identified improvements on how staff were deployed across the service and will implement changes.
- Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure no staff had any criminal convictions and were suitable to provide support for the people living at the service.

#### 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 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's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Learning from incidents was not always shared with staff to improve care.
- The provider did not consistently assess, monitor and mitigate the risks in relations to the health, safety and welfare of people. For example, checks on people's fluid intake did not pick up on two people had not met their daily minimum fluid goals in August 2021. One person on 11 occasions and another person on 4 occasions had not met their target. This meant people were at risk of dehydration.
- Records for the repositioning of people had multiple late entries making it difficult to assess whether people had been repositioned within the required time frames. This put people at risk of developing pressure ulceration. When people had developed pressure ulceration, the provider had a system in place to monitor these injuries and records we reviewed showed good practices being followed.
- Quality checks identified the registered manager had not sent eight safeguarding alerts to the local authority in May 2021. During the inspection we identified three incidents after this date where safeguarding alerts had not been submitted in a timely manner. For example, one incident took 28 days and another 50 days before the local authority had been notified.
- The manager had a good understanding of their responsibilities for sharing information with CQC. However, the service had not submitted two statutory notifications as required. This was brought to the provider's attention. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- The provider conducted quality assurance visits at the service. This identified the service was not meeting their own standards and listed what actions were required to drive improvements. At the most recent visit their own assessment showed they had not made enough improvements and all actions had not been completed within their own timescales. For example, staff training compliance was below their thresholds.

Systems were either not in place or robust enough to demonstrate safety and oversight was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager in post. However, they left the service on the day of the inspection. The provider had recruited a new manager who had been at the service for three days and a new deputy

manager had recently been recruited.

- The manager and provider were supportive of the inspection process and receptive to feedback given. They were keen to drive improvements to the care people received, and to support staff working at the service. An action plan had been developed by the new management team with the involvement of staff to improve the service.
- The provider told us that they were committed to being open and transparent with local agencies and systems were in place for the completion of statutory notifications.
- The majority of relatives told us they were informed of incidents involving their family member. One relative said, "They [provider] contacted me and it was dealt with to my satisfaction." Another said, "[Provider] always gets back to me with answers when I have needed it."

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

- There was no current evidence of a sustained and embedded positive culture at Briggs Lodge. Staff told us, "Staff feel as though management doesn't listen, so we don't bother talking to them. Management never have time to talk." Another said, "There is an 'It's someone else's job' attitude amongst some staff" and "We are not listened to."
- Staff said the following about the new management team, "The previous manager and deputy manager had resigned. There is [a] new manager and deputy manager [to] run [the] care home. I hope for the best." Another said, "We have just got a new manager and recently a new deputy who so far I believe will be a great asset to Briggs Lodge."
- There were mixed views from people regarding the service. People spoke positively about staff and the majority of the care given but raised concerns about the number of staff. One person told us, "Quite a few staff have left. Staff are very sociable." Another person told us, "It's just steady, it can be a while for personal care as I need two people."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives said that during the pandemic engagement had reduced and they hadn't been invited to meetings. The registered manager told us contact with relatives had been through email updates and had not held any virtual meetings. One relative said, "Up until lockdown they [provider] had resident's meetings and families were able to go but since lockdown, I think it's just residents now."
- On the whole, most relatives told us they were satisfied with the feedback and communication from management at the service and knew how to contact them.
- The manager and provider were keen to work with the local authority and the local National Health Service (NHS) to improve the overall quality of care people received. A visiting health professional told us they worked very well with the service and the lead nurse about people's health needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have effective systems to assess, monitor and improve the quality of the service provided. Regulation 17 (1) (2) (a) (b) (c) (f)

### **The enforcement action we took:**

We served the provider a warning notice.