

Brierfield House Care Limited

Brierfield House

Inspection report

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Brierfield
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brierfield House is a residential care home which provides accommodation and personal care for up to 42 older people and people living with dementia. Accommodation is provided in two units, over two floors, with one unit specifically for people living with dementia. A passenger lift is available to provide access to both floors. At the time of the inspection 30 people were living at the home.

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

People felt safe living at the home and told us there were enough staff available to meet their needs. Staff supported people to manage risks to their health and wellbeing and understood how to protect people from the risk of abuse. The provider followed safe staff recruitment practices. People's medicines were managed safely. Staff followed safe infection control procedures and wore appropriate personal protective equipment (PPE), to protect people from the risk of infection and contracting the COVID-19 virus. The safety of the home environment was checked regularly.

Staff supported people to live well. Staff received the induction and training they needed to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people with their dietary and healthcare needs and referred them for specialist support when they needed it. The environment had been adapted to enable people to remain as independent as possible. Some improvements to the unit for people living with dementia were needed and the registered manager told us these were planned.

People and relatives liked the staff at the home. They told us staff were kind and caring and treated people with respect. Staff encouraged people to be independent and make decisions about their care when they were able to. Staff respected people's right to privacy, dignity and confidentiality. They were aware of people's diverse needs and what was important to them.

Staff provided people with care that reflected their needs, risks, abilities and preferences. Staff were familiar with people's needs and encouraged them to make choices when they could. People's care needs were reviewed regularly, and documentation was updated when people's needs changed. Concerns and complaints were managed appropriately. People were happy with the activities provided at the home.

Management and staff understood their responsibilities and provided people with high quality care which met their needs. They worked in partnership with community agencies to ensure people received the support they needed. People's views were sought about the service and acted upon. People, relatives and staff felt the service was managed well. Management and the provider completed regular checks to ensure people received high quality, safe care.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at

Rating at last inspection and update

The last rating for the service was requires improvement (published 8 November 2019). Since this rating was awarded, the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

At the last inspection we found breaches of regulation relating to the management of people's medicines and the provider's oversight of the service. At this inspection we found that under the new provider, improvements had been made and there were no longer any breaches of regulations.

Why we inspected

This was a planned inspection based on the service's date of registration under the new provider.

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.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Brierfield House

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

The inspection was carried out by an inspector 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

The service 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 did not have a manager registered with the Care Quality Commission. The manager had been in post since March 2020 and was in the process of applying to become the registered manager. This had been delayed due to a misunderstanding about the application process. The registered manager 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 their registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send to us to give us 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.

During the inspection

We spoke with five people who lived at the home and three visiting relatives, to gain their feedback about the service. We also spoke with the manager, the deputy manager, the administrator, three care staff and two catering staff.

We reviewed a range of records, including two people's care records and a selection of medicines records. We looked at two staff recruitment files and staff supervision and appraisal records.

After the inspection

We reviewed a variety of records related to the management of the service, including policies and audits. We contacted four community health and social care professionals for their feedback about the support provided at the service.

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 improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made under the new provider and there was no longer a breach of regulation 12.

Using medicines safely

- People's medicines were managed safely, and people received their medicines as and when they should.
- Staff had completed the necessary training and been assessed as competent to administer people's medicines safely. Management completed regular checks of medicines stock and records. People living at the home and relatives were happy with how medicines were managed.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we recommended that the provider consult and implement nationally recognised guidance about delivering safe care and treatment. The provider had not always ensured people were protected from abuse and neglect and several safeguarding incidents had been substantiated. At this inspection we found improvements had been made under the new provider.

- The provider had systems to protect people from abuse and avoidable harm. Staff had completed safeguarding training and understood how to protect people from the risk of abuse.
- People felt safe living at the home and when staff supported them. One person told us, "I'm as safe as can be." One relative commented, "(Person) is safe, she's so well looked after."
- The manager had taken appropriate action when safeguarding concerns had been raised about the service. The local authority had investigated concerns raised and most were found to be unsubstantiated. Where improvements were needed, we found evidence that these had been addressed by the manager.

Staffing and recruitment

- The provider recruited staff safely, to ensure they were suitable to support people living at the home. Some minor improvements were needed to recruitment documentation and the manager told us she would address this.
- People and relatives were happy with staffing levels at the home. They felt there were enough staff available to meet people's needs. Two care staff were happy with staffing arrangements at the service. However, one member of staff member felt that the staff member who moved between the two units during

the day, should be based on the unit for people with dementia, as that was where they felt they were most needed. The manager told us she would discuss this with staff and trial the suggested arrangement.

Assessing risk, safety monitoring and management

- Staff supported people to manage risks to their health and wellbeing effectively. People's risks were assessed and the risk assessments in place guided staff on how to support people safely and were updated regularly.
- The provider had systems to manage accidents and incidents appropriately. Staff took appropriate action when accidents or incidents took place and completed the necessary documentation. Records were reviewed by the manager to ensure appropriate action had been taken.
- The manager, deputy manager and maintenance person completed regular checks of equipment and the home environment, including lifting equipment, fire safety and water checks, to ensure it was safe.

Preventing and controlling infection

- The provider had processes to protect people from the risk of cross infection and contracting COVID-19. Staff had completed infection control training and used personal protective equipment (PPE) appropriately, in line with Government guidance. They wore masks at all times and disposable gloves and aprons when providing personal care.
- People and relatives told us the home was kept clean. On some occasions during our visits, we noticed odours on the upper floor. The manager assured us she would address this.
- 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 could be effectively prevented or managed.
- 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.

Learning lessons when things go wrong

- The provider had systems to analyse incidents, complaints and safeguarding concerns and make improvements where needed. The manager shared lessons learned with staff. The manager and deputy manager used the electronic care planning system to monitor staff record keeping, so they could address any improvements needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we recommended that the provider consider current recognised guidance when assessing and reviewing people's needs. We found the quality of assessments was inconsistent, some information was missing, people's preferences had not been recorded and reviews were not always completed in line with guidance. At this inspection we found improvements had been made under the new provider.

- The provider had processes to ensure staff provided people with care and support which met their needs and reflected their preferences. Each person had detailed care plans and risk assessments in place about their needs and risks. These were very individualised and included information about what people were able to do for themselves, including the choices they were able to make, and how staff should support them to achieve good outcomes.
- The provider had policies and procedures for staff to follow, which reflected CQC regulations and relevant guidance, including Government guidance about the management of COVID-19. These were reviewed and updated regularly.

Staff support: induction, training, skills and experience

- The provider ensured staff received the induction and training they needed to support people well and meet their needs. Staff received regular supervision and yearly appraisals. Staff were happy with the induction and training provided at the service and felt well supported by the manager and deputy manager.
- People and relatives felt staff had the knowledge and skills to provide good support. One relative commented, "The staff are very competent, (person) gets a lot of support."

Supporting people to eat and drink enough to maintain a balanced diet

- The provider had processes to ensure staff supported people to eat and drink enough. Care plans included information about people's dietary needs, risks and preferences and staff were aware of these.
- People were referred for specialist support when concerns were identified. A number of people were receiving support from the local nutrition and dietetics service, and their weight and nutritional intake were being monitored closely.
- People told us they liked the meals provided at the home and records showed they were given lots of choice at mealtimes. Their comments included, "The food's lovely" and "The food's better now. If I don't like the food, they make me a sandwich that I like."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured people were supported to meet their healthcare needs. Staff supported people to attend healthcare appointments and referred people to community healthcare professionals to ensure they received any additional support they needed. These included GPs, community nurses, podiatrists and dietitians.
- Care plans included information about people's healthcare needs, medical history, medicines and any allergies. The service used a 'hospital pack' to share information about people's needs and risks with paramedics and hospital staff when people were taken to hospital.

Adapting service, design, decoration to meet people's needs

- The home had been adapted to meet people's needs and enable them to maintain their independence. A passenger lift and lifting equipment were available to support people with moving or transferring, and adapted bathroom facilities were available. Specialist equipment, such as sensor mats, were used to support people at risk of falling.
- People were happy with the home environment. Many people had personalised their rooms to reflect their tastes and make them more homely. One person told us, "I love it (my room), I'm cosy in here."
- The provider had refurbished much of the home since they had taken over the service, making it brighter, more modern and more comfortable. However, some improvements to the decoration and furniture on the unit for people living with dementia were needed. The registered manager told us these were planned but had been delayed by the COVID-19 pandemic and we noted this in the home's refurbishment plan.
- We noted the dining experience was more pleasant on the residential unit, where tablecloths and more attractive crockery were used. We raised this with the manager, who acknowledged this and explained that the unit for people with dementia was due to be refurbished shortly, when furniture and equipment would be replaced as it had been on the residential unit. They planned to have a 1950s diner theme.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. People's care plans included information about their capacity to make decisions about their care. Where people lacked capacity, the provider had processes to make best interests decisions in consultation with their relatives. Where people needed to be deprived of their liberty to keep them safe, the manager had applied to the local authority for authorisation to do this. Three authorisations had been received, one of which had conditions, and these were included in the person's care documentation.
- The service gained people's consent before care was provided and staff asked people for their consent before supporting them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and supported with kindness. People and relatives liked the staff at the home. They told us staff were kind and caring. One person commented, "They're all lovely." One relative told us, "(Person) likes the staff, they're very pleasant."
- During the inspection we observed staff being polite, friendly and respectful to people and visitors. Staff supported people in a patient and sensitive way. Staff chatted with people while they supported them. They were compassionate and offered reassurance when people were upset or confused.
- Staff treated people equally and respected their diversity. Care documentation included information about people's life history, marital status and religion. The deputy manager acknowledged that people's gender, sexual orientation and ethnic origin were not always included in their care records. He advised they would ensure this information was gathered in future, to ensure staff were fully aware of people's diverse needs and what was important to them. Support with accessing religious services was available at people's request.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. We observed staff encouraging people to express their views and make everyday decisions about their care when they could, such as what they had to eat and where they spent their time.
- People's care needs had been discussed with them, or with their relatives or legal representatives when they were unable to express their views about their care. One relative told us, "I'm involved with (person's) care and they (staff) ring me regarding any decisions."
- Information about local advocacy services was displayed so that people could have support to express their views if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected and they were encouraged to be independent.
- We observed staff encouraging people to do what they could and providing support when people needed it. Care plans included information about what people were able to do and what they needed support with. People and relatives told us staff were respectful and treated them with dignity.
- Staff respected people's right to confidentiality. People's electronic care records were stored securely, and only authorised staff could access them. Staff members' personal information was stored securely and only accessible to appropriate staff. The provider had a confidentiality policy for staff to refer to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider consider current recognised guidance when planning to meet people's needs. People's care had not always been planned in response to their needs and preferences, some sections of care plans had not been fully completed and reviews had not always been carried out in line with requirements. At this inspection we found improvements had been made under the new provider.

- Staff supported people in a personalised way, which reflected their needs and preferences. People were happy with the support provided. One person commented, "I'm very content." Relatives told us, "Overall I'm happy with everything" and "They look after (person) and know him well, as well as his moods." One professional who visited the service regularly, told us people living at the home always seemed happy and content and their care seemed to be of a good standard.
- People's care plans were detailed and individualised. They included information about people's needs, risks, abilities and preferences and were updated regularly or when people's needs changed. One staff member told us, "We know people well. We read their care plans and get handovers, where we're told of any changes."
- We observed staff offering people choices and encouraging them to make everyday decisions about their support when they were able to. People's support plans included prompts for staff to offer people choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was following the AIS. People's care plans included information about how people communicated, any support they needed with communication and how staff should provide it.
- Staff were aware of people's communication needs. We observed them communicating effectively with people, repeating or explaining information when necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged people to maintain relationships that were important to them. Relatives and friends

were able to visit the home in line with Government guidance, and people had been supported to stay in touch with them by phone and video calls when visiting had not been allowed due to the pandemic. The manager had set up a social media page, only accessible to friends and family, to support communication and maintain relationships.

- Staff supported people to follow their interests and take part in a variety of activities. The home had two activities co-ordinators, who supported people with group and one to one activities. People were encouraged to take part but some preferred to spend time in their room. The manager told us that trips out, which had been stopped due to the pandemic, were being planned again.
- People's care plans included information about their hobbies, interests and whether they liked taking part in activities.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints or concerns. A complaints policy was available and information about how to make a complaint was included in the service user guide and in the entrance area.
- None of the people we spoke with had made a complaint. Records showed that complaints were managed appropriately, and improvements were made where needed.

End of life care and support

- The provider had processes to provide people with effective end of life care. Most staff, including the registered manager and deputy manager, had completed end of life care training, and training for the remaining staff was planned.
- Care plans included information about people's end of life care wishes. We noted that some were brief, and the deputy manager told us it was often difficult to get information about this issue, especially when people lacked the capacity to discuss it and relatives were reluctant to. He told us they would try to gather more detailed information about people's wishes.

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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider did not have effective processes in place to ensure the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made under the new provider and there was no longer a breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and manager understood their roles and regulatory responsibilities. The registered manager was responsible for the day to management of the home, with support from the deputy manager. The provider's representative visited the home monthly and completed audits of quality and safety, which included checks of the home environment, care documentation and observations of the support provided to people.
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision, handovers and staff meetings.
- The manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

Continuous learning and improving care

- The provider had made many improvements since taking over, including the redecoration and refurbishment of some areas of the home. Further refurbishment was planned, including the unit for people living with dementia and the outside area. Progress had been delayed by the pandemic.
- People told us the home had improved under the new provider and registered manager. One person commented, "The atmosphere is much calmer than it used to be." One staff member told us, "There have been lots of improvements since the manager took over."

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

- We found that the home had an open culture, which focused on individualised care and achieving good outcomes for people. Management and staff treated people as individuals and involved people and their relatives in decisions about their care and the service.
- Everyone we spoke with said they would recommend the service. They were happy with the support

provided by staff and how the service was being managed. One person commented, "Management is one hundred per cent better now than it used to be."

- Staff were clear about the provider's aim to provide people with high-quality, individualised care. One staff member commented, "People are well looked after here. We have a good team. We all work together and understand each other and what we need to do."

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

- The provider had a duty of candour policy and management were aware of their responsibilities. No incidents had occurred that we were aware of, which required duty of candour action.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had various processes to gain feedback from people and relatives about the care provided at the home. Feedback seen from satisfaction surveys completed in March 2021 was positive. Residents' meetings took place regularly and people's concerns and suggestions were listened to and responded to.

- Staff meetings took place regularly and staff felt involved in the service. They found management approachable and supportive and felt listened to when they raised concerns or made suggestions. Their comments included, "The manager is amazing. If you need something doing, she gets it sorted" and "Management are very good. They've managed COVID-19 well and you can raise any issues with them."

Working in partnership with others

- The service worked in partnership with people's relatives and a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GPs, community nurses, hospital staff, dietitians and podiatrists. One community professional who visited the service told us communication with staff was always good and any feedback given was acted on.