

Masterpalm Properties Limited

Brierfields

Inspection report

Brierley Avenue
Failsworth
Manchester
Greater Manchester
M35 9HB

Tel: 01616815484

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16 January 2020

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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

Brierfields is a single storey residential care home in Failsworth, Oldham providing personal care to 15 people at the time of the inspection, some of whom were living with dementia. The service can support up to 37 people. 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.

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

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered.

The premises were clean, homely and well maintained. Medicines were managed safely, however, some people's medicines information required reviewing. We have made a recommendation about the management of some medicines.

Staff had awareness of safeguarding and knew how to raise concerns; steps were taken to minimise risk where possible.

We observed a relaxed atmosphere throughout the home where people could move around freely as they wished. There were enough trained staff to support people safely.

Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs continued to be assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions and appraisals.

We observed many caring and positive interactions between staff and people throughout the inspection. Staff had formed genuine relationships with people and knew them well and were seen to be consistently caring and respectful towards people and their wishes.

Staff supported people to access other healthcare professionals when required and supported people to manage their medicines safely.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed 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.

The provider and deputy manager followed governance systems which provided oversight and monitoring of the service.

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 16 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had been made, and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brierfields on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brierfields

Detailed findings

Background to this 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.

Inspection team

The inspection was carried out by two inspectors on day one and one inspector on day two of the inspection.

Service and service type

Brierfields 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 been absent from the service since February 2019 and left the service in December 2019. During this time the home was being overseen by the deputy manager who received daily support from other nearby registered managers from homes operated by the same provider.

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. This included details about incidents the provider must notify us about. We contacted the local authority to seek their views and opinions of the service.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with the deputy manager, two supporting registered managers, a staff member administering medicines and two other care staff members. We spoke to a visiting social care professional. We reviewed a range of records, including four people's care records, risk assessments and medication administration records.

After the inspection

We received additional information from a local authority professional who regularly visits 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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection in December 2018 we found the provider was not managing medicines safely. This was a breach of Regulation 12 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 12.

- Medication administration records (MAR's) had a clear and recent picture of the person and their allergy status, however this was missing from one person's file we saw. Two people's MAR's had been handwritten but there was no evidence of these being countersigned by a second staff member to ensure accuracy.
- There was a policy in place for 'as required' (PRN) medicines such as pain relief medicines. However, although we determined people had received their PRN medicines, some people did not have PRN details on the front of their MAR sheet. The deputy manager told us a supporting pharmacy had advised the home to record these details on the back of people's MAR's instead, and this was done. The deputy manager told us PRN medicines would be recorded on the front of people's MAR's in future.
- Staff we spoke with understood how to give medicines safely which we observed during the inspection; staff worked efficiently and were not rushed when administering people's medicines. One person needed their medicines at a certain time of day and staff were aware of this and waited until the correct time.
- The medicines trolley was secured safely when not in use and was clean and not overstocked. One person had an excess stock of creams, and there was no guidance for staff in the form of a 'body map' to identify where to apply these creams, however, we determined this person had received their creams.
- Medicines were administered, stored and disposed of safely, including controlled drugs, which are subject to more rigorous guidelines. Fridge and medicines room temperatures were being checked regularly to ensure medicines were stored within recommended limits.
- Staff who administered medicines had the relevant training; records showed staff were up to date with medicines training and received competency checks. No-one we spoke with expressed any concerns about their medicines.

We recommend the provider consider current guidance on giving PRN medicines to people alongside their prescribed medication and take action to update their practice accordingly.

The provider responded immediately during the inspection; they confirmed the actions they had taken regarding the issues we identified about the management of people's medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and there was a safeguarding and whistleblowing policy in place. The service followed safeguarding procedures, made referrals to the local authority and notified CQC as required.
- Staff had received training in safeguarding and understood the principles of how to safeguard people. One staff member said, "I've done safeguarding training last year and I would tell the managers of any concerns; issues could arise from family members, financial abuse, not involving people, psychological abuse."
- People told us they felt safe living at Brierfields. One person said, "I feel very safe being here." A relative told us, "Staff are very, very good."

Assessing risk, safety monitoring and management

- People's care files included risk assessments in relation to their specific care needs. The risk assessments were person centred and covered areas such as people's physical health, mental health, medicines and mobility.
- Risk assessments for the premises were in place and up to date, this included fire. People had personal evacuation plans in place to ensure they could be evacuated safely in the event of fire.

Staffing and recruitment

- There were enough staff to meet people's needs and we observed people being attended to in a timely manner. One person said, "I think staff know me well and always on hand in the night; there are enough of them as far as I know."
- The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry.
- Staffing levels were determined by the number of people using the service and their needs and could be adjusted accordingly.

Preventing and controlling infection

- The service was clean and free from malodour throughout.
- We saw personal protective equipment (PPE) was readily available and accessible, such as disposable gloves and aprons, and staff used these during the inspection.
- Staff received training in the management of infection control and food hygiene.

Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- The provider had an up to date accidents and incidents policy; accidents or incidents were analysed for themes or trends. Where appropriate relevant professionals such as district nurses were contacted, following any incidents and families were informed.

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 good. At this inspection this key question has remained the same. 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

- People's needs were comprehensively assessed and regularly reviewed. Care records identified people and their relatives were involved in care planning. People told us they were involved in care planning and relatives said they were kept informed of any changes. One person told us, "Staff talk to me about my care needs and what I want to do." A relative told us, "I can't fault [deputy manager name]; they [staff] look after people very well."
- People's preferences, likes and dislikes were acknowledged and recorded, and we saw staff respected these choices.
- Care plans had a pre-admission assessment which was carried out before a person moved into the service. We saw other professionals were involved in these assessments, such as social workers.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were competent. One relative told us, "The staff are fine; [deputy manager name] has made a massive difference." A person told us, "I've no worries about the staff; it just feels they are over worked ."
- Staff received induction, training, observations and ongoing supervision to support them in their different roles. Staff were given the opportunity to undertake additional health and social care qualifications. One staff member told us they were working towards NVQ level 3 qualifications.
- Staff we spoke with felt supported. One staff member told us, "I had induction period at the beginning and did training face-to-face and shadowed other staff for about two weeks, although I have worked in care services before; I had my practice observed and got assessed as being competent. I felt confident at the end of this period."

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

- People's dietary needs and preferences were met, people were involved in choosing their meals each day. People told us they enjoyed the food on offer. Extra drinks and snacks were served to people mid-morning and mid-afternoon. One relative said, "[My relative] is putting on weight; the food is better than it used to be, now more traditional and wholesome." A person told us, "The food is lovely and there's always a good choice, most days. It's always hot and fresh and I get to eat what I want if I don't like the menu choice. We get lots of drinks each day."
- There were appropriate risk assessments and care plans in place for nutrition and hydration and people's nutritional intake was recorded. However, although these records showed what people had eaten and drank they did not always record the precise amount of food and drink each person had each day, which is important to ensure some people who may be assessed as being at risk of not eating and drinking enough,

received the correct amount of nutrition. We determined people had received enough to eat and drink, however, we spoke with the deputy manager about this issue who informed us more accurate records would now be kept.

- Specialist diet types were provided for people to meet their dietary requirements, such as diets with food fortification, and some people had been assessed by dieticians to ensure they received the correct diet type. Each person had an allergen information sheet specific to them.

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

- Staff worked in partnership with other agencies to support people effectively and we saw evidence that staff and management worked with relevant health and social care professionals.

- A social care professional who regularly visited the home told us, "Staff are very caring and have done a great job in absence of the registered manager." Another supporting social care professional told us, "We have been conducting regular monthly visits at Brierfields since February 2019 and have seen significant improvements over the last six months; staff observed are caring and committed to improving the home to provide good care."

- People had oral healthcare assessments in place and we saw where staff had contacted a person's doctor in October 2019 to ask for non-foaming tooth paste because of a choking risk, using normal toothpaste.

Adapting service, design, decoration to meet people's

- The premises were homely. People could choose where to spend their time such as in the lounges or their own rooms. There was easy access to the communal gardens; we saw people regularly accessing the garden during the inspection, however some areas of the garden needed tidying up. People's rooms were personalised and reflected their personal interests and contained personal family objects.

- The home used 'dementia friendly' signage to identify different areas or rooms such as bathrooms. Equipment such as bath aids and hoists were in place.

- Some areas of the home need improving, for example some windows had cracks in them and were secured with tape, the lock on the laundry room door was faulty and the flooring in one toilet needed replacing. Other areas of the home had flaky paint or peeling wallpaper. We discussed the need to improve the environment with the deputy manager who informed us action would be taken to remedy these issues.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider demonstrated an understanding of the need to consider people's mental capacity when

making specific decisions and that any made on their behalf should be made in their best interests. They had made applications for people to have a DoLS assessment where needed.

- Staff received training in MCA and DoLS. Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. We observed staff asking for consent before assisting people, for example when mobilising or assisting with personal care or at mealtimes. One staff member said, "If a person is subject to a DoLS they can still decide what they want to do or eat or drink and you must ask them each time."
- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision; DoLS were being adhered to and a tracker sheet was maintained by the deputy manager, so they knew the status of each DoLS application.
- Records showed people signed to consent for their care and treatment.

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 now 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 supported by regular staff members, which provided continuity and familiarity for people who used the service. One person told us, "I feel the staff are really caring and you can ask them anything; they help me to go outside and we have a good banter." A relative told us, "They [staff] are very caring with [my relative] it's like a family."
- Staff had developed trusting relationships with people, and people told us they felt comfortable in their presence. A relative told us, "They look after [my relative] and think a lot of her."
- Staff spoke fondly of people they supported and knew their needs and preferred routines well. One staff member told us, "I love the residents; you get a bond with people when you've known them for a long time."
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were, and it was clear staff knew each person well. Our observations during the inspection showed people were supported by staff who demonstrated a kind and caring approach.

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

- Staff respected people's wishes, for example, what activities to take part in or what they wished to eat that day, it was clear staff had developed good relationships with people, and knew them well, including their likes and dislikes.
- Staff informed people of the reason for our visit and that we may be speaking to them during the inspection.
- People we spoke with, and their relatives, told us they had choices and were involved in making day to day decisions.
- Regular reviews of care were held with people, or when their needs changed, their relatives had opportunities to attend and be involved in this process; care records showed when relatives or had been involved .
- Formal group meetings with people and their relatives had not taken place regularly in the time the registered manager had been absent. The deputy manager was aware of this and of the need to reinstate meetings with people as soon as possible.

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to providing good care for people; we observed staff respected people's privacy and dignity and could tell us the ways they did this, such as ensuring doors were closed if supporting people with personal care. One staff member told us, "With personal care it's important to involve the person in what you're doing, so I ask people if they would like assistance first, then I make sure all doors and any curtains

are closed and support the person to do what they can for themselves, like washing parts of the body they can reach themselves."

- 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.
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely.
- People and their relatives told us staff promoted people's dignity and independence, one person told us, "Staff ask me about my needs all the time and help me to follow my interests and keep my independence. I think they are all wonderful staff now and much better than before." A relative told us, "The home is ideal for [my relative] as they walk about a lot; it's all on one level so that's good for them."

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 good. At this inspection this key question has remained the same. 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

- Care plans were person-centred and contained specific individual details about people and how they wanted to be supported.
- Care plans were detailed with people's likes, dislikes and preferences. Staff demonstrated they knew about people's likes and dislikes, through interactions we observed throughout the inspection.
- People's care plans detailed their strengths and areas of independence. For example, where people could complete elements of their personal care independently, this was clearly recorded in their care plan.
- The service regularly reviewed care plans to ensure all information was accurate and up to date; this ensured any changing needs were captured so that the care provided to the person was meeting their assessed needs.

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.

- There was evidence to show how the service had implemented ways in which people's diverse communication needs were identified, recorded and met. Where people had a disability or a sensory loss, there was evidence their communication needs had been discussed.
- Staff were patient when speaking with people, giving them time and assistance to understand and respond to any questions. People enjoyed lively and friendly chat with staff.
- There was information in care plans to help staff understand how to communicate with people effectively, for example if their ability to communicate was affected by a particular health condition.
- Information was available for people in alternative formats such as large print.

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

- People continued to be supported to follow their interests and take part in social activities. Care plans included information about people's known interests and staff supported people daily to take part in things they liked to do.
- The interactions we observed during the inspection between staff, people and their visiting relatives were indicative of the good relationships they had developed. All staff we spoke with felt there was enough for people to do in the home and to keep them occupied.
- There was an activities coordinator in place and during the inspection we saw various activities taking

place such as games and puzzles. An activities weekly planner was posted in the home, so people knew what activity was on offer.

- We saw people's rooms contained items in relation to their individual hobbies. People's interests and hobbies were noted in their care planning information. Historical pictures were available showing people taking part in activities. During the inspection the deputy manager told us about a wall picture they had recently found that was related to one person's hobby; the deputy manager told us they intended to show the person this picture to see if they would like it in their own bedroom.

Improving care quality in response to complaints or concerns

- People told us they had confidence to raise a concern if they had any problems. One person told us, "If I had a complaint I would tell [deputy manager name] or one of the other staff, but really I have nothing but praise for the staff." A relative told us, "I would speak to [deputy manager name] if I had any concerns or to [senior staff member name]; I think they would get it sorted for you."
- We saw the deputy manager was visible within the home and operated an open-door policy; they ensured that any low-level concerns were dealt with promptly.
- There was a complaints policy and procedure in place which was given to people at the start of their residence. Where any learning that could be gained from any complaints it was documented and shared with staff.
- No recent complaints had been received by the home. A compliments book had lots of historical compliments previously received; these referred to the staff's caring attitude, staff treating people with dignity and respect and supporting families well.

End of life care and support

- People were supported to document their wishes for the kind of care and support they wanted to have when they reached the end of their lives if they wished, and advanced care plans were in place for some people.
- At the time of the inspection no-one was at the end stages of life. People had supportive care records, which identified if people had a 'do not resuscitate' order in place. End of life care was supported by district nursing teams and relevant other professionals.

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 now 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.

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

- A number of audits were completed by the deputy manager and supporting managers who visited the home daily. The deputy manager told us the frequency of audits had reduced in the absence of the home's registered manager, and the focus had been on ensuring people were immediately safe and well. However, we determined this had not had a negative impact on people, and a clear plan of action was in place to mitigate this issue and was ready to be implemented when a new registered manager was recruited; during the inspection interviews were taking place for this role.
- Throughout the inspection, the management team were open and transparent towards the evidence we presented and were proactive in their response to our findings. The deputy manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection; we saw the last inspection report was displayed within the home and was available for all to see.
- People told us any concerns raised were managed effectively. The deputy manager understood and acted on their duty of candour responsibilities.
- The home had an up to date statement of purpose which set out the aims, objectives and ethos of the service; this was also issued to all people using the service with their 'service user guide.'
- A business continuity plan was in place to be used for an unexpected event.

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

- Throughout the inspection we saw the deputy manager walking around and observing and supporting staff and people which meant they were available to support staff and were aware of any changes to people's circumstances.
- The deputy manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Feedback was obtained from people who used the service and their relatives at different times whilst people were receiving care and support and as part of the process of care plan reviews.
- Staff were enthusiastic about their roles and committed to providing person centred care. One staff member told us, "I know I work in our resident's home, it's not the other way around, this is their [people's] home and they [people] must be comfortable with me and all the staff."

- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- The deputy manager ensured staff, people, relatives and healthcare professionals could attend reviews at the home and share their feedback about the service with them.
- We saw people's feedback was sought in meetings where people could share their views and socialise with each other. However no formal annual questionnaires had been completed since the last inspection and the deputy manager told us this was because the registered manager had been absent since February 2019; the deputy manager recognised the need to conduct a survey as soon as possible. No other surveys had been carried out by the provider.
- The deputy manager promoted best practice in person-centred care; there was a culture focused on achieving positive outcomes for people which was reflected in their care file information. The service involved people in their day to day care and promoted their independence to make their own decisions; our observations confirmed this.
- Staff meetings were held regularly which discussed people and their needs. A handover meeting was held in between staff shifts to ensure they staff had the latest up to date information about people.

Working in partnership with others

- The deputy manager, and other staff, had been proactive in engaging with clinical professionals and social care professionals who visited the home to check on people's welfare and identify any issues as a pro-active measure; this helped to ensure people's welfare was maintained.
- The service worked in partnership with the local community, other services and organisations and people were supported to access the local community facilities.
- Records showed multi-disciplinary teams were involved in people's care.
- We received positive feedback from local authority professionals who regularly visited and supported the home. One professional told us, "We have been conducting regular monthly visits at Brierfields since February 2019 and have seen significant improvements over the last six months. staff observed are caring and committed to improving the home to provide good care. The deputy manager and senior staff at Brierfields, and the managers from the sister homes have all worked to complete the actions required on the action plan that was implemented."