

Mariposa Care Group Limited

# Briardene Care Home

## Inspection report

Newbiggin Lane  
Newcastle Upon Tyne  
Tyne And Wear  
NE5 1NA

Tel: 01912863212

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Briardene Care Home is a purpose-built care home providing accommodation and personal and nursing care for up to 60 people. The service provides support to older people and younger adults some of whom may have a physical disability and/or be living with a dementia. At the time of our inspection there were 60 people using the service.

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

People told us they felt safe. One person said, "It's the next best thing to home, I do what I want when I want. The care staff are like my friends, they are very kind and caring." Staff understood the procedures they needed to follow to safeguard people from the risk of abuse. Concerns were reported and appropriately investigated and analysed for learning.

Infection prevention and control (IPC) measures were in place to minimise the impact of COVID-19. Staff were knowledgeable about the procedures and followed guidance in relation to the wearing of PPE. Risks were identified, and measures put in place to minimise harm. Medicines were managed safely.

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.

Systems were in place to monitor and improve the quality of the service provided. The registered manager was aware of their responsibilities and they were embedding a culture of openness and transparency. We have made a recommendation about duty of candour.

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 and update

The last rating for this service was requires improvement (published 1 June 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced focused inspection of this service on 11 and 12 February 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We had also received some concerns about infection prevention and control. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Briardene Care 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.

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 conducted by one inspector.

#### Service and service type

Briardene Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Briardene Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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, professionals who work with the service 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people and three relatives about their experience of the care provided and observed staff interactions with people. We spoke with nine members of staff, including care staff, the deputy assistant, the clinical lead, the registered manager and the regional manager. We viewed a range of records including care records for six people and multiple medicines records. We viewed records relating to the management of the service, including one recruitment file, audits, action plans and 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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure infection control policies and procedures were followed by staff. This was a breach of regulation 12(1) 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.

- 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

The providers approach to visiting was in line with government guidance. They were continuing to encourage family members to use regular COVID-19 testing before visiting. Test kits were provided if needed.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess, monitor and mitigate all the risks people were exposed to. This contributed to a breach of Regulation 17 (Good governance) 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.

- Risks were assessed, and plans were in place to minimise and manage those risks.

- Risk assessments included the potential impact of contracting COVID-19 and were completed for people and staff who may be at increased risk.
- Management plans were in place for specific needs including risks relating to falls, diabetes and epilepsy.
- Accidents and incidents were recorded and monitored for learning to reduce future risks. Follow up action was documented such as requesting additional support for someone who was assessed as being at very high risk of falls.
- Safety checks relating to the premises and equipment were completed.
- Personal emergency evacuation plans were in place to support people to move to safety in the event of a fire.

#### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguarding people from the risk of abuse.
- Staff knew how to recognise signs of abuse and felt confident the registered manager would take appropriate action if concerns were raised.
- People and their relatives told us they felt safe with the staff. One person said, "They are very kind and don't rush me, they explain what they are doing so I have confidence in them."
- Staff had completed training in safeguarding, protecting children and whistleblowing.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Using medicines safely

- Systems were in place to make sure medicines were used safely.
- Medicine administration records were completed appropriately.
- Protocols were in place for 'as required' medicines however some were more detailed than others in relation to how people presented if they were in pain or anxious.

#### Staffing and recruitment

- There were enough staff to meet people's needs.
- One person said, "The girls are good, they always come if I need them." Relatives confirmed the staff were available when needed.
- Procedures were in place to make sure staff were recruited safely.



# 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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure effective quality monitoring systems were in place. This was a breach of regulation 17 (Good Governance) 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.

- A range of audits were completed which monitored the quality and safety of the service.
- Some areas for improvement had been identified and actions taken to ensure the necessary improvements were achieved.
- Daily walkarounds, flash meetings and competency assessments were used to make sure staff were following infection prevention and control guidance appropriately.
- Staff described a developing culture where they all worked together for the benefit of the people living at the service. Comments included, "good team working," "the manager is supportive and has resolved concerns we've raised with them" and "staff morale is much better. The new manager is a good thing. She's setting the culture, expectations and priorities."
- Relatives also commented that they felt the registered manager was approachable. One relative said, "The manager walks around all the rooms and says good morning to everyone and thanks all the staff." Staff also commented on this and one staff member said, "The manager spends time on the floor, they are getting to know everyone and building trust."

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 registered manager was aware of their responsibilities under duty of candour.
- Notifiable safety incidents were recognised and responded to however written records of action taken and apologies offered were not kept.

We recommend the provider consider current guidance in relation to Duty of Candour and take action to update their practice accordingly.

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

- People using the service and their family were involved in making decisions about their care. People had been involved in choosing colours for the recent redecoration of the home. There was ongoing involvement in developing a new menu which people were enjoying.
- Staff meetings had been held and feedback shared from audits about how the home needed to improve and develop.
- The registered manager wanted to develop resident and relatives meetings so they could be more involved and share feedback about the service.

Working in partnership with others

- The staff worked in partnership with other health and social care professionals, including GPs, district nurses and dieticians.
- The registered manager was working towards re-establishing partnerships within the community, for example with faith groups, as these had declined during the pandemic.
- There were also plans to engage with provider forums and colleges however these were not yet in place.