

TLC Care(UK) Limited

Briarcroft Care 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

Briarcroft Care Home is a residential care home providing care and accommodation to up to 21 people. The service provides support to older people living with dementia. At the time of our inspection there were 20 people using the service.

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

Environmental risks were not always identified or well managed. Some risks relating to fire safety had not been identified, the premises and equipment were not well maintained and in parts the premises was in poor repair, and visibly dirty. Governance systems had failed to identify the concerns identified at this inspection.

Following our site visit, we contacted the fire service with our concerns. They inspected the premises and made 7 recommendations the provider should address to ensure compliance with fire safety requirements. The provider assured us they would take action to address fire safety concerns and the maintenance issues identified.

Whilst there was no evidence people had been harmed, people were at potential risk of harm. This was because records didn't always evidence care being provided in line with individual care plans, risk assessments had not always been completed, and staff had not completed training specific to people's needs.

There were a range of risk assessments in place, and they were regularly reviewed. Some individual risks were very well managed. For example, staff were skilled at managing risks around people's behaviours, particularly when people were experiencing significant distress and agitation. One visiting health professional told us they were supporting a person who had 3 previous placements terminated due to their behaviours. They said, "Briarcroft have worked so hard, with the support of the [health professionals] Team, on finding strategies that work for [person's name]. Systems and processes to protect people from abuse were in place and being operated effectively. Staff and people's relatives told us they felt comfortable raising concerns. Staff were recruited safely, and there were enough staff to meet people's needs. People received their medicines safely and there were good medicines management systems in place. Incidents and accidents were analysed on a regular basis and any themes or patterns identified.

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 culture of the service was open and inclusive, and staff worked with other professionals to ensure people achieved good outcomes. All the relatives we spoke to gave positive feedback about the staff team. Comments included, "From the first time I stepped into Briarcroft, it felt like a blanket of love". "I don't have

enough good words to say. They are brilliant. It's like a real home". And, "They're wonderful, been fantastic, like a family to me. [Relative] is so happy". Staff supported several people who had failed placements elsewhere. They were non-judgmental about how people expressed their emotions and worked with people and professionals to develop positive strategies to support people.

Staff were keen to continuously learn and improve care and sought opportunities to engage with external professionals to do so. Two senior staff had volunteered to take part in a hydration pilot project with a view to improving hydration and reducing urinary tract infections and falls. In December 2021 they were awarded a silver award in recognition of their work. The service had also engaged in a research project with Plymouth University looking at what constituted good quality care across a range of services. Health care professionals highlighted how open the service was and how keen they were to improve. One said, "They genuinely have people's best interests at heart". The registered manager sought feedback from people's relatives both informally and via an annual survey. The provider collated the responses and we saw people's relatives openly shared both positive and constructive feedback.

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

Rating at last inspection

The last rating for this service was good (22/02/2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and the length of time since we last rated the service.

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 good to requires improvement based on the findings of 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 COVID-19 and other infection outbreaks effectively.

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

The provider has taken action to address the concerns identified at this inspection, including engaging an external fire safety company to complete a professional fire risk assessment.

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

Enforcement

We have identified breaches in relation to premises and equipment, safe care and treatment and good governance at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Briarcroft 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 carried out by one inspector.

Service and service type

Briarcroft 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. Briarcroft Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 and professionals who work with the service. 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

During the inspection we spoke with people living at the service and spent time making observations in the communal lounge and in the dining room at lunch time. We spoke with 1 health professional, 1 relative and 4 members of staff including the registered manager. We reviewed a range of records including 2 people's care plans, medicines records, 3 staff files and records relating to safety and governance.

Following our site visit we spoke with 6 people's relatives, 5 health professionals and 3 members of staff on the telephone. We also met with the provider via videocall.



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 good. At this inspection the rating has changed to requires improvement. 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.

Assessing risk, safety monitoring and management

- Environmental risks were not always identified or well managed.
- Some risks relating to fire safety had not been identified. This included locked doors on two exit routes and combustible materials including white goods stored within an exit route. Personal evacuation plans were not easily accessible.
- Following our site visit, we contacted the fire service with our concerns. They inspected the premises and made 7 recommendations the provider should address to ensure compliance with fire safety requirements.
- The premises was not well maintained and in parts was in poor repair. For example, one shower room had cracked tiles, a hole in the flooring and mould on the floor and door.
- Some repairs had been poorly completed, which made it difficult for staff to clean effectively. For example, flooring and skirting fitted with gaps which collected dust and dirt.
- Some furniture and equipment were not clean or well maintained. For example, we saw one stained and dirty chair in the communal lounge, several pressure cushions had been ripped open, and a shower chair with mouldy rubber feet and rusting metal. One person's bed had peeled paint and rusty patches and another person's walking frame was visibly dirty.
- People's relatives and visiting professionals commented the premises was not well maintained. One relative said, "Mum's room just looks a bit basic, sad, and unloved in. I suppose it's functional rather than well loved".
- Parts of the premises were visibly dirty, despite there being a cleaner on duty each day.

The provider had failed to ensure the premises and equipment were clean and properly maintained and environmental risks had not been identified. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were at potential risk of harm because records didn't always evidence care being provided in line with individual care plans, risk assessments had not always been completed, and staff had not completed training specific to people's needs.
- One person was cared for in bed and required assistance to re-position every four hours. Their records showed regular gaps of much longer periods of time between re-positions, at times up to 15 hours. This put them at risk of developing pressure damage.
- Risk assessments had not always been completed to evidence decision making around whether it was safe for people to use bed rails.
- Staff had not completed dysphagia training and did not have up to date knowledge about the

international dysphagia standard terminology. This meant people losing their swallow function were at risk of potentially being given food that could put them at risk of choking.

- Role specific training was not always completed in a timely way. For example, the maintenance person, who was responsible for fire safety checks, did not complete fire safety training until they had been in the role for 6 months.

Whilst there was no evidence people had been harmed, this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider assured us they would take action to address fire safety concerns and the maintenance issues identified.
- Several relatives commented it was a secure building, and they felt confident their relatives were kept safe.
- There were a range of risk assessments in place, and they were regularly reviewed.
- Other individual risks were very well managed. For example, staff were skilled at managing risks around people's behaviours. One visiting health professional told us they were supporting a person who had 3 previous placements terminated due to their behaviours. They said, "Briarcroft have worked so hard, with the support of the [health professionals] Team, on finding strategies that work for [person's name]."
- Staff actively worked to reduce common risks to people. For example, they had taken part in a hydration pilot project which resulted in a reduction in falls and urine infections. One person's relative had noticed an improvement in their relative's hydration. They said, "They're good at ensuring they drink enough".

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to protect people from abuse were in place and being operated effectively.
- Safeguarding and whistle blowing policies gave staff information about raising concerns both internally and externally.
- Staff were able to demonstrate they understood different types of abuse.
- People's relatives told us they felt comfortable raising concerns. One said, "I'd be confident raising any concerns. They are very understanding".

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.

Staffing and recruitment

- Staff were recruited safely, and there were enough staff to meet people's needs.
- Pre-employment checks were completed before new staff started work. These included obtaining references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider had recently begun employing overseas staff via the government sponsorship scheme. The pre-employment checks for these staff were comprehensive and ensured staff had the skills and knowledge to meet people's needs. The registered manager told us the new staff had "exceeded expectations".
- The registered manager told us that, after a difficult period where there was a turnover of staff, they felt confident they now had a strong staff team to move forward with.

Using medicines safely

- People received their medicines safely.
- The local care home pharmacist had recently carried out annual medication reviews and had no concerns. They told us staff followed up any medicines queries or issues in a timely way.
- Medicines systems were well managed, and regular checks were in place.
- Good information was available for 'as required' medicines. Where GP's had authorised alternative medication routes, such as crushing tablets or administering medicines covertly, clear information and the relevant permissions were kept within the medicines records.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

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

Visiting in care homes

- There were no restrictions for visitors to the service.
- At the time of our inspection, the service was still asking visitors to complete lateral flow Covid-19 tests prior to entering the building. This was no longer required by government guidance, however none of the relatives we spoke to had any concerns about doing so.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt when things went wrong.
- Incidents and accidents were analysed on a regular basis and any themes or patterns identified.
- Good records were kept in relation to behavioural risks and incidents between service users. Methods recommended by local health professionals were used to record any incidents to identify triggers and try and reduce the risk of reoccurrence.

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 good. At this inspection the rating has changed to requires improvement. 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

- Governance systems had failed to identify the concerns identified at this inspection.
- The fire risk assessment that had been completed did not contain all the information required by government guidelines. The provider had failed to ensure a risk assessment was completed by a competent person with the required knowledge to do so.
- The fire risk assessment and routine fire maintenance checks had failed to identify the concerns found at this inspection.
- Routine maintenance checks, including regular visits from the provider, had failed to identify the improvement required to the environment and equipment.
- There was no formal provider oversight in place, such as a service improvement plan.
- Routine audits had not identified the potential risks to people identified on this inspection.

The provider failed to ensure governance systems operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had used a service improvement plan in the past and told us they would begin to use it again to document planned work and improvements.
- The registered manager did undertake regular audits and ensured people's care plans were regularly reviewed and up to date.
- We received positive feedback about the registered manager and senior staff team from other health professionals. One said, "The way [registered manager] manages the service is amazing".

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

- The culture of the service was open and inclusive.
- We observed positive interactions between staff and people. For example, one person had nicknamed a member of staff 'Angel' and called out for them when they needed help.
- All the relatives we spoke to gave positive feedback about the staff team. Comments included, "From the first time I stepped into Briarcroft, it felt like a blanket of love". "I don't have enough good words to say. They are brilliant. It's like a real home". "[Senior staff members name] is absolutely amazing, always in contact with us and puts us as a family at peace". And, "They're wonderful, been fantastic, like a family to me."

[Relative] is so happy".

- Staff worked with other professionals to ensure people achieved good outcomes. For example, one person was supported to improve their body tone; They had been restricted to bed for several years, however, through using specialist positioning equipment over time, had improved to the point the person was able to sit out in a chair for the first time.
- Another health professional told us a person they supported had moved from another service and had been disengaged and in the foetal position. They described how they had changed since they moved to Briarcroft and were engaged, walking around and smiling.
- Staff supported several people who had failed placements elsewhere. They were non-judgemental about how people expressed their emotions and worked with people and professionals to develop positive strategies to support people.

Continuous learning and improving care

- Staff were keen to continuously learn and improve care and sought opportunities to engage with external professionals to do so.
- Two senior staff had volunteered to take part in a hydration pilot project. Over several months, they attended training sessions and implemented the training within the service with a view to improving hydration and reducing urinary tract infections and falls. In December 2021 they were awarded a silver award in recognition of their work.
- The health professional staff worked with during the hydration project called them a "star home". Staff had attended every training session and consistently provided the data required for the project.
- The service had also engaged in a research project with Plymouth University looking at what constitutes good quality care across a range of services. They had approached the researcher to take part and were keen to understand where they were in terms of delivery of quality care, and how they could improve outcomes for people.
- Health care professionals highlighted how open the service was and how keen they were to improve. One said, "They genuinely have people's best interests at heart".

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

- Staff had good working relationships with other health professionals, and we received positive feedback from all the professionals we spoke with.
- People's relatives felt confident external health professionals were contacted at the appropriate time. One said, "They're on the ball. They involve health professionals when needed and there's good communication".
- Staff recognised when to seek external support, particularly when people were experiencing significant distress and agitation. This meant they sought input at an early stage and resulted in them being able to meet the needs of a number of people who had placements fail elsewhere.
- One health professional said, "I do not have any negative comments to make about this service and would happily work alongside them anytime."
- The registered manager sought feedback from people's relatives both informally and via an annual survey. The provider collated the responses and we saw people's relatives openly shared both positive and constructive feedback.

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

- One person's relative told us if they ever had to raise concerns, the registered manager and senior staff were always "so apologetic".

- The open culture of the service meant the registered manager and senior staff were keen to identify where things might have gone wrong and make improvements.
- There had been no incidents reportable under the duty of candour at the time of this inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were at potential risk of harm because records didn't always evidence care being provided in line with individual care plans, risk assessments had not always been completed, and staff had not completed training specific to people's needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure the premises and equipment were clean and properly maintained and environmental risks had not been identified.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems had failed to identify the concerns identified at this inspection.</p>