

Children's
And
Joint
Commissioning

Quality
Standard
Framework



Organisation

HC-One

Home

Brierton Lodge

Responsible Person

Jayne Parkins

Date of Report

01.03.2023

Contracts and Quality Officer

Andrew Ross

Overview of Home

Brierton Lodge is a residential nursing home for older people providing residential, nursing and dementia care with 58 beds.

The management team are well established and staff are trained and supported to deliver high standards of care.

The home has robust quality assurance, safeguarding, complaints and infection control processes and the premises and equipment are maintained appropriately.

Improvements are required in some key areas such as care planning, daily recording, incident reporting and staffing, however the home is working towards completion of an action plan and has shown recent improvements in many areas however these need to be maintained.

The home has actively recruited more permanent nursing staff to ensure consistency of staffing in the home and to allow appropriate staffing levels to be maintained.

The home has plans to implement electronic care plans in the near future which should improve the quality, accuracy and legibility of care plans and daily recordings.

Summary of Outcomes

Overall the home has some areas for improvement and has been rated as Grade 2 with a score of 798 points.

Summary of Outcomes

Name of Home-Brierton Lodge

Date of Report - 01-Mar-2023

Person Centred Care

- 1 - Assessment & Review
- 2 - MCA & Consent
- 3 - DoLS
- 4 - Nutrition & Hydration
- 5 - Promoting Dignity, Autonomy & Choice

Determination

Substantially Met

Fully Met

Fully Met

Substantially Met

Fully Met

Safe Care and Treatment

- 6 - Safeguarding/Understanding Safeguarding
- 7 - Medication
- 8 - Infection Control
- 9 - Premises & Equipment
- 10 - Health & Safety
- 11 - Moving & Handling

Fully Met

Substantially Met

Fully Met

Fully Met

Substantially Met

Governance

- 12 - Leadership & Management
- 13 - Staffing, Recruitment, Support & Learning
- 14 - Quality Assurance
- 15 - Complaints

Substantially Met

Substantially Met

Fully Met

Fully Met

Person Centred Care

1 - Assessment & Review

Determination - Substantially Met

All people receiving the service have a written care plan that is monitored, periodically evaluated and reviews are recorded to ensure the information is up to date and accurate. Care plans do not always accurately reflect the current status of residents and on occasion monthly reviews can be missed.

People's physical, mental health and social needs are holistically assessed, and their care, treatment and support is delivered in line with legislation, standards and guidance, to achieve effective outcomes.

Generally people's care records are accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe.

The layout of the care plans can make it difficult to find required information and there can appear to be gaps and omissions in the documentation where loose papers have been lost, misplaced or placed in the wrong section.

Technology and equipment is used to enhance the delivery of care and support, and to promote people's independence. The home has not used the NEWS kit regularly to monitor signs of ill health in residents however in recent months improvements have been made but these needs to be sustained.

Agency and peripatetic nurses have been used at the home to ensure appropriate staffing levels have been maintained and on occasion this has impacted on people receiving consistent, timely, coordinated, person-centred care however the home has now recruited permanent nursing staff to ensure care is more consistent in the future.

People's day-to-day health and wellbeing needs are met and recorded on daily care sheets however sometimes there can be gaps and omissions in daily logs and when incidents occur recordings can lack the detail to confirm what occurred, what action was taken and by whom.

The home must ensure staff maintain frequent, accurate and legible daily notes to document care interactions, these should be more detailed when incidents or episodes of ill health occur to clearly document action taken and advice sought.

The service ensures that people can understand the information and explanations about their healthcare and treatment options, including medicines, and their likely outcomes.

People are involved in regularly monitoring their health.

Generally people can access care, support and treatment in a timely way and referrals are made quickly to appropriate health services when people's needs change however there have been occasions relating to skin integrity where referrals to health services may have been delayed.

The home must ensure professional guidance is sought immediately when residents show signs of skin breakdown. Body maps and photographs should be used to document the changes in skin damage.

People contribute to planning their care and support, with their strengths, levels of independence and quality of life are taken into account.

In general, people's care plans reflect their physical, mental, emotional and social needs and incorporate their personal history, individual preferences, interests and aspirations. Care plans are understood by staff so people have as much choice and control as possible.

The service identifies and meets the information and communication needs of people with a disability or sensory loss. Information is recorded, highlighted and shared with others when required.

The service shares appropriate information and assessments with other relevant agencies for the benefit of people who use the service however the service needs to ensure that consent to sharing information is always sought, recorded and reviewed.

Most people's preferences and choices for their end of life care are recorded, reviewed and communicated and acted on where possible.

People, and their family, friends and other carers are involved in planning, managing and making decisions about their end of life care including advanced decisions made in line with the Mental Capacity Act 2005.

People are reassured that their pain and other symptoms will be assessed and managed effectively as they approach the end of their life, including having access to support from specialist palliative care professionals. Some staff completed end of life training in 2021 but this does not appear to have been refreshed for existing or new staff members.

The service ensures that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required ensures that people have rapid access to support, equipment and medicines.

The service supports people's families, other people using the service and staff when someone dies.

There are arrangements for ensuring that the body of a person who has died is cared for in dignified way, ensuring any culturally sensitive needs are considered.

The Home has not demonstrated achievement of this outcome.

There can be some gaps, omissions and inaccuracies in care plans and daily notes which may result in inappropriate care and treatment being provided.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

2 - MCA & Consent

Determination - Fully Met

Staff recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support and staff help people to get this support.

The service provides information to people and their families about organisations and advocacy services that can provide independent support and advice about their care, treatment and support.

Staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and other relevant national guidance.

People are supported and are given the information and explanations they need to make their own decisions in line with relevant legislation and guidance.

Decisions around a persons possible lack of mental capacity are assessed and recorded.

The process for seeking consent is monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance.

When people lack the mental capacity to make a decision, staff ensure that best interest decisions are made in accordance with legislation.

There are arrangements for people to be involved in decisions about managing risks appropriately including positive risk taking.

Risk management policies and procedures are in place to minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity.

Staff are trained to understand, prevent and manage people's behaviour that challenges whilst ensuring the individual is supported appropriately.

The Home has demonstrated achievement of this outcome.

3 - DoLS

Determination - Fully Met

The service promotes supportive practice that avoids the need for physical restraint, however where physical restraint is necessary, the service ensures that it is used in a safe, proportionate, and monitored way as part of a person-centred support plan.

Staff recognise when people who lack mental capacity, are being deprived of their liberty and they seek authorisation to do so when considered necessary and proportionate.

All staff are trained to understand the difference between lawful and unlawful restraint practices. Action is taken to minimise the use of restraint.

There is a system of monitoring to ensure the person's representative maintains regular contact with the person and acts when contact is not maintained.

The service has a system to monitor DoLS authorisations and their review dates and this is maintained.

Sometimes there can be a delay in ensuring the most up to date conditions attached to deprivation of liberty safeguards (DoLS) authorisations are contained in care plans.

Management has oversight on the process to ensure where a restriction may actually amount to a deprivation of liberty.

The Home has demonstrated achievement of this outcome.

The home must ensure that the most up to date conditions attached to deprivation of liberty safeguards (DoLS) authorisations are contained in care plans as soon as they are received from the local authority.

Outcome 4 - Nutrition & Hydration

Determination - Substantially Met

People are involved in decisions about what they eat and drink and their preferences are recorded, reviewed and acted upon.

The home does not have any residents with cultural and religious eating and drinking needs however there are processes in place to record and manage this if it was required for any future residents.

People have access to dietary and nutritional specialists to help meet their assessed needs if required. There are sufficient quantities of food and drink at mealtimes in line with people's preferences.

Risks to people with complex needs or lack capacity are identified and managed in relation to their eating and drinking.

Relevant staff have completed food hygiene training and the correct procedures are in place and followed wherever food is prepared and stored.

People have accurate nutrition and hydration assessments for eating and drinking which are carried out by knowledgeable staff. The home must ensure that residents are weighed regularly without omission (weekly or monthly depending on individual needs). When weight loss is identified appropriate advice must be sought and referrals made i.e. GP, SALT, dietician. The home must ensure all professional advice and guidance is implemented and care plans are updated to reflect this.

Where people require support such as feeding, encouragement and prompting, this is done in a compassionate way that maximises people's independence and maintains their dignity. People do not feel rushed at mealtimes. When observing mealtimes there was often little interaction between staff and residents when assisting with feeding.

The service is aware of specialist diets, allergies, choking risks and lifestyle choices, and these are recorded, kept up to date and shared as appropriate.

People have access to specialist equipment in a timely manner to meet their assessed need.

Drinks are offered throughout the day and when required people's intake is monitored to ensure their assessed needs are being met. Snacks are offered outside of mealtimes and are available any time of day upon request.

People can choose the location of where they eat including the dining room, their own room or communal areas and are supported to do so. The majority of residents residing downstairs at the home eat meals in their rooms. For those able to eat independently, it is important that these residents are supported, prompted and encouraged to eat.

People are offered a choice of food and drink and this is served at an appropriate temperature. The advertised food menu often does not match with the food available to residents on the day.

The Home has not demonstrated achievement of this outcome.

The Dining experience of residents needs to be improved.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

5 - Promoting Dignity, Autonomy & Choice

Determination - Fully Met

People are treated with kindness, respectfulness and compassion in their day-to-day care and are supported by staff who act in their best interests.

The service makes sure that people, and those close to them, feel like they matter, and that staff listen to them and talk to them appropriately and in a way they can understand.

People are involved in developing the service wherever possible including: • deciding how they choose to spend their day • planning activities and outings • decisions around personal care and how and when help is provided • devising menus and the timing and place of meals, and • people are consulted when alterations to their living space is planned.

Staff seek accessible ways to communicate with people (when their protected and other characteristics under the Equality Act make this necessary) to reduce or remove barriers.

Staff know the people they are caring for and supporting, including their preferences, personal histories and backgrounds.

Staff show concern for people's wellbeing in a caring and meaningful way and respond to their needs in a timely manner.

Staff make sure that people's privacy and dignity needs are understood and respected including during personal care.

People receive support to be independent. Their wishes are recorded, reviewed and acted upon wherever possible.

People's relatives and friends are made to feel welcome and are able to visit without being unnecessarily restricted. There are arrangements to encourage relatives and friends to provide feedback on the service.

Processes are in place to ensure there is no discrimination when making care and support decisions.

People are supported to follow their interests and take part in activities that are appropriate to them where possible.

The home has some links with the local and wider community but these could be further developed and should include more opportunities for a range of regular planned outings for residents.

The service ensures that people are encouraged and supported to develop and maintain relationships with people that matter to them.

The service has a nominated Dementia champions who oversee standards in dementia care on a service wide and individual basis.

The Home has demonstrated achievement of this outcome.

Safe Care & Treatment

Outcome 6 - Safeguarding/Understanding Safeguarding

Determination - Fully Met

Safeguarding systems, processes and practices are in place, staff are aware and any updates are communicated to staff.

Systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect. Staff can recognise signs of potential abuse and know what to do when abuse is suspected.

Processes are in place to ensure people are protected from discrimination, harassment and abuse, in line with the Equality Act.

People are supported to understand what safeguarding means, and they are encouraged to raise any concerns. If people are subject to a safeguarding investigation, they are supported during this process.

Staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.

There are processes for reviewing and investigating safeguarding incidents when they occur. All relevant staff, services, partner organisations and people who use services are involved in reviews and investigations

Safeguarding investigations, reviews and audits ensure lessons can be learned to improve how care, treatment and support is delivered.

The Home has demonstrated achievement of this outcome.

Outcome 7 - Medication

Determination - Substantially Met

The medication outcome has been assessed by the Medicines Optimisation Service further information can be found in the Assessment Report dated 12-Dec-2022 appended to this report.

The Home has not demonstrated achievement of this outcome.

Medication incident logs are not always submitted regularly however the home is now up to date with their submissions.

The home must work to the action plan to demonstrates improvements and ensure this is sustained.

There have been medication incidents and examples of poor record keeping.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

Outcome 8 - Cleanliness and infection control

Determination - Fully Met

There are suitable arrangements for making sure that premises are kept clean and hygienic so that people are protected from infections and a range of risk assessments are in place and updated regularly. Flooring in kitchen needs refurbished.

The IPC nurses have advised that flooring in the kitchen needs refurbishing.

Staff understand their roles and responsibilities in relation to infection control and hygiene.

Policies and procedures are maintained and followed in line with current relevant national guidance.

The service ensures that it alerts the right external agencies (e.g. HBC, visitors and professionals) to concerns around infections that affect people's health and wellbeing.

The home has a designated IPC Champions.

The home completes regular observation and spot checks of staff ensuring appropriate infection control practices are adhered to.

There is a system in place to manage the occupational health needs and obligations of staff in relation to infection.

The Home has demonstrated achievement of this outcome.

Outcome 9 - Premises & Equipment

Determination - Fully Met

Technology is used to support people to receive timely care and support and is easy to use.

Regular health and safety checks of bedrooms and communal areas ensure that people are supported to stay safe. Any issues identified are resolved in a timely manner.

When things go wrong, lessons are learned, themes are identified, and action is taken as a result of reviews and investigations.

Learning from lessons is shared to make sure that action is taken to improve safety across relevant parts of the service. Staff learn from reviews and investigations by other services and organisations.

The service has arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations and reviews. Information is shared to staff when appropriate.

People are involved in some decisions about the environment but this could be improved to ensure residents and relatives are actively involved in more decision where ever appropriate.

People have access to appropriate spaces: • in gardens and other outdoor spaces • to see and look after their visitors • for meaningful activities • to spend time together • to be alone.

The signage, decoration and other adaptations to the premises help to meet people's needs and promote their independence. Changes to the environment are managed to avoid causing distress to people who live there.

Staff with responsibility for maintaining equipment are appropriately trained to ensure it is fit for purpose.

The service maintains and follows policies and procedures in line with current relevant national guidance.

The Home has demonstrated achievement of this outcome.

Outcome 10 - Health & Safety

Due to unforeseen circumstances it has not been possible to fully complete the Health & Safety Assessments for inclusion in this report. The home has therefore been awarded a notional 30 points which is the maximum points available for health & safety. The Council will continue to progress the assessments outside of the QSF reporting process.

Outcome 11 - Moving & Handling

Determination - Substantially Met

The service ensures that moving and handling of people is undertaken in a safe way including:(a) A Moving and Handling Policy is in place.(b) All people who use the service are assessed in relation to their mobility and there is detailed task guidance in the support plan.(c) Services using specialist equipment include an OT assessment.(d) Risk assessments are appropriate.(e) Staff have had moving and handling Training within the last 12 months.(f) Moving and handling training is provided by a competent trainer.(g) Trained staff monitor staff techniques on a periodic basis.

Moving and Handling risk assessments are robust and reviewed regularly.

Falls documentation is not always submitted to HBC each time a resident falls and the documentation is not always completed fully and accurately. Although this has improved in recent months this must be sustained.

Professional instruction is outlined in people's support plans, reviewed and followed by staff.

People are encouraged to assist, where safe to do so, in their own transfers.

When support is being given to move people, reassurance is given in a compassionate manner by staff.

Staff have skills, competencies, qualifications, experience and knowledge, to meet people's individual needs.

Equipment is checked, maintained and serviced to ensure it is safe for staff and people to use.

Moving and handling equipment is used in accordance with manufacturers instructions.

There been some instances of incidents and bad practice whilst hoisting in the last 12 months resulting in staff disciplinary.

The Home has not demonstrated achievement of this outcome.

Incidents have occurred as some staff have used incorrect techniques on occasions whilst transferring residents.

The level of impact has been assessed as medium – there is a moderate impact but no long-term effects on residents.

The likelihood that the impact will happen or recur has been assessed as unlikely – the impact will probably never happen/recur as there are control measures and processes in place.

Governance

Outcome 12 - Leadership & Management

Determination - Substantially Met

There is a registered manager in post.

There are arrangements included within the rotas, for making sure that staffing levels are sufficient, staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs and personal preferences are accounted for where possible. On occasion, the home has not always been able to maintain appropriate levels of nursing staff however the home has recently recruited more permanent nursing staff members.

Managers are aware of the day-to-day culture in the service including the attitudes, values and behaviour of staff. They encourage staff to feel positive and proud to work in the organisation.

The service promotes and supports fairness, transparency and an open culture for staff.

The manager makes sure that staff are supported, respected and valued. Their rights and wellbeing are protected and they are motivated, and caring.

The service shows honesty and transparency from all levels of staff and leadership following an incident. This is shared with people using the service and their families in line with the duty of candour. The service ensures people are supported when incidents occur. Staff need to ensure incidents are always reported in a timely manner especially when they occur out of normal hours.

Leaders have the skills, knowledge, experience and integrity they need to lead effectively, both when they are appointed and on an ongoing basis.

The service has a clear vision and a set of values and leaders make sure these are promoted and understood by staff and embedded into practice.

The manager does not always attend meetings, forums and events which on occasion has resulted in the home not being represented and therefore not updated on local issues/developments/opportunities.

Managers and staff have a shared understanding of the key challenges, achievements, concerns and risks.

The organisation promotes equality and inclusion within its workforce and all staff have up to date equality and diversity training.

The registered manager understands their responsibilities and are supported by the regional manager and the provider to deliver what is required.

All relevant legal requirements are understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications. Managers understand recommendations made by CQC, keep up-to-date with relevant changes and communicate them to staff.

Staff are involved in developing the service. They are encouraged to be involved in considering and proposing new ways of working.

The home had good links with the local community before the pandemic but many of these links have been lost. The home needs to try and re-establish links for the benefit of the residents.

The service works in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care and does so in an open, honest and transparent way.

The service gives staff the time, training and support they need to provide care and support in a compassionate and personal way. Staff have time to listen to people, answer their questions, provide information and involve people in decisions. The home needs to ensure staff are fully aware of out of hours escalation processes.

The Home has not demonstrated achievement of this outcome.

The home has not always had enough permanent nursing staff members to ensure adequate cover is in place.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as unlikely – the impact will probably never happen/recur as there are control measures and processes in place.

Outcome 13 - Staffing, Recruitment, Support & Learning

Determination - Substantially Met

All staff have received appropriate induction upon commencement of employment.

Staff receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take.

The service makes sure that responsibility and accountability is understood at all levels which promotes the delivery of high-quality, person-centred care.

There are clear and transparent processes for staff to account for their decisions, actions, behaviours and performance.

There have been incidents where staff have not raised concerns / whistle blown in a timely manner which meant the opportunity to prevent the incident developing further was missed.

Safety is promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures and observations. The structure of staff files can be inconsistent which can make it difficult to ensure all required documents are in place.

Staff receive effective training in safety systems, processes and practices and this is reviewed regularly.

Staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress.

People have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience.

Staff are supported to keep their professional practice and knowledge updated in line with best practice.

Staff know and understand what is expected of them and this is reinforced with regular support, supervision, appraisal and training.

Staff teams work collaboratively, share responsibility and resolve conflict quickly and constructively. There are cooperative, supportive and appreciative relationships among staff.

There are systems of communication to ensure information is shared timely and appropriately however there have been some occasions where information has not been handed over or inaccuracies and omissions in the information has resulted in staff not being able to carry out their roles and responsibilities effectively.

The Home has not demonstrated achievement of this outcome.

Sometimes accidents, incidents and near misses are not reported by staff in a timely manner and these are not always communicated to other staff during handover.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

Outcome 14 - Quality Assurance

Determination - Fully Met

The service maintains a log of whistleblowing, staff concerns, safeguarding and accidents or incidents and investigates each incident thoroughly. Plans are developed and monitored to ensure actions are completed.

When incidents occur they are analysed to look for common themes and trends to ensure lessons are learned.

Lessons learned from incidents are shared with staff to improve service delivery and prevent reoccurrence.

The service ensures that its approach to quality is integral and all staff are aware of potential risks that may compromise quality.

The service enables and encourage accessible open communication with all people who use the service including their family, friends, staff and representatives.

People's views and experiences are gathered and acted on to shape and improve the services and culture.

Resources and support is available to develop staff and teams and drive improvement.

Quality assurance systems enable the service to evaluate and learn from current performance ensuring continuous improvement and to improve future performance.

Success and innovation is recognised, encouraged and implemented.

Information from incidents, investigations and compliments are evaluated. Lessons are learned and changes are made if required.

The service ensures that the delivery of care, treatment and support is in line with current local and national guidance.

Information technology systems are used to help effectively monitor and improve the quality of care.

The provider is accredited as standards met for 22/23 for the DPST toolkit.

The Home has demonstrated achievement of this outcome.

Outcome 15 - Complaints

Determination - Fully Met

People who use the service are provided with information on how to make a complaint or raise concerns and this is regularly promoted.

The complaints process is accessible, is easy for people to raise a concern or complaint and is encouraged.

There is a formal log of complaints which is kept up to date. Complaints are handled effectively with openness, transparency and confidentiality. The complainant receives regular updates, a timely response and an explanation of the outcome including the appeals process.

People who raise concerns or complaints are protected from discrimination, harassment or disadvantage and are supported throughout the process. Further training is required for some staff to ensure they know how to deal with complaints effectively.

Concerns and complaints are used as an opportunity to learn and examples of this were evidenced.

The Home has demonstrated achievement of this outcome.

Date	Home	Total Points	Outcome of assessment	No. of points achieved
01 March 2023	Brierton Lodge			
Person Centred Care		270		214.0
	1 - Assessment & Review	70	Substantially Met	42.0
	2 - MCA & Consent	70	Fully Met	70.0
	3 - DoLS	30	Fully Met	30.0
	4 - Nutrition & hydration	70	Substantially Met	42.0
	5 - Promoting Dignity, Autonomy & Choice	30	Fully Met	30.0
Safe Care and Treatment		260		220.0
	6 - Safeguarding/Understanding Safeguarding	70	Fully Met	70.0
	7 - Medication	70	Substantially Met	42.0
	8 - Infection Control	30	Fully Met	30.0
	9 - Premises & Equipment	30	Fully Met	30.0
	10 - Health & Safety	30	Fully Met	30.0
	11 - Moving & Handling	30	Substantially Met	18.0
Governance		220		164.0
	12 - Leadership & Management	70	Substantially Met	42.0
	13 - Staffing, Recruitment, Support & Learning	70	Substantially Met	42.0
	14 - Quality Assurance	70	Fully Met	70.0
	15 - Complaints	10	Fully Met	10.0
Environmental Standards		250		200.0
Total of Overall Outcomes				
	Fully Met	9	60.0%	
	Substantially Met	6	40.0%	
	Partly Met	0	0.0%	
	Not Met	0	0.0%	
	**To be recorded	0	0.0%	
	Total	15		
Total Points	Person Centred Care	270.0		214.0
	Safe Care and Treatment	260.0		220.0
	Governance	220.0		164.0
	Environmental Standards	250.0		200.0
		1000		798
	Banding :	Grade 2		