

Random inspection report

Care homes for older people

Name:	Briarwood Nursing Home
Address:	Whitmore Road Blaydon Tyne & Wear NE21 4AN

The quality rating for this care home is:	three star excellent service
The rating was made on:	

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Alan Baxter	2	3	0	6	2	0	1	0

Information about the care home

Name of care home:	Briarwood Nursing Home
Address:	Whitmore Road Blaydon Tyne & Wear NE21 4AN
Telephone number:	01914148374
Fax number:	01914147439
Email address:	janetmole@hotmail.com
Provider web address:	www.mentalhealthconcern.org

Name of registered provider(s):	Mental Health Concern
Name of registered manager (if applicable)	
Mrs Janet Mole	
Type of registration:	care home
Number of places registered:	29

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	5	12
mental disorder, excluding learning disability or dementia	17	17

Conditions of registration:								
<p>1. The registered person may provide the following category of service only: Care Home with Nursing - Code N To service users of the following gender: Either Whose primary care needs on admission to the home are within the following category(ies): Mental disorder, not falling within any other category - Code MD, maximum number of places: 17 Dementia, not falling within any other category, Code DE, maximum number of places: 12</p> <p>2. The maximum number of service users who can be accommodated is: 29</p>								
Date of last inspection								

Brief description of the care home

Briarwood nursing home was built in the late 1960's by the local authority to provide nursing and personal care for older people with dementia care or mental health needs. Mental Health Concern's (MHC) nursing services are commissioned via Service Level Agreements by NHS statutory agencies and form an integral part of the localities health services. Therefore, no 'charge' is made to any prospective resident who is referred to our registered Nursing homes. (A notional total bed cost can be attributed. 07/08 budgets range from approximately £850-£950 per bed per week.) Briarwood is divided into two units. The downstairs unit is used for the care of those with a dementia type illness. The upstairs unit provides long-term care of people with complex mental health needs. All of the units have communal areas as well as bathrooms, toilets and bedrooms. The administration area is all located at the front of the building. The home is situated in the heart of Blaydon close to the Blaydon Precinct and the main bus interchange linking to Gateshead, Newcastle and Hexham. A short distance away is the local library, GP surgeries and dentist. The home is close to the main road however pedestrian crossings are available to improve access to local facilities. It is enclosed in it's own grounds and is surrounded by a mix of houses.

What we found:

This was a Random, unannounced inspection of this service. The home had last been inspected on 31st August 2007. The home had been rated a 3 star service at that inspection, meaning that the people living there experience Excellent outcomes. We only consider changing the rating of a home at a full, 'key' inspection, so the home's rating will not change as a result of this inspection.

During this inspection we spoke with the manager and staff, and with a number of residents. We looked at care records and other essential documentation to make a judgement about the quality of the care being offered. We observed care practices. We informed the manager of what we found.

Our findings were as follows:

Residents' care records are well ordered and the information was indexed and easily accessible. Initial care assessments are nurse-led, and are detailed, comprehensive and holistic. Care plans are cross-referenced to the assessments, have clear and achievable aims and very detailed interventions. There are regular evaluations of the care plans, with evidence of appropriate updating of the plans.

There was ample evidence of residents being actively included, wherever possible, in both their own care and in the day-to-day running of the units. On the first floor unit this includes choosing menus, and preparing and cooking the meals.

The home has a positive approach to complaints and other expressions of concern. No formal complaints have been made in the past twelve months. Low level complaints, such as mislaid items of laundry, are responded to quickly, and recorded on the individual resident's care record. It was recommended that a central log of complaints/concerns is kept, recording the basic details of concern/investigation, with the outcome and degree of satisfaction of the complainant noted. This will better demonstrate the home's good practice in this area.

The home has a policy on the safeguarding of residents from abuse and neglect. This policy lacks clarity regarding the appropriate steps that must be taken in response to an incident or allegation of abuse. It is potentially misleading, in that it states that the person-in-charge will "endeavour to resolve the problem", and conduct a "full investigation", before the allegation has been reported to the local authority Safeguarding team. The registered manager was, however, very clear about the importance of immediately reporting any such allegation or concern to the safeguarding team, and said that all staff have been instructed to do this.

There have been no safeguarding alerts raised in the past twelve months, and only one in recent years. This was reported speedily and appropriately to both the local authority and to the Police. The allegation was not substantiated.

Medications are professionally administered and recorded, and are safely stored. There are both internal and external audits of the medications.

The residents are consulted regularly on their thoughts about their care and the running of the home. There was good evidence that this consultation is taken very seriously by the manager and that it results in significant changes to practices. Examples seen include giving residents easier access to money held for them; changes of meal times; improved furniture; the replacement of the mini bus by a smaller, less institutional vehicle, but with an increase in the number of trips out; and improvements to the garden, including better access, bird feeders and a sensory garden. The minutes of a recent residents' meeting showed that staff and residents discussed a programme of structured activities in the home, and agreed various activities such as a knitting group, a film group, a music group, a baking group, a Wii group, and pamper and relaxation groups.

All accidents and other incidents are logged on a computerised system, reviewed and risk assessed by the registered manager, and sent to the Mental Health Concern main office. Falls are analysed, and issues such as tissue viability and episodes of violence examined and responded to appropriately. Where necessary, issues are reported to the Care Quality Commission or to other relevant authorities.

A new fire panel was installed in the home in April this year. An inspection of the home had recently been undertaken by a fire officer of the local Fire and Rescue Service. The report of this inspection had yet to be received by the home, but the manager stated that a number of recommendations were to be included in it.

What the care home does well:

This is a well run home that places the residents firmly at the centre of all it does. It treats them with great respect, focusses on their strengths and abilities, and encourages them to make informed choices about their daily lives. Staff work hard to foster a culture of independence and responsibility, challenging residents, where appropriate, to achieve their potential. Briarwood continues to provide an excellent service to its residents.

What they could do better:

The only significant area identified is that the home's 'safeguarding' policy needs to be reviewed and revised.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	16	A central log of complaints and concerns should be kept, recording the basic details of concern/investigation, with the outcome and degree of satisfaction of the complainant noted.
2	18	The home's Policy on safeguarding adults should be reviewed and revised to increase clarity and to ensure that it is in line with current good practice and local authority guidelines.
3	38	The home should carry out the recommendations of the recent fire officer inspection of the home.
4	38	Fire call points should be tested in chronological order, to ensure that none are missed.

Reader Information

Document Purpose:	Inspection Report
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Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

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