

Barrock Court Care Home Limited

# Barrock Court 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

Barrock Court Care Home is a residential care home providing personal care for up to 28 people, including older people and people living with dementia. At the time of our inspection, 21 people were living at the home in adapted accommodation at ground level, made up of three separate units.

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

Infection control procedures (IPC), particularly related to the COVID-19 pandemic, had greatly improved since we last inspected. Visiting was safely taking place. We have signposted the provider to support IPC ongoing best practice, particularly regarding testing.

Medicines were generally well managed, but some recording needed to further improve, and we have made a recommendation about this.

Enough staff were on duty but we have made a recommendation regarding this to support ongoing compliance.

Safety checks on the building were carried out and any risks identified to people or staff were assessed and monitored.

People's needs had been assessed prior to moving in. The care provided was good. Some care plans and associated records still needed more detail.

People felt safe and reported that staff were very kind and caring and provided them with a good service. Suitable safeguarding procedures were followed by staff.

Quality assurance checks were in place and we were told these were to be further reviewed. A new manager had very recently come into post and was settling into the role with support from senior management.

For more details, please see the full report which is on the Care Quality Commission (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 26 March 2021) with two breaches of regulations and we issued conditions on the providers registration. 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 and had met the conditions issued against their registration.

### Why we inspected

We carried out an unannounced focused inspection of this service on 5 January 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 governance.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection. We have found evidence that the provider has made some improvements and addressed the previous breaches of regulations, but further time is required to fully address all areas and sustain good practice.

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

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.

#### Follow up

We will continue to monitor information we receive about the service until we 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Barrock Court 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 Care Act 2014.

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

This inspection was carried out by one inspector.

#### Service and service type

Barrock Court Care Home 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 did not have a manager registered with the Care Quality Commission, however, the new manager was in the process of submitting their application to register. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We received feedback from the local authority quality and care governance team, from social workers and from district nurse teams involved with the home.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We communicated with seven members of staff including the manager and deputy manager. We also met with the regional director, the quality compliance manager and the regional support manager.

We communicated with members of the district nurse team and received further feedback from the local authority quality and care governance team. Any information received was used to support the inspection findings.

We reviewed a range of records. This included multiple medicines records, care records of three people and various care monitoring records for people. We looked at three recruitment records and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with the local authority to share details of our inspection findings.

# 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 remained the same as further work was required. 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.

### Preventing and controlling infection

At our last inspection the provider had failed to robustly protect people from the risk of infection because staff were not following government guidance. This was a breach of Regulation 12 (Safe Care and Treatment) 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 and conditions placed on their registration were removed.

- We were somewhat assured that the provider was accessing testing for people using the service and staff.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

### Using medicines safely

- Medicines were generally safely managed, including the arrangements for safe receipt, storage, and disposal of people's medicines.
- Some medicines records were not always up to date or reflective of people's current needs. For example, topical medicine (creams and ointments) records did not always show which part of the body these medicines should be applied to or give clear details of how or when to apply. The manager told us they would address this immediately.

We recommend the provider review all medicines records in line with best practice.

- We noted the medicines room was untidy. The manager told us this would be addressed.

#### Staffing and recruitment

- There were enough staff on duty, however, staff were not always deployed effectively to meet people's needs. For example, we found people unattended during lunch time in one of the units within the home, as only one staff member was allocated to this unit and were busy elsewhere.

We recommend the provider review staffing arrangements and allocations in line with best practice.

- Safe recruitment processes were in place, including checks with the Disclosure and Barring Service (DBS) to ensure staff were suitable to be employed. Some staff records had not been signed off fully when copies of recruitment information had been received. The manager said this was something they were going to address.

#### Assessing risk, safety monitoring and management

- Risks to people and staff had been identified and assessed to help keep everyone safe.
- Further detail was needed in some people's care records. For example, the monitoring of bed settings and repositioning information. The manager was in the process of addressing this and work on the quality of the care records was ongoing.
- Fire safety measures were in place to keep people safe and support staff in an emergency.
- Building and equipment checks were completed, including those in connection with mains electrical checks.

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

- People felt safe. One Relative confirmed, "I have no cause for concern." Staff had received training to support them in protecting people from abuse. Policies and procedures regarding safeguarding people were in place.
- The management team investigated any issues which were raised.

#### Learning lessons when things go wrong

- Lessons learnt were shared within the staff team. Accidents and incidents were recorded, and any shared learning was discussed through staff handovers between shifts. Any shared learning was also discussed at higher management level to circulate across the organisation.



# 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 remained the same as further work was required. 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; 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; Continuous learning and improving care

At the last inspection governance procedures were not robust. 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.

- Quality assurance processes were in place. An action plan had been developed to address issues found at the previous inspection. Progress had been made with the action plan, and most of the outstanding issues were in connection with record keeping, which the management team were still working to address.
- There had been some miscommunication regarding testing in the home. This was immediately addressed by management.
- The service had seen many changes of management in the last few years. There was a new manager in place who had started the process of applying to register with the CQC in line with regulatory requirements. The provider had also appointed a new regional director and new regional support manager in the area. We were told the regional support manager would support the service until the new manager was settled into their role and all actions were addressed.
- Staff were supported to learn and improve their skills and knowledge. Further training was planned regarding dementia care and pressure damage. Some staff were to be enrolled on a diploma in health and social care.
- The provider was aware of their duties in relation to duty of candour and had acted appropriately when necessary. They understood their role regarding regulatory requirements and the need to be open and honest. Safeguarding concerns and serious incidents were reported appropriately to the CQC.

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

- Staff were committed to providing person-centered care to people to ensure good outcomes, although the information to support this was not always fully recorded in care records. Work was ongoing to address

this.

- Staff were open to suggestions for positive change and supported the inspection throughout.
- Staff reported morale had been low but was now starting to improve. Staff told us they felt supported by the management team, and in particular by the deputy who had stood in whilst no manager was present. One staff member said, "We are a good team, we look after each other."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their families in discussions about individuals care and support needs. People and their relatives told us they felt comfortable with the staff and management team. They were confident staff had the skills they needed to provide people with the right care. One relative told us, "Staff are always talking to us about how things are going. I have confidence they are doing what they should be. The staff are phenomenal."
- Communication had improved within the service. Relatives told us that they were kept regularly updated by the staff team. One healthcare professional told us "The staff are willing to engage, listen and act which is good."

Working in partnership with others

- The staff team worked in partnership with various healthcare professionals to ensure people received appropriate care with good outcomes.
- The service had established links in the local community, including with schools. The COVID-19 pandemic had impacted on how these links were maintained, but contact was still being made. For example, a local school carried out window visits with people.