

# MOP Healthcare Limited

# Barrowhill Hall

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

We inspected this service on 5 November 2015. This was an unannounced inspection. Our last inspection took place in August 2013 and at that time we found the home was meeting the regulations we looked at.

The service provides support to 50 older people, some of who may be living with dementia. At the time of the inspection there were 45 who used the service.

There was a registered manager in the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always managed safely as we saw some medicines were given to family members to administer. The provider had not assessed the risk and staff did not check these had been administered and recorded correctly. Some medicines we saw were touched by staff or broken in half without necessary standards being maintained to ensure the integrity of the tablets were not compromised and risks were minimised in handling medicines. Improvements need to be made in this area.

The provider had reviewed the staffing levels to meet the needs of people who used the service. We saw there were sufficient staff working although at certain times of the day, especially at lunch time the way staff were deployed meant that staff were busy and were not always able to meet people's needs in a timely manner.

People told us they felt safe and were confident that staff supported them in a manner which protected their welfare. Staff understood what constituted abuse or poor practice and there were systems and processes in place to protect people from the risk of harm.

People's care needs were planned and reviewed regularly to ensure their care continued to meet their needs. Staff received training to meet identified needs to ensure they could effectively meet people's identified needs.

People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and support. Where people were not able to make decisions for themselves, they were supported to make decisions that were in their best interests with the help of people who were important to them. Where restrictions were placed upon people these had been assessed and applications made to appropriate authorities to ensure any restriction was lawful.

People were supported to eat and drink and breakfast time was flexible so people could arise at a time that suited them. Specialist diets were catered for and alternative meals could be provided upon request.

Health care professionals visited the service regularly to provide additional healthcare services to people. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People told us the staff were kind and treated them with dignity and respect. People's care was tailored to meet their individual needs. Care plans detailed how people wished to be cared for and supported.

People were confident they could raise any concerns with the registered manager or staff and were complimentary about the registered manager and staff. They told us the registered manager was always available and was approachable. They were encouraged and supported to provide feedback on the service. The provider had effective systems in place to review the quality of the service provided.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 consistently safe.

Medication management practices did not always ensure that people received their medicines safely. There were adequate numbers of staff on duty although the staff were not always deployed to meet people support needs in an effective way. People were protected against the risk of abuse because staff were able to recognise abuse and took appropriate action when it was suspected.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had received training to know how to support people and maintain their well-being. People were supported to eat and had access to health care professionals who supported them to keep well. People were supported to make decisions and where they needed help; decisions were made in their best interests with people who were important to them.

**Good** ●

### Is the service caring?

The service was caring.

People received support from staff who were kind and compassionate. Staff knew people's needs and provided care in line with people's preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care and their views were listened to and acted upon.

**Good** ●

### Is the service responsive?

The service was responsive.

People were able to pursue their hobbies and interests and activities were provided in the home and local community according to people's preferences. People's needs were identified and staff provided individual support. The provider responded effectively to people's complaints about the service.

**Good** ●

## Is the service well-led?

The service was well-led.

There was a positive culture and staff felt well supported by the registered manager and provider. Effective systems were in place to assess and monitor the quality of the service and information was used to help make improvements.

Good 

# Barrowhill Hall

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 November 2015 and was unannounced. Our inspection team consisted of three inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with seven people who used the service, four relatives, six care staff, the registered manager, administration staff and one social care professional. We did this to gain people's views about the care and to check that standards of care were being met.

We observed care and support in communal areas. Some people had communication difficulties, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We viewed five records about people's care and medication. We also looked at records relating to the management of the service including quality checks.

## Is the service safe?

### Our findings

We found that people's medicines were not always managed in a safe way. Some people who used the service only needed half a tablet. The medicines had been dispensed as whole tablets and requests had not been made for medicines to be prescribed in a smaller dose. The staff did not wear any protective gloves when handling and cutting the tablets and did not dispose of the other half tablet. This meant there was a risk to staff from directly handling the medicine and the integrity of the medicine could be compromised. We also observed medication being given to a family member for administration which was signed for as though it had been administered by the staff member. The staff confirmed that this practice had not been assessed to ensure people and family members continued to be safely responsible for medicines and no checks were carried out that this had been given prior to recording this.

This evidence demonstrates that there was not proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that there were sufficient staff numbers to keep people safe and meet their needs. However, we found the way that the staff were deployed during the day could have been done more effectively. For example, we saw at lunch time, staff were rushed whilst supporting people to eat and serve the meal. Some people had only eaten breakfast shortly before lunch was served, but the lunch time meal and staff support was not flexible. This meant we saw people had to wait a longer time to have their personal care needs met and staff had less time to speak and support people. We observed staff responding to requests but some people who used the service became distressed as there was not always staff available. The registered manager agreed that this should be reviewed.

We found that people were protected from abuse. People we spoke with said that they felt safe in the home. One relative told us, "[Person who used the service] felt much safer here". We observed that the people who used the service interacted positively with the staff, and on occasions were seen to laugh and smile with them. We saw some people received higher levels of support when they needed it so they could move around the home safely and make choices as to where they wanted to be. We saw that different people were helped in different ways when they became anxious. One person who was shouting was helped to move to a quieter area, to which they said "Thank you".

The staff showed they were aware of how they should report any safeguarding concerns. They were also able to show understanding as to what situations were considered as unsafe or as abuse. One member of staff told us, "I would tell someone if I saw anyone being hurt". Staff told us that they were aware of the whistleblowing policy and said that they would be confident to use it.

We saw the staff work in a safe manner when helping people. For example, when supporting one person to move, the staff ensured the footplates were attached before moving them across the room. We observed one staff member being shown safe moving and handling techniques with a more experienced staff member. The staff we spoke with were able to explain why certain people needed to be supported in a certain way to ensure their safety, for example when having a bath. We saw the care records included

information on how to support people to move and associated risks and this matched what we saw.

Plans were in place to respond to emergencies. We watched how people and staff responded when the fire alarm was activated. We saw people were supported to start the evacuation procedure and reassurance being given to people. A partial evacuation was completed to a safe area. The staff explained to us how a full evacuation would be carried out and people would be supported to remain safe if this had been needed.

We spoke with one member of staff who had recently started working in the service. They told us they had attended an interview and confirmed that all recruitment checks had been carried out prior to starting working with people. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

We saw people received their medicines at the right time and staff spent time with people to ensure this was taken. People were not rushed and staff spoke with them and explained what the medicines were for. We saw the medication was kept securely in a locked cupboard to ensure that it was not accessible to unauthorised people.



## Is the service effective?

### Our findings

We carried out an observation at lunchtime to understand people's mealtime experiences. People could choose to eat where they wished to, although a majority chose to sit in the dining areas provided, some people ate their meal in their bedroom. We saw that people were encouraged to eat independently and some people needed assistance with cutting their food up to make it easier to eat. This was done carefully and sensitively and staff assisted people to eat in a caring and patient way, giving encouragement and time so people could enjoy their food. People used plate guards so they could be independent when eating. Where people were at risk of weight loss they had been referred to a dietician and their weight was monitored monthly. We saw that people were given supplements that ensured they received sufficient amounts to eat and saw people being offered drinks throughout the day. One person asked for a drink many times and a drink was provided on each occasion.

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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that capacity assessments had been completed where staff were concerned that people lacked capacity to make decisions. Best interest decisions had been made with people who were important to the person who used the service. For example, where people were not able to consent to their care and support, a best interest decision had been made to identify whether the agreed plan was suitable.

We saw some people had restrictions placed on them as they could not leave the home without support. These people had been assessed as not having the capacity to make a decision about how safe they were when they were out alone. We saw two authorisations had been given and for other people applications had been made to lawfully restrict their liberty. The staff understood their role in relation to any restriction. They told us that whilst waiting for the authorisation to be assessed, they had considered how to keep the person safe and supported them when leaving the home. The person was still supported to have as much choice and control as they were able to in all other areas of their daily life.

We saw that staff had the knowledge and skills to support people. People told us they were confident that staff provided support safely. One relative told us, "I really can't fault the staff. They do a wonderful job and I couldn't be happier." We saw staff supporting people with complex needs and one member of staff told us, "We've all had the same training so work together to support people and do the right thing." Another

member of staff said, "if we are not sure about how to do something, the manager arranges more training so we know what to do." We saw that competency checks were carried out to ensure where training had been delivered, the staff were incorporating the skills and values in the support they provided.

We saw that people had access to health professionals and services and people told us that their health needs were met. Where people were receiving residential support, district nurses visited to manage health needs including catheter care. One member of staff told us, "The nurses manage the catheters but we've had the training so we know if something is wrong and I would let them know." People told us they continued to receive routine appointments with an optician and dentist. One person told us, "I've got a new pair of dentures recently. They fit nicely but feel strange but I can eat better." Another person told us, "I have my eyes tested and get new glasses if I need them. I like to watch the television sometimes and read so I like to have the right glasses."

## Is the service caring?

### Our findings

People told us that they were treated with kindness and compassion and we saw positive interactions between people and staff. For example, we saw that when people became unsettled or distressed staff responded to their needs. For example, we saw staff speaking kindly and holding one person's hand when they became distressed. The person was supported to go their room and we heard them thank the staff for their help. One member of staff sat next to a person who was having difficulty eating. They asked if they wanted support and helped the person to eat. They spoke with them throughout, speaking with them about how they wanted support and also about their family and current events.

People told us they were involved in making choices about their care and how they spent their time. One person told us, "I like to stay in bed and I have a newspaper to read." Another person told us, "The staff ask me what I want to do and what to wear. I don't have to do anything I don't want to." We saw that people were encouraged to make decisions and staff respected people's decisions." A relative told us, "The staff are always focusing on people here, they care about people here and I feel they are part of our family now." A social care professional we spoke with told us, "The staff are very person centred. I have supported people to move there because of the care they receive there."

People told us that their independence was promoted. One person said, "The staff help if you want them to. They like you to help yourself when you can". Another person said, "I get myself ready in the morning to keep my independence". We saw that people's mobility aids were kept close to them so they could move around the home independently if they chose to do so.

People told us and we saw that they were treated with dignity and respect. One person said, "I like to have a bath on my own, the staff stay outside if I ask them to and they just help me when I need it." Another person told us, "I have a key to my room and staff always ask if they can go in. I like having a key." Staff gave us examples of how they treated people with respect and promoted people's dignity. One staff member told us, "It's wonderful that people can talk with us. One person loves having a bath and it's the only time they seem relaxed. It's a privilege to see it and share that experience." Another member of staff told us, "It's important we talk with people to let them know what is happening. Some people no longer understand and get scared, so we tell people what's happening so it helps them to understand."

People had memory boxes outside of their bedroom to help people to identify their bedroom. Memory boxes contain objects that help people to reflect on their past and help people to recall people and events. One person told us, "I know which is my room because I put my things in the in the box." A member of staff told us the boxes gave them information to speak about with people. One member of staff told us, "We really enjoyed putting them together; we learnt so much about people here and people like talking about what's in there."

## Is the service responsive?

### Our findings

People told us there were involved in activities and there were two specific activity co-ordinators. Each activity coordinator provided different activities to be involved with. One person told us "They are really good. Some days we have music and dancing. I love to dance." Another person told us, "We had a Halloween party and we've got fireworks planned this weekend and family and friends can come too." The staff told us that activities were organised in groups on an individual basis. One person told us, "I like it when the staff sit and read the newspaper with me. It's not always easy for me to read and it's nice to talk about what's going on."

The staff knew people well and how they liked to spend their time. Where people remained in their rooms and may be at risk of social isolation, we saw staff spent time with them. One member of staff told us, "[Person who used the service] loves poetry so we sit and read together. It's about knowing what people want to do and making the time to do it." The staff supported people to maintain their hobbies and interests, for example one person was a sports fan and had pictures and memorabilia of their favourite sport in their memory box and in their room. They told us, "We talk about when I used to play sport when I was in the army."

The staff encouraged people to maintain relationships with their friends and families. One relative told us, "We are like one big family here. I spend more time here than at home. I have every confidence in the staff and I'm always included. It's good to know they care about me too." Relatives told us they were welcomed at any time and enjoyed the opportunities to be involved in every day events and activities.

People received comprehensive assessments of their health and social care needs to ensure that the service was suitable and the provider could meet their needs. We found that staff knew people's care preferences and could talk with us about how people wanted to be supported. We saw the information the staff told us matched the information the people told us they wanted to be supported and was recorded in their care record. The care records were individual to the needs of the person and included information about how care and support needed to be provided. One social care professional told us, "I am confident that the staff deliver the care for people."

Some people who used the service were unable to be involved in the planning of their care and in these circumstances, family members told us they were asked about how care could be provided in the way people wanted it. One relative told us, "[Person who used the service] isn't able to talk with staff, so I talk for them. The staff listen to what I say and write it down so everyone knows." Another relative told us, "It's good that I can still be involved. The staff listen."

We saw people received their preferred care at their preferred time. One person told us, "I didn't get up till later today Some days it helps if I stay in bed. The staff ask me if I'm okay but I can choose what I want to do." We heard one person requesting to have a bath and this was accommodated. One member of staff told us, "We write down how often people want a bath but people can have one when they want. Sometimes people have to wait a short while if we are supporting people but we explain why and help people as soon

as we can."

People told us they were listened to and the provider and staff responded to their needs and concerns. One relative told us, "I would never feel uncomfortable talking about anything. The staff are always so welcoming that I feel I can tell them anything. I know they want the best for [person using the service] so of course they would respond to any problems." We saw where concerns and complaints had been raised they were recorded and monitored to ensure that they were dealt with appropriately and within the provider's required timescales. We saw a letter dealing with the investigation, and outcomes had been sent to the complainant to ensure they knew how their concerns had been responded to.

## Is the service well-led?

### Our findings

There was a registered manager in the home and people felt they were approachable. One person told us, "They always ask if I'm happy and well. I'd tell them if I wasn't." A relative said, "The manager is helpful and I wouldn't hesitate to speak with them." To support people to contribute to the management of the home, the 'Friends of Barrow Hill Hall' had been developed. Their role was to review how the service met our regulations and members could comment on improvements; the group consisted of family members and staff. One member told us, "We talk about how the service can improve and if it is safe, effective, caring, responsive and well led. We talk to the manager about how things could be better and what needs to happen here to improve." Another member of the group told us, "It's good to be involved and to know what is happening".

People and staff told us that there was a homely atmosphere. One person told us, "I wasn't safe at home, so I have my things here now. The staff make it as homely as they can and I think of them as part of the family." A relative told us, "I don't know what I'd do without the staff and their support. I think of them as family especially because I'm here all the time." The staff were enthusiastic and wanted people to be comfortable and feel at home. One member of staff told us, "We are here for people and we want them to be happy. We know some people would like to be in their own home but we do our best to make this place homely."

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. The registered manager analysed accidents and incidents to identify any patterns or trends. This enabled them to take action if needed to minimise the risks of a re-occurrence.

People and staff told us that their feedback about the quality of care had been sought in the form of a satisfaction questionnaire. The provider had analysed the information and provided feedback to people about how people had responded and what they intended to do about any concerns or improvements. People told us they were happy with how they received this information and confident that any improvements would be made.

The registered manager understood their legal responsibility. They ensured that the local authority's safeguarding team and we were notified of incidents that had to be reported and maintained records of these for monitoring purposes. The registered manager demonstrated a good understanding of their responsibilities as a registered person.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person had not ensured there were proper and safe systems to ensure people received their prescribed medicines.