

MOP Healthcare Limited

Barrowhill Hall

Inspection report

Barrow Hill
Rocester
Uttoxeter
Staffordshire
ST14 5BX

Tel: 01889591006

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service: Barrowhill Hall is a care home that was providing personal and nursing care to 58 people at the time of the inspection.

People's experience of using this service: Since the last inspection, a large number of improvements had been made at the service. Some improvements needed to be further developed, embedded and sustained. Medicines management had improved but still required some improvement to ensure it was consistently safe.

People felt safe and were happy with the care they were receiving. There were enough staff to meet people's needs and give people the time and reassurances they needed.

Staff were well trained and supported and knew how to protect people from abuse and avoidable harm and how to reduce people's risks. Staff knew people well and catered for people's preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to activities they enjoyed and were encouraged to maintain their independence and participate in the running of the service when they wanted to. People were involved in developing their own care plans which were regularly reviewed.

There was a new registered manager since the last inspection and people, relatives and staff felt they were approachable and supportive. The provider was also accessible to people and staff, listened to feedback and had plans for further improvements at the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The service met the characteristics of Good in three areas but has been rated Requires Improvement overall; more information is in the full report.

Rating at last inspection: At the last inspection the service was rated Inadequate (supplementary report published 1 December 2018)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about this service and inspect again within 12 months. If we receive information of concern, we may bring planned inspections forward.

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

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 effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Barrowhill Hall

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors, an assistant inspector and an 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.

Service and service type:

Barrowhill Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Care and support is provided over two buildings, Barrowhill Hall and Churnet Lodge. Barrowhill Hall is split into smaller areas with Dove House located upstairs. The service is registered to provide care and support for up to 74 people. There were 58 people in total, using the service at the start of the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information such as safeguarding concerns

and deaths. We also sought feedback from commissioners of the service and looked at information we had received from the local safeguarding adults team and clinical commissioning group.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information is called the Provider Information Return (PIR) and helps support our inspections. We considered this information as part of the inspection.

During the inspection, we spoke with 12 people who used the service and four people's visiting relatives. We did this to gain their views about the care and to check that standards of care were being met. We observed how staff interacted with people in communal areas and we looked at the care records of eight people who used the service, to see if their records were accurate and up to date. We also 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 spoke with 15 members of staff including the kitchen lead, Churnet Lodge lead and two members of the activities team. We also spoke with the registered manager and provider and looked at records relating to the management of the service. These included six staff recruitment files, staffing records, complaints records and quality assurance records.

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, the service was rated as inadequate in 'safe'. At this inspection we found a number of improvements had been made so that the service was no longer in breach of regulations, however further improvements were required.

Some aspects of the service were not always safe.

Using medicines safely

- At the last inspection we found that people's medicines were not always safely managed. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found enough improvements had been made so that the provider was no longer in breach of regulations, however further improvements were required.
- We could not be sure people had received their medicines as prescribed because some stock balances did not match what was recorded on the MAR sheets.
- Some people were prescribed 'as required' (PRN) medicines. Not all of these medicines had suitable protocols or guidance readily available to staff to ensure people consistently received these medicines as intended.
- Some people's medicines were administered covertly (administered in a disguised form without the person knowing). Reviews of covert administration of medicines were not carried out regularly to ensure it remained in people's best interests to administer their medicines without them knowing. Additionally, the correct way of disguising the medicines had not been indicated and signed by a Pharmacist. This could lead to the drugs not being absorbed correctly and increasing the risk of side effects.
- We fed these issues back to the registered manager who acted to make improvements. However, some of these issues had not been identified prior to our inspection.

Staffing and recruitment

- At the last inspection, there were not always sufficient numbers of staff, effectively deployed to meet people's needs. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found improvements and the provider was no longer in breach of regulations.
- One person said, "There do appear to be enough [staff] now. There was a point when there wasn't but they [management] seem to have addressed that issue now."
- Our observations confirmed what people had told us; that people did not have to wait long for support, requests for support were answered promptly and staff had time to spend with people, to give them the support and reassurances they needed.
- A staff member said, "We've got more time to spend with residents now. We were that rushed off our feet before we didn't have time. Now [people] have so much more interaction from care staff not just activities staff. Before it was task focussed, now it's not like that. We (staff) actually smile again when coming in to work."

Assessing risk, safety monitoring and management

- At the last inspection we found that people's risks were not always effectively managed to keep them safe and well. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found improvements and the provider was no longer in breach of regulations.
- A relative said, "The safety is good here. There is plenty of space for [my relative] to walk around which they like and staff are always around watching as well. I have no concerns in respect of [my relative's] safety here at all. [My relative] has a pressure mat in their room by the bed so [staff] will know if they get up."
- We found that people's risks were assessed and planned for and staff about how to reduce people's risks and followed the plans in place.
- When people displayed behaviour that may challenge, there were clear plans for staff to follow to reduce risks to the person and others.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel very safe. There are a lot of staff about to look after us, we are never left" and "I do [feel safe]. Although I am bed bound [staff] come in to see me all the time and I have a buzzer here to press if I need anything."
- Staff knew how to recognise the signs and symptoms of potential abuse and how to report and record their concerns.
- There were systems and processes in place to protect people from abuse and we saw these worked effectively.
- The registered manager understood their responsibilities in protecting people from abuse and avoidable harm. Concerns and allegations were acted upon to protect people from harm and referrals were made to the local safeguarding adults' authority when required.

Preventing and controlling infection

- All areas of the home and equipment looked clean and hygienic. We saw domestic staff carrying out their duties throughout the inspection.
- Staff understood the importance of infection control and we observed them following safe practices such as using personal protective equipment (PPE) when required.

Learning lessons when things go wrong

- Lessons had been learned since the last inspection and a number of improvements had been made.
- Accidents and incidents were regularly analysed and changes were made when things went wrong. For example, when one person experienced falls, the registered manager ensured one to one care was in place to reduce the risk to the person and they had not fallen since. This showed had lessons had been learned and action taken when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection, improvements were required and at this inspection we found they had been made.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been thoroughly assessed by a qualified nurse when this was required.
- People's needs and choices were well planned for and regularly reviewed to ensure their changing needs were met. One person said, "They [staff] know I like to have my newspaper which they bring to me and seem to know all about my tablets and things as well."
- People's involvement in developing their support plans was encouraged to ensure their preferences were met. People's diverse needs had been considered including consideration of the protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

Staff support: induction, training, skills and experience

- People were supported effectively by staff who had the required skills and knowledge.
- A person said, "I need [equipment] to have a shower and [staff] handle me out of bed safely and well so obviously they are trained to do this correctly."
- A relative said, "Since moving here, [staff] have got my relative to eat better and put weight back on which was worrying us. They have certainly addressed my relatives welfare and this is down to good training and having the right skills."
- Staff felt well trained and well supported. They received a mixture of online and face to face training and additional training was arranged by the registered manager when required. For example, they arranged for a physiotherapy company to deliver specific training for staff on reducing the risk of contractures in people by using muscle massage and passive exercise.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a healthy diet and staff maximised their choice and involvement.
- People enjoyed the food on offer and had a positive mealtime experience. Comments included, "The food is very good and I need a special milk which they see I have. I have no complaints at all about the food here" and "I do need help and they will sit with me and assist when they come into my room. I do try and do it myself but they are here with me if I am struggling."
- Some people had complex needs relating to their nutrition and staff understood their needs and risks and ensured they received safe support to stay healthy. For example, staff followed guidance from Speech and Language therapists and dieticians when people required a specialist diet and food and fluid intake was closely monitored and action taken when this was required.

Staff working together and with other agencies to provide consistent, effective, timely care

- More structured handover processes were now in place and operated effectively to ensure staff had the information they needed to provide effective care.
- Staff were allocated specific tasks and duties and this was recorded on a white board for all to see, so that staff were accountable and knew what was expected from them. This helped to ensure that people received timely and consistent care.
- A staff member said, "We know which staff are working where and what time your break is, it's staggered so we don't all go at the same time. As a carer you can plan your day and what you're doing next."

Adapting service, design, decoration to meet people's needs

- The environment met people's needs and suitable adaptation had been made for people including accessible bathrooms and handrails.
- Corridors were spacious and free from obstruction and dementia friendly signage was in place to enable people to orientate themselves.
- People had access to secure to gardens without restriction.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals.
- People's health was monitored and referrals for specialist advice from professionals including speech and language therapists and community psychiatric nurses, were made promptly when required.

Ensuring consent to care and treatment in line with law and guidance

- People were asked for their consent. One person said, "I am quite able to say what I want or need and do so! [Staff] always ask first anyway before doing anything."
- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the MCA was being followed and people's rights were protected.
- One person said, "There are no real restrictions at all, I do what I want to."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection, improvements were required and at this inspection we found they had been made.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At the last inspection in 2018 we found that staff were rushed and did not always have time to spend with people. At this inspection, we found improvements had been made.
- We observed staff treated people in a kind and respectful way. When people were distressed or needed reassurance, staff spent the time people needed, talking, reassuring or distracting the person. One person was starting to raise their voice and becoming upset, a staff member sat down with them, held their hand and explained what was happening, the person then smiled, visibly relaxed and said, "thank you."
- People were happy with the care they received and the way staff supported them. Comments included, "The staff are nice and very caring with me. They look after me well and always stop to have a natter" and "The staff are marvellous. They can't do enough for you and are always popping in to me to have a chat which I really like as I cannot get out."
- Relatives said, "[My relative] is very well looked after. I cannot speak highly enough about the staff. They know [my relatives] likes and dislikes, they have made friends here and staff have sorted out their eating. Yes, very well cared for here and feel valued" and "Care and friendliness of staff is first class."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were listened to and supported to make their own decisions. One person said, "I am quite capable of having a say in my care and will decide if I want anything doing. Staff won't start doing anything without chatting to me first."
- We saw that people were given choices including what and where they wanted to eat and where and how they wanted to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People told us and we saw their privacy and dignity was respected and promoted by staff.
- One person said, "Staff close the door when I'm going for a shower and ask if I want to dry myself or need any help." This showed how people's privacy was respected and independence encouraged.
- We saw staff promoted people's independence. When appropriate, people were encouraged to access their own breakfast cereals and drinks. Some people helped with clearing dishes away and washing up when they wanted to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection, improvements were required and at this inspection we found they had been made.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in developing and reviewing their own care plans when they were able so their preferences were captured and recorded. Staff knew people well and ensured their preferences were catered for. Care plans were regularly reviewed and updated and reflected people's current situation.
- People had access to activities they enjoyed. A person said, "They do a lot of activities here, there is always something going on. I like to go to the singers and on trips and they have a few of them, so we are well catered for with things to do. I had a hand massage today too, which I enjoyed." Another person said, "As I am bed bound and cannot hear well I cannot do much but [staff] come in and chat to me and will read to me and I have had my hair and nails done in bed so I'm well looked after."
- People had access to the internet which helped them keep in touch with friends and family, local news and entertainment.
- People were encouraged and supported to participate in the running of the home if they wanted to, giving them choice and control. One person said, "I have peeled all the carrots today out here in the sun really liked that."

Improving care quality in response to complaints or concerns

- People and relatives told us they felt able to raise any concerns or complaints if required.
- Staff knew how to respond to complaints and there was a suitable complaints policy and procedure which was freely available to people.
- Complaints were taken seriously and recorded by the registered manager. We saw complaints were investigated and responded to in line with the procedure in place and lessons were learned and improvements made following investigations.

End of life care and support

- People's wishes were considered and professionals were involved in planning and delivering people's care when this was appropriate.
- When receiving end of life care, we saw that relevant action had been taken to ensure people were comfortable and pain free and that their wishes and preferences were catered for.

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

Quality assurance arrangements were not always applied consistently.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection, systems and processes were not established or operated effectively to ensure that people received a good quality and safe service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found improvements had made so that the provider was no longer in breach of regulations, however, further improvements were required.
- New systems had been implemented to improve clinical oversight of people's needs and risks and we found these were working well to ensure action was taken in a timely way when required to improve the safety and quality of people's care.
- However, these systems needed to be fully embedded in practice to ensure consistency. We found some care plans still contained some contradictory information or had not been updated in a timely way which showed improvements were still required to the regular care plan reviewing system in place.
- Medicines audits had not identified all the issues we did and therefore had not driven improvement in some areas. For example, audits did not check that suitable protocols were in place for 'as required' (PRN) medicines, therefore the management team were unaware that some protocols were not available until we made them aware of this. Additionally, a medicines audit had identified that variable doses were not always being recorded, however no action had been taken to address this and we found it was still an issue when we looked at medicines records. This showed that improvements were still required to some of the systems in place.
- The provider is required by law to notify us of certain events including any authorised Deprivation of Liberty Safeguards (DoLS) authorisations. A number of DoLS authorisations had been granted since the last inspection yet we had not been notified of these. We informed the registered manager who immediately arranged for the notifications to be completed. We had received notification of other events that are required by law, including deaths and safeguarding concerns.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff spoke positively about the registered manager. They told us the registered manager was approachable, open and dedicated to making improvements to people's care. A relative said, "[Registered Manager] is very nice and helpful. Very friendly and has worked hard to turn things around. Keeps us well informed of [our relative]'s condition and welfare as well."
- The registered manager spoke passionately about planning and promoting person centred care. They took a positive approach to any complaints or concerns and took action to use the opportunity to learn and make improvements. People received an apology when things had gone wrong, in line with duty of candour

responsibilities.

- There was an open and honest culture where staff and management worked together to improve outcomes for people.
- A staff member said, "The whole place is different, the atmosphere, everyone is happy, we actually smile again coming to work. We were in a bad place before. The atmosphere overall is so much better. Staff actually want to be here. [The registered manager] is brilliant. He walks around the service and asks how it's going, he knows what's going on and his door is always open if you want a chat."

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

- People felt engaged and involved in the development of the service. A relative said, "There are resident and relative meetings and I have attended three of them. It's very open and you can discuss anything."
- Staff told us they attended regular staff meetings as well as having one to one sessions with their line manager and an open door policy from the registered manager. The provider enabled staff to be engaged in other ways including a closed social media group where information was shared and feedback sought. This meant all staff could engage and be involved in the service, in a way to suit them.

Continuous learning and improving care

- There was a positive culture of continuous learning and improvement. For example, the provider had plans to further invest in technology to make further improvements at the service.
- The registered manager sought additional training in specific areas when this was required for certain topics or certain individuals. This was supported by the provider.

Working in partnership with others

- The service worked in partnership with commissioners and professionals to achieve improvements.
- A local school visited the service regularly to promote positive relationships and community involvement and people using the service enjoyed and benefitted from this partnership.
- There were a number of opportunities for community involvement and access and the service worked in partnership with other others to achieve this, such as local religious groups.