

A & R Care Limited

# Barrington Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Barrington Lodge is a nursing home for up to 44 older people, many of whom were living with dementia. At the time of the inspection 42 people were receiving personal and nursing care.

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

Staff recruitment could be improved as the provider did not always obtain references and check gaps in employment history in line with their recruitment policy. The audits in place to check people received a good standard of care required improvement. These audits had not identified the issues we found including staff recruitment, pressure mattress settings being inappropriate to prevent pressure ulcers, medicine temperature checks, lack of a Legionella risk assessment, inaccurate fluid charts, a staff member not wearing PPE, issues in responding appropriately in the case of a heart attack and the way one staff member supported a person to eat.

The registered manager was also a registered nurse and a director. They were experienced and understood their role and responsibilities well overall and took action to improve any gaps in their knowledge, as did staff. The registered manager engaged well with people using the service, relatives and staff and staff felt well supported by the registered manager. The registered manager notified CQC of significant events, such as allegations of abuse, as required by law.

People received the right support in relation to risks such as those relating to living with dementia and other risks in their daily lives. There were enough staff to support people safely and recruitment was ongoing. Staff received training in infection control, including the safe use of personal protective equipment (PPE) to reduce the risk of COVID-19 transmission. People received the right support in relation to their medicines and the registered manager had good oversight of this. The premises were maintained safely with regular checks carried out by staff and external contractors.

Staff received the training and support they needed to meet people's needs with regular supervision from their line manager. People were supported to maintain their mental and physical health and to maintain contact with professionals involved in their care. People received food and drink of their choice in sufficient quantities with snacks available outside of mealtimes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were positive about staff and had developed good relationships with them. People received consistency of care from a small number of staff who knew them well. People were encouraged to be involved in their care as much as possible, including taking part in their own personal care. Staff treated people with dignity and were trained in how to keep personal information confidential. People's care plans were based on their individual needs and preferences and were kept up to date. The registered manager investigated and responded to any concerns or complaints in line with their policy.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was inspected on 9 August 2021 and the report was published on 8 September 2021. The service was rated good.

#### Why we inspected

This inspection was prompted because we received concerns regarding risks relating to bed rails, staffing levels, infection control practices, the care provided to people isolating in their rooms and the management of the service. We did not find evidence in relation to these specific concerns at this inspection.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to recruitment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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** ●

# Barrington Lodge

## 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

Our inspection was completed by one inspector and a specialist nurse advisor.

#### Service and service type

Barrington Lodge 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. The inspection activity all took place on 15 March 2022.

#### What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. We reviewed the provider information return. This is information providers

are required to send us with key information about their service, what they do well and improvements they plan to make. We used all of this information to plan our inspection

#### During the inspection

We spoke with two people using the service and one relative. Most people were unable to share their feedback due to their level of dementia. Because of this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, deputy manager, two support workers, the activities officer, the clinical lead and a nurse and we reviewed a range of records. These included care and staff records and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received feedback from the local authority who recently inspected the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has deteriorated to requires improvement. 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.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- The registered manager did not always ensure risks relating to pressure ulcers were well managed. This was because pressure mattresses were not always at the right settings in line with people's weights to reduce the risk of pressure ulcers. The registered manager implemented a system to improve this during our inspection. We saw evidence pressure ulcers were well managed and improving.
- Risks relating to the risk of entrapment in bed rails were reduced as the provider checked for any dangerous gaps and ensured people had bed bumpers to further reduce the risk. The provider recorded their checks of the condition of bed rails and told us they would improve by also recording their checks of any gaps.
- The registered manager identified and assessed other risks to people, such as those relating to eating and drinking and put clear guidance in place for staff to follow to reduce the risks. Staff understood how to help people manage risks well.
- Staff recorded accidents and incidents. The registered manager reviewed what happened to reduce the risk of reoccurrence and to check people received the necessary support.
- The provider carried out checks of the premises and equipment. These included checks relating to the general environment, fire, electrical and gas. Water safety checks were in place but there was no Legionella risk assessment. After the inspection the provider confirmed this had been carried out.

Using medicines safely

- People's medicines were managed safely. The registered manager assessed risks relating to medicines management.
- Staff received training in medicines administration with checks by management they were able to handle medicines safely.
- We found stocks of medicines and medicines records were as expected which meant people received their medicines as prescribed.
- The provide installed medicines cabinets in people's rooms and planned to begin daily checks of the temperature to take action if it became too hot for safe medicine storage. Medicines were stored safely besides this issue.

Staffing and recruitment

- There were enough staff to support people safely. The staff team included regular agency staff who worked exclusively at this service and recruitment was ongoing. The registered manager was a registered

nurse who was involved in daily care tasks when necessary.

- Staff recruitment could be improved as the provider did not always ensure two references were obtained in line with their recruitment policy. In addition, the provider did not always get the full employment history from leaving school, exploring any gaps. The registered manager carried out the other recruitment checks including those relating to criminal records, fitness to work, nursing PINs and identification.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff and a relative agreed. We observed people were comfortable in the presence of staff and approached staff freely for assistance where they were able.
- The registered manager and staff understood their responsibilities in relation to safeguarding.
- Systems were in place to protect people from the risk of abuse including regular training so staff could recognise abuse and take the right action to protect people.
- The provider responded appropriately to allegations of abuse, including report to and working with local authority investigations.

Preventing and controlling infection

- We were not always assured that the provider was using PPE effectively and safely. One member of staff was not wearing a mask at the start of our inspection although the registered manager told us they would speak with staff to improve this.
- 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 accessing testing for people using the service and staff.
- 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 found bed bumpers for some people were cracked and required replacing because they would be difficult to clean and sanitise properly to reduce the risk of infections. The registered manager was aware of this and told us these people required new bumpers every few months and these were provided.

Visiting in care homes

The visiting arrangements at this service were in line with government guidance.



# 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 our last inspection we rated this key question good. The rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's legal rights were protected and they were supported to have maximum choice and control of their lives because the registered manager and staff followed the principles of the MCA.
- The registered manager carried out capacity assessments where it was suspected people lacked capacity to make some specific decisions. These decisions included those relating to the use of bed rails.
- The provider followed best interest processes in line with the MCA in relation to these decisions. The purpose of such meetings is for relatives, staff and any professionals involved in the person's care to decide which decisions are in people's best interests.
- The provider trained staff in the MCA and they understood the day to day requirements of the Act.
- The provider had applied for DoLS appropriately for people using the service.

Staff support: induction, training, skills and experience

- Staff understood their role and responsibilities and received training on key topics such as dementia, moving and handling, medicines management and various health and safety topics. Staff were supported to complete diplomas in health and social care and new staff completed the care certificate, a nationally recognised induction programme.
- Staff received regular supervision with spot checks to check whether they required any further support to meet people's needs. Staff told us they felt very supported by the registered manager and deputy manager.

Supporting people to live healthier lives, access healthcare services and support; supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent,

effective, timely care

- Staff supported people to see the healthcare professionals they needed to maintain their health including their GPs, dentists, chiropodists and hospital specialists. The GP regularly visited the service to monitor and treat people.
- Staff received training in people's health needs, including how to care for a person who received food through a tube, and care plans provided sufficient guidance.
- We checked people at high risk and found they were not dehydrated or malnourished. Records of food and fluid intake were in place but fluid records were not always accurate. The registered manager told us they would improve their records immediately.
- We observed a mealtime and saw people received food of their choice and specific dietary requirements were met. Portion sizes were good and people were offered seconds. Snacks and drinks were available outside of mealtimes.

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

- People's needs were assessed by the provider. Before providing care to people the registered manager met with them and reviewed any professional reports to check they could meet their needs.
- The registered manager continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and others involved in their care such as their relatives and healthcare professionals.

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

- The service was adapted to meet people's needs and preferences and the provider planned further improvements. For example, the provider installed laminate flooring in rooms which needed to be cleaned more easily and we did not find malodour. The provider was planning to improve signage to help people with dementia orientate around the home, including memory boxes outside people's doors.
- People were encouraged to personalise their rooms with things that were important to them and could choose the colour schemes. Many rooms had recently been redecorated.
- Some people's liberty to leave the home freely was restricted under DoLS as part of keeping them safe with locked doors.

# 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 our last inspection we rated this key question good. The rating for this key question has remained the same. This meant 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

- We observed people were comfortable with staff and had good relationships with staff. Staff were kind and caring and engaged with humour and warmth. Comments from people and relatives included, "I like it here, I like the people", "Staff are kind" and "Everyone here is kind and thoughtful, nothing is too much trouble!"

Most staff supporting people to eat staff sat at the same level as the person, went at their pace and encouraged them. One staff member required guidance on improving this and the registered manager told us they would provide support immediately.

- Staff told us they were not rushed and had time to engage with people, providing meaningful care. One person told us, "Staff come and talk with me all the time. Sometimes they read a book to me. If I'm feeling lonely or fed up they're there to put an arm around you."

- Staff received training in equality and diversity and understood people's cultural, social and religious needs and preferences which were recorded in people's care plans for staff to refer to. People were able to choose to receive care from male or female staff only.

- Each year the provider held a service to remember people who had passed on and the memory garden was available for relatives to visit and reminisce.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much for themselves as they wanted, such as eating independently and washing parts of their bodies where possible.

- People's privacy and dignity was respected by staff. We observed staff were discreet in providing personal care and our discussions showed staff understood how to maintain confidentiality. Staff received training in this topic to help them understand their responsibilities.

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

- Staff gave people choices verbally and using pictures where possible. For example, the chef showed people pictures of the meals to help them choose each day. Staff who spoke people's preferred languages were called upon to help communication. Staff provided care in line with people's preferences, known through working with them and speaking with their family and friends, where people were unable to express their needs.

- Each person had a keyworker who checked their care met their needs and how they were content with their activities and routines.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

- People's needs, preferences and routines were understood well by staff who worked closely with them and these were recorded in their care plans for staff to refer to.
- People's care plans were person-centred. They detailed people's health needs, backgrounds, personalities, those who were important to them and how they preferred to receive their care. Care plans were kept up to date so they remained reliable for staff to follow.
- People were encouraged to do activities they enjoyed and an activities officer was in place to lead daily activities. They also spent time with people who spent most of their time in their rooms due to their conditions. A person told us, "There is always something going on."
- Staff supported people to maintain contact with those who were important to them through visits, phone and videocalls.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and records showed the registered manager followed it in investigating and responding to any concerns or complaints.
- People and a relative told us they had confidence the registered manager would investigate and respond appropriately if they wished to raise a concern.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the AIS and the registered manager told us key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans and how best to communicate with them for staff to refer to.

End of life care and support

- The provider was accredited by the Gold Standard Framework, a recognised programme to help people receive personalised care at the end of their lives.
- The provider worked closely with people, their relatives and the local hospice to deliver end of life care and staff received training in this.

- Systems for staff to follow if a person had a heart attack could be improved. Care workers told us they would call the nurse instead of beginning resuscitation themselves if the person did not have a 'do not resuscitate' order in place. This could delay the person receiving vital resuscitation. Staff were unaware they could quickly find out if a person was for resuscitation on the staff phones they carried. However, information was available in care plans and in the nurses room. The registered manager told us they would improve in relation to this and confirmed they had placed accessible information in people's rooms.

# 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 our last inspection we rated this key question good. The rating for this key deteriorated to requires improvement. 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.

Continuous learning and improving care; managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements

- The provider had a system of audits to check people received a good standard of care but these required improvement. These audits had not identified the issues we found including pressure mattress settings, staff recruitment and medicine temperature checks, lack of a Legionella risk assessment, inaccurate fluid charts, a staff member not wearing PPE, issues in responding appropriately in the case of a heart attack and the way a staff member supported a person to eat.

The provider was in breach of regulation 17 (good governance) of the HSCA 2008 (regulated activities) regulations 2014.

The registered manager began to improve their audits immediately. The provider was trialling electronic care plans and medicines records to assess how this would improve the service.

- The registered manager was also a registered nurse and a director of the service. They were very experienced in their role. Our discussions and findings showed they understood their role and responsibilities well and took action to improve in relation to any gaps. Comments included, "Management are nice, we get on well, they listen to me" and "[The registered manager] is lovely and she always comes to see me. I'd feel happy to tell her if I had any issues but I absolutely have none."
- The registered manager understood their requirement to send us notifications in relation to significant events that had occurred in the service, such as any allegations of abuse and any incidents involving the police. The CQC rating was on display in the service as required by law.
- The registered manager was supported by a deputy manager and a team of nurses, team leaders and care workers who understood their roles and responsibilities well.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; 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.

- The registered manager promoted a positive culture through supporting staff to understand and meet people's needs well and included staff and relatives in the running of the service. They did this through regular staff meetings, feedback forms, phone calls and having an open-door policy so the management team were available to discuss any concerns.

- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. People, a relative and staff told us the registered manager was open and transparent.
- The provider liaised with external health and social care professionals such as specialist nurses, GPs and occupational therapists to ensure people received the care they needed.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered person did not always ensure systems and processes were established and operating effectively to ensure compliance with this regulation to assess, monitor and improve the quality of service and safety of the service provided and to assess, monitor and mitigate the risks relating to the health, safety and welfare of people; maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the person and of decisions taken in relation to the care and treatment provided.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>