MOP Healthcare Limited

Barrowhill Hall

Inspection report

Barrow Hill
Rocester
Uttoxeter
Staffordshire
ST14 5BX

Tel: 01889591006

Date of inspection visit:
03 November 2016

Date of publication:
15 December 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 3 November 2016 and was unannounced. At the last inspection on 5 November 2015, the service was rated as Good overall, but we asked the provider to make improvements to ensure people's medicines were managed safely. The provider sent us an action plan on10 December 2015 which stated how and when they would make improvements to meet the legal requirements. At this inspection, some improvements had been made but further action was still needed. We also identified that improvements were needed to ensure risks associated with people's care were managed safely and staff were deployed effectively to meet people's needs at all times.

Barrowhill Hall has recently been extended and now provides accommodation, personal and nursing care for up to 74 people. The service is provided across two units, the main hall, which accommodates up to 50 people on two floors, and the newly built Churnet unit, which accommodates up to 24 people. At the time of our inspection, 51 people were using the service, some of whom were living with dementia. There was a registered manager at 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.

At the last inspection we asked the provider to take action to ensure people's medicines were managed safely. At this inspection we found improvements had been made and people received their medicines when needed. However, further action was needed to ensure staff took a consistent approach when administering medicines prescribed on an as and required basis.

The provider had not made the required improvements to the deployment of staff. Staffing levels were not sufficient to meet people's needs in some areas of the home and people did not always receive timely support. Risks to people were not always well managed and some people's care and treatment was not consistently planned and delivered in a way that ensured their safety and welfare.

Improvements were needed to ensure the manager's quality monitoring checks were consistently effective in identifying shortfalls and making improvements where necessary.

The provider followed procedures to ensure staff were suitable to work in a caring environment and staff understood their responsibilities to protect people from the risk of abuse. Staff had received training to know how to support people and maintain their wellbeing but improvements were needed to ensure they received ongoing support to fulfil their role. People were supported to make their own decisions and where they needed help, decisions were made in their best interest and involved people who were important to them. Where people were restricted of their liberty in their best interests, for example to keep them safe, the required legal authorisations had been applied for. However, improvements were needed to ensure staff fully understood the requirements of the legislation.

Staff knew people well and encouraged them to have choice over how they spent their day. Staff had caring relationships with people and promoted people's privacy and dignity and encouraged them to maintain their independence. People had sufficient to eat and drink and were able to access the support of other health professionals to maintain their day to day health needs. People were offered opportunities to join in social activities and were encouraged to follow their hobbies and interests. People were supported to maintain important relationships with friends and family and staff kept them informed of any changes.

People and their relatives felt able to raise any concerns or complaints and were asked for their views on the quality of the service. Staff felt supported by their colleagues and the management team.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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?

Requires Improvement

The service was not consistently safe.

The provider had made improvements to the management of medicines but further action was needed to ensure a consistent approach was taken when people received medicines on an as required basis. Risks associated with people's care were not always well managed and some people did not receive care and treatment that met their individual needs and ensured their safety and wellbeing. Staffing levels were not sufficient to meet people's needs in some areas of the home and people did not always receive timely support. Staff understood their responsibilities and knew what action to take if they had any concerns people were at risk of abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had training to meet people's needs but improvements were needed to ensure they received ongoing support to fulfil their role. Staff understood their responsibilities to support people to make their own decisions. However, improvements were needed to ensure the provider was fully meeting the requirements of the Deprivation of Liberty Safeguards. People had sufficient to eat and drink and accessed the support of other health professionals when needed.

Is the service caring?

Good

The service was caring.

Staff had caring relationships with people and respected their privacy and dignity. People were able to make decisions about their daily routine and staff encouraged them to remain as independent as possible. . People were supported to maintain important relationships with family and friends who felt involved and were kept informed of any changes.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff who knew their needs and preferences. People were supported to take part in activities and follow their interests. People's care was reviewed to ensure it remained relevant and relatives were invited to attend reviews. People felt able to raise concerns and complaints and were confident they would be acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Improvements were needed to ensure the systems in place to monitor the quality and safety of the service were effective in identifying shortfalls and driving improvement. People and their relatives were encouraged to give their feedback on the service and where possible this was used to make improvements. Staff felt supported by their colleagues and the management team.

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 visit took place on 3 November 2016 and was unannounced. The inspection was carried out by two inspectors.

We reviewed the information we held about the service and provider including notifications they had sent to us about significant events at the home. On this occasion, we had not asked the provider to complete a Provider Information Return (PIR). 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. However, we offered the provider the opportunity to share information they felt was relevant with us

We spoke with people who used the service and because people were unable to give us their views in any detail, we used our short observational framework tool (SOFI) to help us understand, by specific observation, people's experience of care. We also telephoned four relatives to get their views on the service. We spoke with seven members of the care staff, two activities co-ordinators, the deputy manager and the manager to gain views about people's care. We found no concerns with the Churnet unit, which is a separate building providing residential care only, and spent the majority of our time in the communal areas of the main hall where people had complex needs.

We looked at the care records for eight people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service, including quality checks.

Requires Improvement

Is the service safe?

Our findings

At the last inspection, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's medicines were not always managed in a safe way. At this inspection we found some improvements had been made but further action was needed to ensure there was guidance in place to support staff on the use of medicines prescribed on an as required basis, for example for pain relief. The manager confirmed that they had identified the need for protocols and these would be implemented immediately.

Risks to people's safety and wellbeing were not always effectively assessed and managed. We saw that when people presented with behaviour that challenged themselves and others, risk assessments were not always carried out. Where risks had been identified the guidance for staff to support people when they became unsettled was not always clear. For example, we spent time observing people in a communal area and saw that one person's behaviour put them at risk of injury and caused people around them to become distressed. We observed staff used distraction techniques, such as offering the person a doll to diffuse the situation with varying degrees of success. Discussions with the staff and manager demonstrated that the person's behaviour had escalated over the past few days and we saw that the person had been identified to be at risk of harm when they presented with behaviour that challenged. Whilst we saw that some steps had been taken to assess and respond to these concerns, no action had been taken to mitigate the immediate risks to the person and there was no care plan in place to guide staff on how to respond when the behaviours occurred. This meant the person's care and treatment was not consistently planned or delivered in a way that ensured their safety and wellbeing.

Where people were prescribed medicine to manage the risks associated with their behaviour, staff did not have clear guidance on when they should be used. For example one person was given their as and when required medicine on a daily basis for over one week. There was no record of their behaviour to show why it was administered and no review of the number of times it was given. There was no protocol to advise staff when the medicine should be used. Care plans we looked at did not give staff detailed information to help people to manage their behaviour, or to know when to give people these medicines. For example, one person's care plan stated that medicine could be administered if the person could not be settled but there was no guidance on any distraction techniques to be used by staff before administering the medicine. We discussed our concerns with the deputy manager who told us incidents of behaviour that challenged were recorded and repeated incidents were reported to the person's GP and their medication was reviewed. However, one person's records that we looked at showed there had been repeated incidents of behaviours that challenged but there had not been a review. This showed there was no consistent approach to recording, monitoring and learning from incidents that related to people's behaviours. Therefore the systems in place did not ensure that people's behaviour was not controlled excessively by medicines.

People's dietary needs had been assessed but we found that care plans were not always followed. For example, one person was assessed to be at risk of choking from liquids. At lunchtime we saw they were served a pureed meal when their care plan stated they needed a soft, fork mashable diet. A member of staff supporting the person with their meal told us, "They change diet consistency a lot here; I don't know who

makes that decision". Information about people's dietary needs was displayed on a whiteboard in the kitchen. We saw that this did not have the correct details for this person and did not always record people who required a diabetic or fortified diet. We found staff were not always aware of the systems in place to share information about people's needs. This placed the person at risk because meals were not always being planned and delivered to meet their assessed needs.

The above concerns demonstrate a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we had concerns with the way staff were deployed which caused some people to become distressed when staff were not always available to assist them. At this inspection we spent time observing care in the communal areas of the main hall to see how staff were deployed and found that improvements had not been made. Relatives we spoke with told us there were usually enough staff around but staff on the first floor were very busy. One said, "There seem to be a lot of staff downstairs and only two upstairs, and they seem stretched, especially at dinner times. I think they need another member of staff". Staff we spoke with told us they often felt stretched when working on the first floor. One said, "I feel there should be more staff because some people need two carers and you need to have someone in the lounge". Another said, "It's constant, always just the two staff and often that means there isn't a member of staff in the lounge". At times, we saw staff were unable to support people who displayed behaviours that challenged because they were assisting other people. For example, we saw that one person became distressed on a number of occasions and was left alone lying on the floor in the lounge. At lunchtime we saw people waited up to 30 minutes for their meal to be served and a person who needed support to eat their meal had to wait for a member of staff to become available. We saw that this distressed the person, who sat at the table crying for around five minutes before the nurse came and assisted them to eat their meal.

The manager told us staffing levels were based on occupancy and people's dependency levels. They told us the majority of people had a medium level of dependency which indicated to them a staffing requirement of one member of staff to five people. We looked at the dependency assessments for everyone on the first floor which showed that seven of the eleven people had high needs. Our observations and discussions with staff demonstrated that three people required the assistance of two staff at all times and three people needed the support of two staff because they were being cared for in bed. We saw that the provider had deployed two staff in accordance with their own guidance, which meant there were not always enough staff to meet people's changing needs.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with told us they felt their relatives were safe and well cared for. One said, "I don't feel worried about anything". Another said, "[Name of person] would tell me if there was anything they were worried about". Staff could identify the different types of abuse and told us what action they would take if they suspected someone was at risk of being abused. One member of staff told us, "If I saw something wrong I would report it to the manager straight away". All the staff we spoke with were confident that any concerns they raised were acted on. The manager understood their responsibility to report any safeguarding concerns to the local authority for investigation to keep people safe from harm.

Staff told us and records confirmed that the provider carried out recruitment checks which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The registered manager had

checks in place to ensure that nurses were registered with the Nursing and Midwifery Council. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

Relatives told us their relations received their medicines when needed. We saw that staff administering medicines spent time with people and explained what the medicines were for. We saw that they checked that the person had taken their medicine before leaving them. Staff who administered medicines were trained to do so and had their competence checked by the manager to ensure people received their medicines correctly. We saw that medicines, including controlled drugs, were stored securely and disposed of in accordance with legislation.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that people's mental capacity had been assessed to reflect their ability to make decisions for themselves and where decisions were being made in people's best interests, these were documented. For example, best interest decisions were in place for specific decisions relating to people's care and treatment and the manager had obtained copies of any lasting power of attorney documentation to ensure representatives making decisions on behalf of people were legally authorised to do so. Staff recognised their responsibilities to support people to make decisions where they were able. One member of staff told us, "People have rights. If they say no when we are supporting them, we leave them and go back and ask them again later, but at the end of the day it's their choice". Another member of staff demonstrated they understood that people's capacity varied, "You get to know what is the best time of day for them to make decisions;, for example in the morning". We observed staff asking people for their consent before they provided care, for example we heard one member of staff say, "I've brought you an apron, is it okay if I put it on". A relative told us, "Staff always ask for [Name of person's] consent, for example asking if they want to go to the toilet. Staff are very considerate".

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 under the DoLS. We saw that the manager made applications for people who were being restricted of their liberty in their best interests and approvals were in place for four people. However, one person's care plan detailed the use of restrictions which were not included in the DoLS application. Although staff told us they had received training in the MCA and DoLS, some staff had no understanding of DoLS and were not aware where authorisations had been made and any conditions that should be followed to ensure people's rights were being upheld. We brought these concerns to the attention of the manager in order that they could take action to ensure they were fully meeting the requirements of the legislation.

Relatives we spoke with told us the staff understood their relations needs and provided good care. One relative told us, "Staff are excellent, there is a good mix of care and nursing staff, some of whom have a background in mental health and understand the needs of people living with dementia". Another said, "Staff are fantastic with [Name of person]". Staff we spoke with told us they had access to a range of training, which included skills deemed mandatory by the provider, such as safe moving and handling. The manager monitored staff training and provided updates on a regular basis to ensure staff could meet people's changing needs. Some staff told us they had not had supervision for some time, which meant they had not had the opportunity to discuss their performance and identify any training needs. The manager told us they were introducing a new supervision and appraisal scheme and confirmed that meetings were behind schedule whilst this was being implemented.

There was an induction programme in place for newly appointed staff which included completing the Care

Certificate, a nationally recognised set of standards which support staff to achieve the skills needed to work in health and social care. Staff told us they felt supported by senior staff and the manager. One member of staff told us, "We're assigned a mentor; they go through the various training with me and help me the care certificate or if I'm stuck on anything. I've also had feedback from other staff I work with; they've said I'm doing okay". Staff told us they were observed to check their understanding in skills such as safe moving and handling and had to be signed off by the manager before they could work unsupervised. The manager told us they monitored the assessments completed by staff at the end of each training module to identify any gaps in knowledge and further training was offered where needed. These arrangements ensured staff had the skills and knowledge they needed to support people effectively.

At lunchtime, the serving of meals was not well planned. Meals were brought out individually from the kitchen and some people waited to be served while other people had started eating. The manager told us they would be introducing a hot trolley to enable people's meals to be served more quickly. We saw staff supported people to eat their meals where required and staff engaged with people and involved them whilst they supported them. Staff did not rush people and checked they were ready before offering more food. We saw that people's weight was monitored and they were referred to the GP and other professionals such as the dietician and speech and language therapist if any concerns were identified. A relative told us, "[Name of person] was so ill before they came here and didn't want to eat. They've put weight on here".

Although we had identified concerns that some people's specific dietary needs were not always met, we found that people had sufficient to eat and drink to maintain good health. People's preferences had been recorded and we saw that people were offered alternatives if they did not like the choice of meal on offer. A relative told us, "Staff know there are things [Name of person] doesn't like and they will make them something different". We saw people were offered drinks and snacks throughout the day. A relative told us, "I take in home baking; there's a system for this. I put it in a tub with my name on and the staff keep it for [Name of person] and they have some with afternoon tea". This showed people's individual preferences were met.

Relatives told us their relations saw the GP when needed and were visited by other professionals such as the optician and chiropodist. A relative said, "Staff called the GP in when [Name of person] had a chest infection, they are very good". We saw that visits from professionals were recorded and people's care plans were updated when specific advice was received. This showed people were supported to maintain their day to day health needs.

Good

Is the service caring?

Our findings

Relatives told us the staff had caring relationships with their relations and treated them well. One relative told us, "[Name of person] has quite a rapport with the staff". Another said, "Staff are very caring, they give [Name of person] a hug when needed". We saw staff were caring and treated people with kindness and respect. People were comfortable in the company of staff and chatted easily with them about everyday things such as the weather or what was going on in the home that day. Staff were observant and considerate, for example they checked the temperature of people's drinks and brought them a fresh one if it had gone cold. A relative told us, "The staff pick up on things and know people's likes". Staff told us it was important to them for people to have a good quality of life. One member of staff said, "I treat people like I would my own family and how I'd like to be treated myself". Another said, "It's rewarding seeing I'm making a difference".

Staff offered people choice about their daily routine, for example they asked people if they wanted to spend time in their bedroom or where they sat in the lounge or dining room. A relative told us, "[Name of person] likes to sit in the lounge but they can choose when they want to go to their bedroom, for example to watch something on TV". Staff told us people chose what time they got up in the morning and when they settled for bed at night. One member of staff said, "Why shouldn't people have a lie-in when they want to, I do". People were encouraged to be as independent as they wanted to be, for example we saw some people moved freely around the home and staff made sure they had any equipment, such as walking frames, close by them to ensure they were safe.

People's relatives were involved in helping people to make decisions about their care and treatment. One relative told us, "I was involved in the assessment of [Name of person's] needs before they moved in and the staff always keep in contact with me and tell me how things are going". Another said, "I speak with the nurse and they ask for my thoughts on things". Relatives told us they were able to visit their relations at any time and were always made welcome by the staff. One said, "We can go in and have a meal with [Name of person] and one of goes at least once a week". Another said, "Visiting times are flexible, which is great for us". One relative told us the staff showed concern for their wellbeing, "They phone me to check I'm alright if I don't come for a visit as usual, that means a lot".

Staff respected people's privacy by knocking on people's doors and waiting to be asked in. We saw that when staff offered care the person's dignity was promoted. Staff spoke discreetly with people when assisting them to go the bathroom and took them to their rooms to support them with personal care. At lunchtime, staff asked people if they wanted to wear a clothes protector and we saw they made sure people's clothes were clean and free from any food debris after they had finished eating.

Good

Is the service responsive?

Our findings

Relatives told us they were happy with the care their relations received and that it met their individual needs. One said, "[Name of person] has settled in well, they think they are in their own home. They used to like their garden and the countryside and they like to sit in the big bay windows and look at the views. I think they are receiving the best care". Another said, "[Name of person] says they love their home and they seem to like being here". A third said, ", [Name of person] has hospital visits which I take them to. The staff are very good, they make a note of the dates and they always have them ready when I arrive".

We saw that staff knew people well. Relatives told us they had been asked to provide information on people's interests and their likes and dislikes and staff used the information to engage with people. One relative told us, "[Name of person] used to have dogs and was a charity fundraiser. The staff were interested in that". Another said, "Name of person has a photograph album that staff go through with them". We saw that care plans included information about people's life history and pictures were displayed in memory boxes outside people's rooms. For example, one person had been a midwife and there was a picture of a nurse holding a baby. Relatives told us they were invited to attend meetings when people's care was reviewed and were kept informed of any changes.

The provider had sought advice on providing a suitable environment for people living with dementia and had been nominated for an award for the design of the Churnet unit. Doors were painted in bold colours and pictures with nostalgic themes were on display throughout the home. A relative told us, "It's a lovely environment, it's the best of both worlds with care and nursing". Another said, "I liked the lounge set up when I visited, the chairs are not all set out in a circle against the wall, it's not institutional".

People were supported by activities co-ordinators and had the opportunity to join in range of activities including arts and crafts, social events and visits from external entertainers. One person told us they enjoyed flower arranging and baking. The activities co-ordinators were well known by people and had a good understanding of people's preferences. A relative told us, "[Name of person] doesn't know who I am sometimes but they always know who [Name of Activities co-ordinator] is. They've told me "[Name of person] is knitting again, something they haven't done for 40 years". On the day of our inspection visit, some people attended a tea dance at a local social club. One person had had their hair done specially for the event and staff complimented them on it. This showed people were encouraged to maintain links with the local community to avoid social isolation.

There was a complaints procedure in place and records showed that any complaints were recorded and responded to promptly. Relatives told us they felt confident raising any concerns or complaints with any member of staff or the manager. One told us, "If I was worried about anything the manager and staff are always visible and you don't get fobbed off and can raise any concerns, although I haven't had any". Another relative told us they had spoken with a member of staff when they had a concern and it had been resolved to their satisfaction.

Requires Improvement

Is the service well-led?

Our findings

The manager had started working at the service in January 2016 and had identified that the provider's quality monitoring systems required improvement to ensure they were effective in identifying shortfalls and driving improvement. They told us this had resulted in some audits falling behind schedule. We found audits to check the accuracy of care plans were not always effective. Action plans were not always signed off to demonstrate that the required improvements had been made, and monthly checks carried out represented less than ten per cent of the number of people living at the home and as a result, were not always effective in improving the accuracy of the care records. We saw the manager was introducing a new system to ensure the checks were robust and effective in driving improvement. Accidents and incidents, including falls, were recorded and monitored for patterns and trends. However, this analysis did not include considering the impact of staffing levels on any identified trends, such as unwitnessed falls, to ensure appropriate action could be taken to minimise the risk of future reoccurrence.

We saw the manager carried out other audits to ensure the quality and safety of the service, including infection control audits and health and safety checks. This meant there were systems in place to ensure the home's environment was safe for people.

Relatives we spoke with told us the manager was approachable and they had seen positive changes since they had started working at the home. One relative told us, "I see the manager around the home and I've got to know them over the months since they started". Another said, "I was concerned about the change of management initially but I've seen evidence of changes, for example the decoration and they've brought some 'trees' in the lounge". The manager understood the responsibilities of registration with us. We had received notifications of important events that had occurred in the service and the provider had published and displayed their rating in accordance with the requirements of registration with us.

Staff told us they felt supported by their colleagues and the management team. A member of staff said, "I love it here, we all pull together and help each other". Another said, "The manager is lovely, they have changed a lot of things here". Staff told staff meetings gave them an opportunity raise any concerns and receive information on the running of the home. The provider recognised staff achievement with an 'employee of the month' award which encouraged staff to strive to improve people's experience of care. We saw that the manager held a daily catch up meeting with senior staff to ensure they were kept informed about what was going on in the home. Staff were aware of the whistleblowing procedures at the home and said they would have no hesitation in using them if they needed to. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying. One member of staff said, "I would go to the senior first and then to the deputy manager and they would definitely listen".

People and their relatives were provided with opportunities to express their views about their care and the running of the home. Residents meetings were held which discussed a range of issues including welcoming new residents, forthcoming events and activities and the progress of improvement work at the home. Relatives told us they were asked to give their views in an annual satisfaction survey. One told us, "I complete them but I can't see they could be doing anything better". We saw the results of the latest survey

showed that the majority of the feedback was positive. The manager told us they would be publishing a formal analysis of the survey to inform people about any action taken. This showed the provider listened to people's feedback to make improvements to the service where possible.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with people's care were not always well managed and some people did not receive care and treatment that met their individual needs and ensured their safety and wellbeing. Regulation 12 (2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were sufficient numbers of suitably qualified staff, deployed across all areas of the home, to meet people's care and treatment needs at all times. Regulation 18 (1)