

Barrock Court Care Home Limited

# Barrock Court Care Home

## Inspection report

Barrock Park  
Southwaite  
Carlisle  
Cumbria  
CA4 0JS

Tel: 01697473765

Date of inspection visit:  
18 February 2020

Date of publication:  
14 April 2020

### 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

Barrock Court Care Home is a residential care home providing accommodation and personal care for up to 28 older people and at the time of the inspection there were 21 people living there.

Accommodation is provided on one level and divided into three named units. One unit is designated for people who have a dementia related illness. There are several communal areas throughout the home including dining areas and lounges.

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

People and visiting professionals told us the service had improved since the last inspection. We were told, "Since the new manager started, communications at the home have improved."

Medicines were handled safely with appropriate policies, records and systems in place. People received their medications as they had been prescribed. Appropriate arrangements were in place in relation to the storage, care planning and records for the administration of medicines. Safeguarding systems were in place to protect people from the risk of abuse or unsafe care. However, during the inspection, we found a recent incident had not been notified by staff to the manager. The manager acted on the information immediately and referred it to the local safeguarding team. The provider had policies and procedures to support the safe recruitment of staff. Elements of the environment were undergoing redecoration and a plan of improvements was in place.

The manager made sure enough numbers of staff were on duty throughout the day and night by using a number of regular agency staff. However, we saw at times during the inspection staff were not always visible. We have made a recommendation about the deployment of staff to ensure sufficient numbers of staff are available at all times of the day.

People received support to maintain good nutrition and hydration. People were very happy with the quality and choices of food. One person said, "The food is excellent." Another person said of the food, "It's very good, my favourite is fish and chips. Chef [name] cooks them nice."

Staff were regularly supported by the manager through staff meetings, supervision and appraisals. Staff received induction and ongoing training. However, we found some fire evacuation training had not been delivered to all of the staff currently working nights. The training had been requested by the manager and brought forward during the inspection visit.

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 told us they were happy with the staff and care they received. One person said, "Well it's nice, I'm very comfortable, the girls are very nice to me." Another person said, "I don't think you could improve it. I find they [staff] are very nice and helpful." A relative said, "It's alright but it's not as good as it should be. The staff are okay usually, you have to be marvellous to do this work but there are a few, not that they do anything wrong, it's just the attitude." During our inspection we observed the conduct of one member of staff was inappropriate. We reported this to the manager and regional manager and action was taken immediately to address the issue.

People and their families had been involved in planning and reviewing the care and support they received. Staff treated people with kindness and respect and made sure their dignity was maintained. People were fully supported to maintain their independence. The provider planned people's care to meet their needs and take account of their choices. People could see their families and friends as they wished.

People knew how they could raise concerns about the service provided. The provider and new manager monitored the quality of the service and identified areas which could be improved. New electronic governance and quality assurance systems had been introduced since the last inspection. However, we noted that some aspects we found during our inspection had not been fully included in the auditing processes. We made a recommendation that improvements are made to the processes used for the oversight of the quality service.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement published 27 February 2019 and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service 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** ●

# Barrock Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors 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

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

The service had a manager who had been appointed in December 2019 and had commenced the process to be registered with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided. However, post the inspection the regional manager for the provider informed us that the manager had resigned.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the commissioners and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We looked around the home, reviewed records relevant to the running and quality monitoring of the service, the recruitment records for all new staff employed since the last inspection and policies and procedures. We looked at training and supervision records. We looked at five people's care records, records of medication administration, medicines storage and management.

We spoke with 11 people who lived at Barrock Court Care Home and two visitors. We observed people's daily routines and staff interaction. We spoke with five staff members on duty, including the manager, regional manager and regional quality manager for the provider and a visiting health professional. We also received information from local commissioners about their experiences of working with this service.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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 this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The staff identified and managed risks to people's safety. Any potential risks, including behaviours that might challenge the service, were recorded in the care plans and gave guidance to staff about the actions to take to ensure the safety of the people they were supporting. A visiting health professional told us, "Communications in the home have improved." This had improved the management of people's risks such as skin integrity.
- The provider had relevant fire risk assessments and personal emergency evacuation plans in place. Servicing and checks were completed on equipment and utilities. However, during the inspection we found that because of a delay in delivering fire evacuation training people maybe at risk during the night. This was immediately addressed by the regional manager and the risks mitigated by ensuring a competent trained person was available in the home during the night until training had been delivered to the night staff.

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

At our last inspection the provider had failed to protect people as systems and processes were not robust and operated effectively to prevent abuse of service users. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were safe and protected from abuse. The manager understood responsibilities around protecting people from abuse. We saw, where necessary, appropriate referrals had been made to the local safeguarding team. During the inspection we found a recent safeguarding incident had not been communicated by staff to the manager. The manager acted on the information immediately and referred it to the local authority safeguarding team. There was no evidence to show the delay in communication had impacted on anyone's safety.

- People told us they thought the service was safe. A visitor told us, "I am always greeted by staff when I come in. I have never seen anything untoward."

#### Staffing and recruitment

At our last inspection the provider had failed to ensure that enough trained and suitable members of staff were available at all times. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough numbers of appropriately trained staff on duty during the inspection and on the rota for the day and night shifts. However, we observed during the afternoon that there was a short period of time where staff could not easily be located, and people were left unsupervised in three communal areas. We alerted the manager to this and she told us some staff had initiated a break without consultation with the team leader or her.

We recommend the provider look at how staff are deployed throughout the shift to ensure the availability of staff at all times of the day.

- Rota's showed the numbers of staff on each shift were, at times, predominately made up of agency staff. Staff numbers were flexible on each shift and based on people's dependency needs. Most people said they received support when they requested it and in a timely manner. A relative told us there were more staff now since the new manager had been in post and said, "Usually you see staff sitting in the lounge with people but when they [staff] go for lunch that just leaves one and that's not enough."
- The provider had policies and procedures in place to support the safe recruitment of staff.

#### Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines policies, records and processes were in place. Medicines were administered and stored safely, stocks were regularly checked.
- Information and care planning to support the use of 'when required' medicines and covert (hidden in food or drink) administration of medicines was detailed and person centred.
- The provider had audit systems in place to check people had received their medicines safely. Staff who administered medicines had undertaken appropriate training.

#### Preventing and controlling infection

At our last inspection the provider had failed to provide people with suitable clean bedding. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of



regulation 12.

- The provider had supplied new bedding and clean and suitable bedding was readily available in linen cupboards.
- The home was clean and there was ongoing maintenance. However, we noted a malodour that presented throughout the day in one communal area of the home. We have addressed this under the key question of well-led.
- Staff had received training on infection control and understood their responsibilities. Appropriate protective wear to prevent cross infection was readily available throughout the home.

Learning lessons when things go wrong

- The home manager and regional quality manager reviewed all incidents to ensure appropriate actions were taken. Risks were reassessed to prevent reoccurrence and where lessons had been learned these were shared throughout the staff team.

# 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 this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection the provider had failed to ensure records were kept fully up to date about decisions made in people's best interests. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. The manager had made DoLS applications as and when required and conditions set in authorisations were being met.
- People and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. Consent to care and treatment in the care records had been agreed by people with the appropriate legal authority to do so.

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

- Staff completed a detailed assessment prior to admission to ensure people's needs could be met and a plan of care was developed. Care records contained details about people's care needs, their abilities and what support level was required.
- We saw evidence the manager was referencing current legislation, standards and 'best practice to achieve effective outcomes. For example following guidance issued by the National Institute for Health and Care

Excellence (NICE).

- Care plans were regularly reviewed and updated where required.

Staff support: induction, training, skills and experience

- Staff received induction, ongoing training and development relevant to their role. This included refresher training. We noted that due to a number of staff changes and high use of agency staff, not all staff working nights had completed training in fire evacuation. The gap in training needs had been recognised by the manager and training had been requested but not authorised and arranged by the provider. In response to these inspection findings fire evacuation training was sourced and booked by the registered manager, and authorised by the provider.

We recommend that the provider ensures staff receive training in a timely manner.

- Staff confirmed they had received training that was relevant to their role. One staff member told us, "The deputy does our competency checks for administering medicines."
- Staff told us they felt supported by the newly appointed manager and received regular supervision and appraisal of their work. One staff member said, "Some staff don't want to do things differently and that has made the manager's job harder." The staff team met regularly to ensure current information about people's needs was shared.

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

- People were provided with meals and drinks they enjoyed. People were supported to eat a varied and nutritious diet based on their individual preferences. One person told us, "The food is excellent." Another person told us, "The food is grand. I've no complaints."
- Staff had completed nutritional assessments to identify people's needs and any risks they may have when eating.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to manage their health and wellbeing needs by making appropriate referrals to external services.
- Staff worked effectively with external healthcare professionals to ensure people's health and wellbeing needs were met. The staff team worked closely with health care services including GPs, and district nurses. A regular clinic was held at the home by the community nurses who told us the care at the home had improved since the new manager had been appointed. They told us staff always followed their advice and found them to be kind and very caring.

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

- The manager had a plan of improvements identified for the home which included decorating and refurbishments. Areas of the home were being decorated during our visit.
- People were able to bring their own items and equipment into their rooms to personalise them as they wished
- A communal room formerly representing a public bar had been improved and changed into a well decorated communal café area.

# 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 this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The staff supported people to maintain their independence. Care records were written in a positive way and included information about the tasks people could carry out themselves as well as detailing the level of support they required. One person told us, "I've got the code to the front door so I can go out and that's really important to me."
- The staff took appropriate actions to maintain people's privacy. People could spend time privately and call on staff as and when they needed to.

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

- Staff were kind and caring and people told us they were happy with how they were cared for. One person said, "I'm very comfortable, the girls are very nice to me." Another person told us, "It's fine here they look after me smashing." During our inspection we observed the conduct of one member of staff was undignified. We reported this to the manager and regional manager and action was taken immediately to address the issue.
- People's cultural, gender and spiritual needs were met. One person told us, "Someone from the church visits us." Staff had received equality and diversity training.

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

- Staff understood people's rights and had received training in protecting and promoting them. People were included in decisions about their care and the staff respected the choices people made.
- Care records showed that care planning was centred on people's individual needs and preferences. Staff reviewed people's needs regularly including consultation with relatives and any professionals involved.
- People were often supported to express their views by their families. The manager could arrange advocacy services if they were needed. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and promote their rights.

# Is the service responsive?

## Our findings

### Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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

- The provider had improved care records since the last inspection by implementing a new system of recording along with an electronic quality monitoring system. The new records captured all of the information required to care safely for people.
- People's needs had been assessed and staff supporting them had a good understanding of their personal preferences.
- Staff communicated with relevant others regularly, involving them in the care and support plans, to express their views and make choices about the care delivered. One person said, "They [staff] do come and ask me about my care plan."

### 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.

- Staff had identified how people needed information to be provided and people's communication preferences and needs were detailed in their care records.
- Staff gave people time to understand information and supported them to do so. Pictorial information was also used as an alternative to written and/or verbal information.

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

- Visitors were made welcome in the home and said they could see their friends and families as they wished.
- People were supported to access activities of their choice. There was a designated activities coordinator who had recently been appointed.

### Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. People told us they would speak to the staff or manager if they had any complaints.
- The manager used any learning from incidents and shared it with staff during regular meetings.

#### End of life care and support

- The service had systems in place to support people at the end of their life and worked collaboratively with the GP and community nurses. People's care records included end of life care plans where required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Improvements had been made in the service since the last inspection. Visiting professionals told us about the improvements that had been introduced by the new manager and how they had impacted on people's care. For example, improved systems and communications meant people received professional intervention in a much timelier manner.
- The new manager was experienced and told us how the service had developed since they had been in post. They recognised that some staff had struggled with the amount of changes that had been put in place to improve the service. Following our inspection the regional manager for the provider organisation informed us that the manager (who was progressing an application to register as the registered manager of this location with the Commission) had resigned from their post. This means we cannot rate this key question as higher than 'requires improvement' as having no registered manager in post is a limiter to the rating in well led. We found the service was still making improvements in several areas. Some areas still needed to improve and the provider needed to demonstrate they could be sustained.
- The provider was supporting the new manager with key senior company managers.
- The provider had developed new systems to ensure the service was monitored and safe for people to live in and staff to work in. A range of audits had been completed. However, some minor shortfalls we found during our inspection such as training completion and deployment of staff had not been fully included or identified as concerns in the auditing processes.

We recommend the provider makes improvements to the processes used for the oversight of the quality service.

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

- Staff we spoke with told us they felt valued and appreciated by the new manager and supported to develop in their work and staff morale was getting better. One staff member told us, "The manager seems good and wants to get things done right as most of us do." Staff also told us, "We have supervision and can talk to the manager and deputy manager if we have any concerns."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The manager understood their responsibilities under the duty of candour. We had been notified of significant events which had occurred in the home. The notifications showed appropriate actions had been taken in response to incidents, including sharing information with appropriate authorities when incidents had occurred.
- The manager and provider regularly monitored and reviewed any accidents and incidents to identify any patterns that needed to be addressed or lessons to be learned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked in partnership with the wider professional community healthcare teams to ensure people received the care they required and if their needs changed. Where specialist services were involved in providing people's support, the advice they had given had been included in people's care plans.
- Relatives told us they had been involved in regular reviews of people's care needs. Visitors were aware there was a new manager in post but not all of them had met the manager. Records showed that relatives' meetings that had taken place prior to the manager commencing in their post. The manager told us improving communications with relatives was on their development plan for the service.