

MOP Healthcare Limited

Barrowhill Hall

Inspection report

Barrow Hill
Rocester
Uttoxeter
Staffordshire
ST14 5BX

Tel: 01889591006

Date of inspection visit:
01 December 2022

Date of publication:
09 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Barrowhill Hall is a residential care home providing personal and nursing care to up to 74 people. The service provides support to people living with dementia, mental health concerns, sensory impairments and younger adults. At the time of our inspection there were 69 people using the service.

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

Governance systems had improved since the last inspection. However, many of the systems in place were newly implemented and needed time to ensure they would monitor risks effectively. These will be reviewed in the next inspection.

Lessons had been learnt since the last inspection. The provider improved risk monitoring and reporting systems. Visiting professionals told us the provider was working in partnership with them to address skin integrity concerns, review medicines and support people at risk of falls. Accident and incident forms were investigated by the management team to analyse patterns and seek support from health and social care professionals. Lessons learnt were shared with the staff team.

Medicines were managed safely by suitably trained staff and people were offered and received pain relief medication. Staff used personal protective equipment (PPE) effectively and attended infection prevention control training.

Staff were recruited safely and received regular supervision and training, including safeguarding training. Staff used personal protective equipment (PPE) effectively and attended infection prevention control training.

Relatives, staff and visiting professionals told us the service had improved. They told us they felt the culture was person centred and the care was provided by a competent and compassionate staff team and led by a confident and inclusive manager.

Staff told us they felt supported by the newly appointed manager and attended regular meetings. Relatives told us they felt included in the service and felt confident to raise concerns.

The provider and staff worked in partnership with other health and social care agencies to deliver good outcomes for people and ensure their needs were met and reviewed.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 September 2022)

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

We undertook this inspection to check whether the warning notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met regarding the safe management of the home and to check they had followed their action plan to ensure they now met legal requirements.

In addition, we received concerns in relation to a high number of people experiencing a fall. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We have found evidence that the provider needs to continue to implement their improvements over time. Please see the well led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barrowhill Hall on our website at www.cqc.org.uk.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Barrowhill Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

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

The inspection was carried out by 3 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 months and was in the process of registering. We are currently assessing this application

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 9 relatives about their experience of the care provided. We spoke with 13 members of staff including the manager, clinical lead, nurses, senior care workers, care workers, cook and maintenance staff. We received feedback from 4 visiting professional.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety of people and failed to manage medicines safely. This was a breach of regulation 12(1) 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.

- Risks to people were safely assessed. The provider monitoring people at risk of falls and skin integrity concerns. Records confirmed they were working closely with health and social care professionals to lower these risks and support people safely.
- Visiting professionals told us the provider was working closely with them to reduce the amount of falls through various methods, such as reviewing the amount or type of medication. This is important because some medications can impact on a person's balance and tiredness.
- Improvements had been made to fluid monitoring. Care plans and daily notes were in place to manage risks relating to people's fluid intake. This is important to ensure people remain hydrated and to ensure the correct type of fluids are offered.
- Risk assessments were in place to meet people's health and care needs. These included diabetes, epilepsy, catheter care, nutritional and falls risk assessments.
- There had been significant improvements with the safe managing of medicines. Although, we found a couple of discrepancies between stock and medicine recordings. These were resolved during the inspection and the auditing system was reviewed and updated.
- Safeguards were in place for administering medicine covertly. This is when medicine may need to be hidden in a drink or food to ensure it is administered for the persons best interests. Best interest decisions were considered with professional medical consultation and regularly reviewed.
- Family members told us medicines were managed safely. One relative said, "My [family member] needs to have their tablets in a certain way and this has been discussed with the staff. The staff understand this."
- People were offered pain relief medication, in accordance with their preferences and health professional's guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe from harm. Local area safeguarding policies and internal policies were accessible to staff members, staff told us where they were located.

- Relatives told us the care their family member received was safe. One relative said, "My [family member] is safe because the staff care for and support them really well."
- Staff received training on how to recognise and report abuse and they knew how to apply it. One staff member said, "If we [staff] ever see any poor practice, it is our duty to report it to the senior or manager straight away."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's mental capacity was assessed, and best interest meetings took place to ensure decisions made were appropriate and least restrictive. Examples included decisions over support with personal care and the administration of medicines.
- Relatives told us staff members sensitively encouraged their family member to make decisions. One relative said, "Sometimes my family member will need a bath, but they say they do not want one. I have heard the staff gently encourage them."

Staffing and recruitment

- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed. Although, some files did not contain a full employment history. The manager acted straight away, obtaining the information and updated the recruitment process for future employment.
- The service had enough staff, including for one-to-one support. We saw staff supporting people in a timely manner and engaging in activities with people. The manager told us a deputy manager would also be recruited to provide additional support.
- Relatives felt there were sufficient numbers of staff to care for their family members, one relative said "There are always staff around and as my [family member] has 1:1 support. They always receive care promptly." Another relative said, "When I visit, I see staff interacting with the residents; there are plenty of staff."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative told us, "The home is always clean; I have visited at lots of different times and there is never a bad odour."

- 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.

Visiting in care homes

- The provider was following government guidance in relation to safe visiting at the home.

Learning lessons when things go wrong

- Lessons had been learnt since the last inspection. Visiting health and social care professionals praised the efforts of the manager and the staff team for working closely with them to improve the care provided. One visiting professional said, "On my latest visit I spoke to staff members who all reported a positive change in management and the service."
- There was a culture of openness when things went wrong. One staff member said, "If I have missed anything or done something wrong, I can go to [manager] and say, 'I messed up'. [Manager] will listen and sort it out."
- Accident and incident forms were completed and investigated by the management team. Trends were examined and referrals made to other agencies such as the falls and memory teams.

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 requires improvement. At this inspection the rating has remained 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.

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

At our last inspection the provider had failed to monitor the care provided, identify concerns and drive improvement. This was a breach of regulation 17 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. Although, many systems were newly introduced, and needed time to ensure these are effective when ensuring good governance.

- Quality monitoring had improved since the last inspection. Although, there were some further improvements identified. For example, one person required their bowel movements monitored daily. However, there were gaps within the care plan. The provider showed us daily records evidencing this was being recorded by staff in their notes. Although, this had not been updated into the care plan and checked by senior staff. The manager responded straight away and updated the care plan and auditing system.
- People's weights were being monitored regularly. However, how often people should be weighed was not always clear. For example, one person's weight had been checked weekly, but this had changed to monthly as they had gained weight so were no longer at risk of weight loss. This was not clear within the care plan. The manager responded and updated an audit to review changes more frequently. We will look at this in the next inspection.
- Medicine monitoring and auditing had improved since the last inspection. Although, the manager had recently updated the auditing system. We will review this new system in the next inspection to ensure medicines are monitored safely over time.
- During the last inspection we found concerns over risk assessments relating to conditions such as diabetes and epilepsy, these had improved significantly and were clear and concise. Staff told us about these conditions and could describe the risks.
- Visiting health professionals told us the provider had improved. One professional said, "I cannot believe the difference in the home. The atmosphere is completely different. It has improved so much."

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

- The manager was new into position. They were motivated and driven to creating a positive culture. One visiting professional told us, "The manager is so passionate about care, they are an amazing manager. I cannot believe the changes in such a short time."
- Staff told us the culture was inclusive and achieved good outcomes. One staff member said, "The new manager is inspiring. They ensure people are treated like family, with dignity and respect. We have a handover every morning where [manager] sets the tone and encourages us to do our best."
- Relatives told us the new manager was open and approachable. One relative said, "There is a new manager. They contacted me by email to introduce themselves and when I was next visiting, they introduced themselves again." Another relative said, "The new manager is delightful, professional and their door is always open. Suddenly the home has transformed; I think the staff feel the same as me."

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 manager was clear about their duty of candour. We saw the manager had followed up on complaints made prior to their employment and apologised to the person, seeking a resolution to the complaint.
- Relatives told us they felt involved and informed following incidents and accidents. One relative told us about their family members experiencing a fall. They explained how they had been kept up to date throughout the incident.

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

- Relatives told us they felt included in the care provided and able to confidently raise concerns. One relative said, "Relatives' meetings are held regularly; I do not get a chance to go, but I am always sent the schedule and minutes of the meeting."
- Formal listening events for family and friends took place to share their views and discuss issues with staff. Comments were actioned by the provider. One relative told us they had raised a concern and how this was quickly resolved.
- Staff told us they felt listened to and able to contribute to the service. One staff member said, "The new manager has given me the confidence to step forward and I feel I am listened to. I have made a few suggestions relating to activities, they have been taken forward."

Working in partnership with others

- The service worked effectively in partnership with others. Visiting professionals told us, "The management team have been really responsive to issues we identified and act on any improvement suggestions."
- One relative told us how the staff team worked with the local church. They said, "My [family member] is religious. The provider managed to get someone from the local church to come in and carry out a religious service; they now visit every two weeks."
- Records confirmed collaboration with health and social care professionals and showed the manager welcomed their views and advice.