

Rosewood Health Care Limited

Barley Brook

Inspection report

Elmfield Road
Wigan
Greater Manchester
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21 November 2022

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Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Barley Brook is a residential home located in Wigan, which can accommodate up to 28 people over three floors. It is registered to support older people, younger adults and people living with dementia. At the time of inspection 24 people were living at the home.

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

We found improvements were required with record keeping, including the completion of supplementary charts.

A range of audits and monitoring was completed, with action plans in place to drive improvements. However, the processes for checking record keeping to ensure this was done accurately and consistently required strengthening.

We have made a recommendation about the provider's governance processes.

People told us they felt safe living at Barley Brook and received support from staff they felt comfortable with. Staff had completed training in safeguarding and knew how to report concerns. Accidents and incidents were documented with analysis completed to help minimise a reoccurrence. Medicines were managed safely by trained staff whose competency was assessed.

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. Staff received supervision and support to help them carry out their roles. People received support to stay well and access medical professionals as required. People were happy with the food provided and told us they received enough to eat and drink each day.

All but one of the people and relatives we spoke with told us the home was well run and would recommend it to others. Meetings were held with people and staff to discuss the home and seek their views.

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

Rating at last inspection

The last rating for this service was good (published July 2021).

Why we inspected

This inspection was prompted both by a review of the information we held about this service and due to concerns received about medicines management, upkeep of equipment, adherence to the deprivation of liberty process, nutrition and the management of personal care. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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

We found no evidence during this inspection people were at risk of harm from the concerns reported to us. Please see the Safe and Effective sections of the 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 Barley Brook on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about the provider's governance processes.

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 effective?

The service was effective.

Details are in our effective 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 ●

Barley Brook

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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Barley Brook is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Barley Brook is a care home without 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. The current manager had been in post for five months and was in the process of applying to register.

Notice of inspection

We gave a short amount of notice of the inspection to promote safety and to ensure the manager and/or a representative from the provider would be present to support the inspection. Inspection activity started on the afternoon of 15 November 2022 and finished on 28 November 2022 by which time we had received and reviewed evidence provided after our visits to the home. We visited Barley Brook on 16 and 21 November 2022.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and other 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 6 people and 3 relatives about their experiences of the care and support provided. We also spoke with 7 staff members, which included the manager, deputy manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and accompanying documentation, such as risk assessments and supplementary charts. We looked at medicines and associated records for 5 different people. We also looked at other records relating to the management of the home and care provided to people living there, including safety records, audit and governance information.

After the inspection

We reviewed information which had been emailed to us, including staff rotas, staff training records and audit and governance documents.

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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Barley Brook. Comments included, "I like it here, I feel safe" and "I feel safe, the carers are very good." The majority of relatives also commented on the safe care provided at the home. One told us, "[Relative] is safe here, as is looked after so well."
- Staff had completed training in safeguarding and knew how to identify abuse and report any concerns.
- Safeguarding concerns had been reported in line with local authority guidance. Records had been kept which detailed what had occurred, actions taken and outcomes.

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

- Care records contained a range of assessments which considered risks to people and how these would be managed. Guidance was in place for staff to follow to keep people safe.
- Each person had an evacuation plan in place, for use in an emergency. We noted some of these would benefit from additional details. The manager took action to update these following the inspection.
- Accidents, incidents and falls had been documented consistently. Analysis had been completed to look for patterns and trends and help prevent a reoccurrence.
- Risk assessments of the environment and equipment used within the home had been completed, to ensure these were fit for purpose and used correctly. Ongoing safety checks had been completed in line with legislation, with certification in place to confirm compliance

Staffing and recruitment

- Enough staff were deployed to meet people's needs and keep them safe. One person told us, "There are lots of carers to look after me, so there is always someone to help." Another stated, "If I call for help they come to me quickly." A staff member told us, "Yes, there are [enough staff]. We work together as a team to ensure everyone is supported properly."
- Staffing levels were allocated in line with the provider's dependency tool. This is a system which determines how many staff are needed to meet people's assessed needs. Staff rotas were compiled based on this information.
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Using medicines safely

- Medicines were managed safely by staff who had received training and had their competency assessed.
- Medicines, including controlled drugs were stored safely and at the correct temperature. Medicine

administration records (MAR) had been completed accurately and consistently and confirmed people had been given their medicines at the right time.

- Where people were prescribed 'as required' medicines, such as paracetamol, guidance was in place to ensure staff knew how and when to administer these.

Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place. People confirmed staff wore PPE consistently. Comments included, "The carers wear masks all the time to keep us safe from infections" and "Carers have to wear masks all the time, they wear aprons and gloves for certain things too."
- Additional measures had been implemented throughout the COVID-19 pandemic, to ensure guidance was followed and people kept safe. Appropriate policies, procedures and cleaning schedules were in place.
- Staff confirmed they had received the necessary training, guidance and support to keep people and themselves safe and follow procedures.

Visiting in care homes

- Government guidance around visiting had been followed.

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

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

- Assessments had been completed before people moved into the home, to help ensure the home was suitable and could meet their needs.
- People's likes, dislikes and how they wanted to be supported had been captured as part of this process. This enabled staff to provide care in line with people's wishes.

Staff support: induction, training, skills and experience

- Staff received enough training and supervision to ensure they could carry out their roles safely and effectively. One staff told us, "I did all the required training before I started, whilst waiting for my DBS to come through. Training here is good."
- Training completion was monitored via a spreadsheet to ensure staff remained up to date with required sessions. The provider also monitored training completion as part of their oversight of the home.
- Staff told us they felt supported in their role. Supervision sessions were scheduled to be completed every 3 months. These meetings were also recorded on a spreadsheet. We noted some staff meetings were behind schedule. However, the manager confirmed plans were in place to address 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.

- The service was working within the principles of the MCA and the DoLS process had been managed effectively. DoLS applications had been submitted timely, with systems used to monitor applications, outcomes and ensure reapplications were made in line with guidance.

- Where people lacked capacity to consent to care and treatment, decisions had been made in their best interest.

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

- People told us they were happy with the food provided and received enough to eat and drink. Comments included, "The food is good, there is a good choice and there's a menu on the wall, so I can see what there is" and "I get given drinks and snacks throughout the day, I'm never hungry."
- The mealtime experience was positive. People could choose where they ate their meals. People who required support to eat, received this in a calm, relaxed and supportive way. We observed people being offered drinks throughout the day, as well as at mealtimes.
- Records of food and fluid intake were kept. However, some food charts lacked sufficient detail about what people had eaten and fluid intake was not being recorded accurately. This is covered within the well-led key question.

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

- People received support to stay well and access medical services and other professionals as necessary. These included general practitioners, speech and language therapists, tissue viability nurses and dieticians.
- Weight monitoring was being completed and people's risk of malnutrition was being assessed using the Malnutrition Universal Scoring Tool. Where people had experienced unplanned weight loss, referrals to the GP or dietician had been made timely.
- Staff told us how they ensured people's oral care needs were met and care plans contained information about the support people required. People confirmed they received prompts or support to clean their teeth. The manager told us dental access was currently an issue, as none of the local dentists were able to take on new patients. An action plan was in place around this area.

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

- The layout of the home catered for people's needs. Some adaptations had been made to the environment to help people living with dementia, such as pictorial signage, plain walls and flooring.
- Some areas of the home needed renovation and redecoration. This had been identified by the provider and a schedule of works was underway.

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. At this inspection the rating has changed 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.

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

- The manager used a range of systems and processes to assess the quality and performance of the home and care provided. Provider audits and reviews had also been completed, to supplement and review the checks done in the home. Although these processes had identified a number of shortfalls, and action plans were in place, audits viewed had not identified issues we noted on inspection with record keeping.
- Although care plans were detailed, some contained incorrect or contradictory information. Care plan checks and audits had not identified these anomalies.
- Supplementary charts had not been completed consistently. The provision of modified diets was not recorded on food charts consistently, as such we were unable to confirm food was always prepared in line with guidance. Fluid charts were not always completed accurately and therefore did not reflect people's feedback on the amount of fluid offered.
- We also identified minor issues with the completion of repositioning charts and record keeping around the provision of personal care.

We recommend the provider ensures audit and governance processes around documentation and supplementary chart completion are reviewed to ensure record keeping accurately reflects the care and support provided.

- The provider and registered manager were proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary

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

- We found the home to be an inclusive environment. People and relative's views were sought and documented. Meetings had been held with people, relatives and staff, to discuss the home and care provided.
- People spoke positively about the home and quality of care. The manager and staff were reported to be friendly, helpful and approachable. All but one of the people and relatives we spoke with told us they would recommend the home to others.
- A recent staff survey had been completed, which showed staff were happy working at the home. This was mirrored in the feedback we received during the inspection.

- Bi-annual resident and relative surveys had been completed in 2021. However, none had occurred so far in 2022. The manager stated this had been an oversight and would ensure a survey was circulated as soon as possible. We will follow this up at our next inspection.

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 home was meeting the requirements of the duty of candour. The provider and manager were reported to be open and honest, and all but one of the relatives and people we spoke with had no concerns around communication, or action taken when any concerns had been raised.

- One relative told us, "I have spoken to the manager; she is friendly and helpful. She has dealt with everything I have asked her about."

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home, although involvement with community groups had been affected by the COVID-19 pandemic.

- The home was working with the local authority and medical professionals to ensure people received appropriate care and support.