

Rosewood Health Care Limited

Barley Brook

Inspection report

Elmfield Road
Wigan
Greater Manchester
WN1 2RG

Tel: 01942497114

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

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 27 people were living at the home.

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

People's care documentation was not always updated timely to reflect changes or completed consistently to capture the actual care which had been provided. Audit and monitoring systems had not reliably identified these issues, which impacted on what action had occurred.

People and relatives told us staff were competent and knew how to care for them. Staff were happy with the training provided and the support they received to carry out their roles. However, we identified gaps in staff training and in the completion of supervision meetings, which required improvement. Steps were already underway to address these shortfalls, including the appointment of a new external training provider.

People's nutrition was met in line with their assessed needs. Meal times were a positive experience, with people's choices requested and respected. 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 health needs were met, through access to a range of professionals and support to attend appointments.

People spoke positively about the care and support provided. Staff were described as "fantastic", treating people with dignity and respecting their wishes. People felt listened to and appreciated staff spending time chatting to them. One stated, "I can get down, but I know [staff member] will always manage to buck me up."

People were supported to engage in a wide range of activities, as well as attend outings to places of interest in the local and wider community. People were happy living at the home and had no complaints, however knew what to do should they wish to raise a concern. The complaints procedure was clearly displayed to guide people through this process.

People and staff felt the home was well run and the registered manager and senior staff were approachable. Comments included, "[Registered manager] is very approachable, with an open door policy" and "[Registered manager] is very nice and easy to talk to." People's views were sought by care staff and more formally through surveys, however people could not recall if resident meetings had been held. Minutes showed though scheduled, they had not attended any.

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 (report published July 2017).

Why we inspected

The inspection was prompted in part due to concerns raised by a Coroner following the inquest into the death of a person at the home. Concerns included the quality and consistency of care documentation, record keeping and failure to make timely referrals to medical professionals. A decision was made for us to bring forward the inspection and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the effective, responsive and well-led sections of the full report.

Enforcement

We have identified breaches in relation to care planning and record keeping, the quality monitoring process, staff training and completion of supervision at this inspection.

Please see the action we have told the provider to take at the end of this report.

Since the last inspection we recognised that the provider had failed to inform CQC of three notifiable events. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

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 Care Act 2014.

Inspection team

The inspection team consisted of 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 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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 sought feedback from partner agencies and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who lived at the home and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, chef, an activities co-ordinator and carers.

We reviewed a range of records. This included six people's care records, three staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

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 good. At this inspection 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 felt safe living at Barley Brook. Relatives also had no concerns about their loved ones safety. One told us, "I know they are safe here and I can rest, they were wandering at night when at home."
- Staff had received or were undergoing training in safeguarding and knew how to identify and report any concerns. Information about safeguarding was on display throughout the home.
- Safeguarding concerns had been reported in line with local authority guidance, with all documentation stored on file for reference.

Staffing and recruitment

- Enough staff had been deployed to keep people safe and meet their needs. People and relatives feedback confirmed this. One person stated, "I feel safe because I know there are always staff about to call on."
- The home used a system to determine the number of staff needed per shift, often called a dependency tool. We looked at four weeks rotas which showed staffing levels had been scheduled as per the tool.
- Safe recruitment procedures were in place. Staff personnel files viewed contained all required documentation.

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

- Staff had identified risks to people's safety and wellbeing. Where people had experienced falls, unplanned weight loss or were at risk of skin breakdown, referrals to the necessary professionals for guidance to minimise risk had been made.
- Accidents and incidents had been logged consistently, with detailed information of what had occurred and action taken captured.
- We found the follow up and lessons learned process required strengthening, as completion of the manager's review section on documentation had not been completed consistently. Plans were already in place to address this, which we will follow up on at the next inspection.

Using medicines safely

- Medicines were managed safely by staff who had received training and had their competency assessed.
- People told us they received their medicines on time and could ask for pain relief whenever they needed it.
- Documentation, including medicine administration records (MAR) and the controlled drugs register had been completed accurately and consistently. Clear guidance was in place for staff to follow, so they knew what medicines to administer, when and what they were for.

Preventing and controlling infection

- The home had robust cleaning and infection control processes in place. They had received the top rating of five stars, when inspected by the local authority health protection team in 2019.
- Personal protective equipment (PPE) such as gloves and aprons, were readily available and used as required by all staff.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training had not been kept up to date. The training matrix provided by the registered manager contained a number of areas shaded 'red', which indicated training was out of date or had not been completed. Overall training completion was only 67%.
- Staff had also not received supervision in line with company policy, which stated meetings would be held every other month. We checked six staff records, only one of whom had completed the planned number of meetings. One person had not completed any in 2019. Discussions with staff also indicated completion was inconsistent.
- A new external training provider had been sourced and staff were in the process of completing or refreshing any necessary training. A new induction programme with the same provider had also been introduced.

The provider had not ensured staff received sufficient refresher training and support to ensure they had the necessary skills and knowledge to complete their roles. This is a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were complimentary about the food and drink provided. People were offered a choice at meal times and provided with alternatives, if they didn't like the options available. We found meal times to be a pleasant experience, with people chatting amongst themselves and staff providing support where needed, discreetly.
- Modified or specialist diets, such as pureed or diabetic had been provided in line with professional guidance.
- Where required, food and fluid charts had been used. Although each individual drink had been recorded, we found no overall daily totals had been calculated, or guidance on file to inform staff how much each person should be drinking per day. The registered manager told us this would be introduced following the inspection.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People received support to stay well and access medical professionals when required. People told us a GP visited the home each week but they could see one at any time should they need to.
- People had access to a variety of other medical and health related services, such as podiatrists, speech

and language therapists (SaLT) and dieticians. Feedback and guidance following any appointments or assessments had been recorded in people's care files, with actions addressed in a timely manner.

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

- The home completed detailed assessments prior to admission, to ensure they could meet people's needs and the environment was suitable. These assessments were used to help create people's care plans.
- Where people were referred from hospital, the home used trusted assessors, whose role is to carry out health and social care assessments on behalf of the home, to reduce delays when people are ready for discharge.
- People's care was provided in line with their wishes and preferences. People told us staff listened to them and provided support in the way they wanted. One person stated, "You know they listen to you because you only have to mention something and it appears."

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 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.

- Where able, people had consented to their care. Where people lacked capacity, meetings had been held to make decisions in their best interest.
- Staff's knowledge of the MCA and DoLS was variable, which reflected the issues identified with training completion.
- DoLS had been applied for where required, however a robust system for monitoring applications and expiry dates was only just being developed. At present this information was written on a whiteboard in the registered manager's office.

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

- Some consideration had been taken to ensure the environment was suitable to meet the needs of the people who lived there. This included plain flooring and walls with contrasting handrails, to make them easier to identify.
- The home had recently undergone a period of refurbishment, with more worked planned. A number of bedrooms, corridors, the dining room and both lounges had been decorated with people's views and opinions sought. A new holistic therapy and hairdressing salon had been created, which people were positive about.

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 good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about their care and support. Staff were described as being kind, caring and patient. One person told us, "They are lovely to me and lovely to all the other people they care for." Another stated, "They are wonderful, so kind and patient."
- Observations during the inspection supported people's views. Staff were seen to be pleasant, patient and engaging with each person they supported. People were comfortable in staff's presence and responded positively to appropriate use of physical contact, such as hugs and hand holding.
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Care files explained whether people had any specific spiritual, cultural or lifestyle needs and how these would be met. For example, where people's religious beliefs affected their dietary needs, we saw these had been catered for.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect at all times. One person stated, "They help me with my showers and they always keep me covered. They let me do my private areas but assist where I cannot reach."
- Staff understood the importance of respecting people's privacy and dignity. Comments included, "Never do things openly. I always think how would I want my mum and dad to be treated and act accordingly" and "Make sure care's provided in private. Reassure them, cover them up, be discreet."
- Staff supported people to maintain their independence. One person told us, "I try to be as independent as I can and the staff support me in this. They leave me to try but I only have to ask and they are right there to help me."

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

- People felt involved in their care and able to express their views and opinions. Comments included, "I have been given a key to my room, staff accept I lock my door when I leave my room or when I am in it" and "Staff know that I wish to eat in my room, it's never too much trouble for them to bring my meal up."
- People's views were also sought through feedback forms and surveys. These asked people to comment on the standard of care, if they felt listened to, respected and cared for as they would like as well as asking for any suggestions and improvements they would like to make.

Is the service responsive?

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was not always personalised. This was due to care files and other care related documentation not being updated correctly, containing out of date or incorrect information or not being completed fully, to reflect the care and support provided.
- Some care plans contained contradictory information, which made it difficult to determine how people wanted or needed their care providing.
- We discussed these issues with the registered manager. They informed us the company who provided the electronic care planning system had been asked to provide additional training, as care staff had experienced difficulties in amending care documentation. In the short term, up to date paper based files would be created.

Care documentation had not always been updated timely to reflect people's changing needs, or in sufficient detail to confirm care and support had been provided as required. Some people's care plans contained incomplete, out of date or incorrect information, which increased the risk of incorrect care being provided. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Information about people's communication needs was recorded in their care files. This included any aids or equipment they used and how they preferred information to be provided to them, for example in large print or easy read format.
- Staff were mindful of people's communication needs and we observed these being met during the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spoke positively about the activities provided. One told us, "I don't like bingo and such, but love going out to the shops with [activity coordinator]. I am being taken to the cinema to watch Cats, I cannot wait." A relative stated, "My [relative] takes part in whatever is going on, they love the bingo and games."
- The home employed two coordinators, who provided activities six days a week, including weekends. They

scheduled both internal activities and outings into the local area, such as attending the local dementia choir, jazz club and a weekly tea party.

- People were supported to maintain relationships, with family visits welcome at any time. One person stated, "I am not interested in the activities, but I go out a lot with my family."

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain but told us they had not needed to. One person stated, "Why would I [complain], I am very happy here."

- The complaints procedure was clearly displayed within the home. A complaints file had been set up, however we saw none had been received within the last 12 months.

End of life care and support

- Where people had consented, their wishes around end of life care and support had been captured and included in their care files.

- People were given the option to remain at the home at the end of their life, with external professionals, such as district nurses and GP's supporting care staff to facilitate this.

- Staff told us formal training in end of life care had not yet been provided but was something they had requested. We noted this topic was not included on the current training matrix.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audit and quality monitoring systems in place were not robust. We also saw identified issues had not always been addressed timely.
- The auditing system had not identified the issues we found with care documentation, contemporaneous record keeping nor had it consistently identified staff supervision had not been provided in line with policy. Throughout 2019, monthly provider audits had identified issues with staff training, but action had not been taken in a timely manner to address these shortfalls.

The provider's auditing and quality monitoring processes were not robust, with timely actions not taken consistently when issues had been identified. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to the inspection, we discovered the provider had failed to inform us of two notifiable incidents, namely a serious injury and a death. During the inspection we found another serious injury had occurred which we had not been told about.

Failure to inform CQC of notifiable incidents is a breach of regulation 16 (notification of death of a service user) and regulation 18 (notification of other incidents) of the CQC (Registration) Regulations 2009.

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

- People and relatives felt the home was an inclusive environment which sought their views and opinions. One person told us, "I am very often asked my opinion on matters, which I think is very nice."
- According to the provider's policy, resident and relative meetings were held quarterly. People we spoke with had not attended any meetings or were aware they occurred. We saw from meeting minutes, three meetings had been held in 2019, which only family members had attended. One set of minutes referred to people being invited but declining.
- We discussed with the registered manager the importance of capturing people's involvement or choice not to attend consistently, as well as consideration of how meetings were advertised and facilitated to promote engagement.

- Staff meetings for each designation of staff, were also scheduled to be held quarterly. Minutes showed only two care staff and two senior carer meetings had taken place in 2019. Despite this, staff told us they felt supported. Comments included, "Yes, I feel listened to and supported, the management are very approachable" and "[Registered manager] is very supportive. I feel supported, it's a good place to work."

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

- The registered manager and provider were aware of their responsibility regarding duty of candour. People and their relatives had no concerns about the openness of the home or its staff. Relative's told us communication was good and they were advised straightaway if anything had happened to their family member.

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. The home had made links with a number of community events and societies, which people attended regular to socialise and interact with the wider community.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Care documentation had not always been updated timely to reflect people's changing needs, or in sufficient detail to confirm care and support had been provided as required. Some people's care plans contained incomplete, out of date or incorrect information, which increased the risk of incorrect care being provided.</p> <p>The provider's auditing and quality monitoring processes were not robust, with timely actions not taken consistently when issues had been identified.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured staff received sufficient refresher training and support to ensure they had the necessary skills and knowledge to complete their roles.</p>