St Philips Care Limited

Barrow Hall

Inspection report

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Ratings

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

Overall summary

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, this was also part of a pilot for a new inspection process being introduced by CQC and to provide a rating for the service under the Care Act 2014.

Barrow Hall is a Grade 1 listed building and retains many of its period features. The home is set in pleasant grounds in the village of Barrow, providing easy access to local shops and facilities. Barrow Hall offers personal and nursing care for up to 37 people with a mental health need. The service is owned by St Phillips Care Limited, which is a large national organisation. A choice of single and shared accommodation is available.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

This inspection was unannounced. The last inspection of the service took place on 4 October 2013 when no issues were identified.

People and their relatives told us they were happy with the care provided at the home and their care and social needs were being met. From our observations, and from speaking with staff, people who lived at the home and relatives, we found staff knew people well and were aware of people's preferences and care and support needs.

On the first day of our inspection we found the home required some improvement in the management of people's privacy and dignity. We found some people's curtains had been removed from their windows. However, this had been rectified by the second day of our inspection.

We found the home had not been cleaned effectively and was dirty in places. The problems we found with the prevention and control of infection breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the report.

People who used the service received a balanced diet. People told us they liked the food and choice was offered but staff told us the budget was very tight which meant they were unable to supply people who used the service with extra items such as birthday cakes.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards provide a legal framework to ensure that people are only deprived of their liberty when there is no other way to care for them or safely provide treatment.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and knew how to ensure the rights of people who lacked capacity to make decisions for themselves were respected.

The registered provider had robust recruitment processes in place, which protected vulnerable people from unsuitable or unsafe staff.

Staff involved people in choices about their daily living and treated them with compassion, kindness, and respect. Everyone looked clean and well-cared for. However, people had access to a limited range of activities.

People told us there were enough staff to give them the support they needed and our observations confirmed this. The majority of staff had received training considered to be essential and had also received specialised training on mental health issues.

We observed care was responsive to people's needs and preferences.

People knew how to make a complaint and we noted the home openly discussed issues so that any lessons could be learned. People felt they were able to express their views at any time and they told us they were listened to and acted on.

Leadership and management of the service required improvement. There were systems in place to monitor the quality of the service. However, we felt the management team did not effectively use the results to drive a culture of continuous improvement. In addition, some staff expressed concerns the service had a low budget for food. However, we saw that people's weights were recorded regularly and showed weight loss was not a specific issue in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe but required some improvements to its infection prevention and control systems. We found the home had not been cleaned effectively and was dirty in places. There was no schedule for deep cleaning people's rooms or communal areas. The problems we found with the prevention and control of infection breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the report.

People's safety around the home had been regularly assessed.

People who lived at the home told us there were enough staff to meet their needs.

The home had policies in place that ensured they met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

Requires Improvement

The service was effective. People received a balanced diet.

Staff received appropriate, up-to-date training and support.

People who lived in the home and their relatives told us they felt the staff had good skills and knew them well.

Is the service caring?

Good

People told us they felt well cared for.

Staff interacted well with people.

People were encouraged to express their views about the care they received.

Is the service responsive?

Good

The service was responsive but required some improvements to its activities throughout the week. A new activities co-ordinator was in post and told us they had plans for the expansion of the activity programme.

Care plans contained sufficient information about people's health care needs, and what they enjoyed doing.

People knew about the complaints policy and were certain any issues would be dealt with by the registered manager.

Is the service well-led?

Requires Improvement

The service needed to make some managerial improvements. Whilst the service was well organised and enabled staff to respond to people's needs in a proactive and planned way, the management was not always aware of the results from systems designed to monitor the quality of the service.

Summary of findings

Members of staff told us the catering budget was too limited although people who lived in the home received good meals and were not suffering from poor nutrition.

Regular staff meetings took place and were used to discuss and learn from accidents and incidents.

Visiting health professionals, staff, and people who used the service were surveyed about their views about the care and the home in general.

Barrow Hall

Detailed findings

Background to this inspection

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Prior to the inspection the provider completed a Provider Information Return (PIR). The PIR is a document completed by the provider about the performance of the service. The local authority safeguarding and contracts teams and the local Healthwatch organisation were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us they had no current concerns about the service. Healthwatch is an independent organisation which acts as the consumer champion for both health and social care.

We used a number of different methods to help us understand the experiences of the people who lived at the home. We used the Short Observational Framework for Inspection (SOFI) in the main dining area. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with 12 people who lived in the home, five care staff, the administrator, registered manager, deputy manager, and the regional manager.

We looked around the premises, including people's bedrooms (after seeking their permission), bathrooms, communal areas, the laundry, the sluice facilities, the kitchen and outside areas. Six people's care records were reviewed to track their care. Management records were also looked at and these included; four staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and monitoring charts in people's bedrooms.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

We had not planned to look at how the prevention and control of infection was managed in the home but during our tour of the building we found some improvements were required to protect by the prevention and control of infection risks. Many areas of the home were dirty. All bathrooms had dirty light pull cords and dirty extractor fans. Layers of dust and urine stains were found behind two toilets on the ground floor. The central stone staircase area exhibited many old cigarette butts and the window sill had many dead flies left on it; it had clearly not been cleaned for some time.

The registered manager told us there was only one domestic member of staff on duty for the whole building since the other cleaner was on annual leave. The cleaner on duty told us, "The age of the building makes it difficult to clean; there's lots of nooks and crannies. It's certainly too much for one person." We confirmed the registered provider did not employ any relief cleaners for when domestic staff were on annual leave. This meant that if one or both of the domestic staff were absent the home would not be effectively cleaned.

We looked in one bedroom in which the smell of urine was overpowering. The registered manager told us the person who had lived in this room had been re-located. We saw the service had made appropriate referrals for this person to receive a psychiatric assessment. However, the room had been unoccupied for at least two weeks and the heavily stained carpet had not been removed, neither had the door been locked to prevent people who lived in the home from entering the room. During the next hour of our inspection visit the carpet was removed, the window opened and the door locked.

Another person's room and adjacent toilet were odorous with a strong smell of urine. The commode in the bedroom had not been emptied. It was a hot day and the rooms felt very hot and were not ventilated as the windows were not open. When we pointed this out to the registered manager they took immediate steps to rectify the situation.

We looked in the laundry cupboard and found it to be small and cluttered with bedding and pillows on the floor. This meant there was a risk that bedding and linen was not kept hygienically.

We looked at the cleaning records and found the deep cleaning schedule only contained entries for three bedrooms. We asked the domestic about the cleaning routine; they told us, "Not all rooms get cleaned every day but they all get cleaned at least once a week. We don't have a deep clean routine as such." This meant that we could not be certain people's rooms were cleaned regularly.

When we returned to the home for our second day of our inspection visit we saw some improvements had been made including a thorough clean of the staircase, replacement of light pull cords and re-organisation of the linen cupboard. The regional manager told us they had moved some domestic staff over from another one of the registered provider's homes to address the problems. We were told the registered provider would look at the recruitment of relief domestic staff to cover sickness and absence.

The problems we found with the prevention and control of infection breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the report.

The 12 people we spoke with all said they felt safe with the staff and within the home itself. We saw care was delivered in a safe way. Comments included, "It's safe here, yes" and "I feel as safe as I can be."

There were policies and procedures in place to protect people from abuse. The staff we spoke with were able to describe these policies and the different types of abuse that may occur. They told us there were systems in place to report any suspected abuse and that staff would have no hesitation in approaching the management about concerns; they were confident any concerns they expressed would be acted on without delay. The training records confirmed staff had received training in safeguarding vulnerable adults from abuse within the last two years. The home had been the subject of several safeguarding investigations by the local authority during the last two years. They told us all issues had been addressed and there were no ongoing investigations.

The four care plans we looked at all contained recent assessments of people's capacity to make decisions for themselves. When people had been assessed as being unable to make complex decisions there were records of meetings with the person's family, external health and

Requires Improvement

Is the service safe?

social work professionals, and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interest.

Staff told us they had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The registered provider had introduced a checklist for DoLS assessments called the 'deprivation of liberty acid test'. This asked the person living at the home three questions: 'do you know where you are', 'are you happy to live here' and 'are you free to leave if you wanted to? Based people's answers, staff were asked whether they agreed the person was free to leave, whether the person was subject to both supervisions and control, and whether the level of supervision and control was continuous. The registered manager told us following this assessment they worked closely with the local safeguarding team to make applications for a DoLS; at the time of our inspection no one was subject to a DoLS authorisation although one application was in progress. We saw the registered manager had notified CQC of the outcome of any previous DoLS applications made.

Care plans contained risk assessments designed to provide staff with information that would protect people from harm. We noted these had been updated monthly to ensure they reflected any changes in people's needs. Risk assessments included those for: falls; nutrition; the environment; pressure care; and behaviour which may challenge the service or others.

Although the registered manager told us the service did not use physical restraint techniques, some staff said they would like some further training on what constituted restraint. Their lack of knowledge in this area was acknowledged by the registered manager who agreed to provide training as soon as possible.

We observed there were enough staff to meet people's needs. One person who lived at the home commented, "I think there are enough of them [staff] around, they're always around if you need them."

Staff rotas showed the 34 people who lived at the home were cared for by five care assistants and two registered nurses. The registered manager and deputy manager were supernumerary. Both were registered mental health nurses and were available to assist with caring for people. The registered manager showed the dependency tool they used to determine the appropriate staffing level and we saw this stated that a minimum of 4.5 care assistants were required. The fact that five care assistants were employed during the day showed the service could respond to the fluctuating needs of people throughout the day. One member of staff told us, "We always have five carers on each shift; that's enough in my opinion." Other staff told us the home was usually well staffed and didn't suffer from any shortages too often.

Staff told us they felt they had been recruited into their roles safely. Each of the five staff we spoke with said they had not been permitted to commence their induction period until their references had been received and they had been cleared to work with vulnerable adults by the disclosure and barring service (DBS). Staff records confirmed this. We saw records of the nurses annual PIN number checks with the Nursing and Midwifery Council to ensure they were registered to work.

Requires Improvement

Is the service effective?

Our findings

Whilst people told us they liked the food and received good sized portions. Some members of staff, including the catering staff told us they had us they had to supplement the food budget in order to provide extras such as flavourings and icing for birthday cakes. They felt the food budget was insufficient. One member of staff said, "We bring in sauces, flavourings and icings from home as we haven't got any money to make residents a birthday cake." We confirmed that despite the issues with the food budget, people who lived in the home did not suffer from significant weight loss. Where people had lost some weight, they had been referred to appropriate dietician services. People who used the service told us they were happy with the meals and were provided with a good choice and adequate portions. Comments included, "I am happy with the food", "Yes, I get enough" and "The food is OK". "The cook told us, "Although we have limited funds we make sure we offer a good, balanced diet."

During the past year we noted there had been some investigations carried out by the local authority's safeguarding team about the lack of high fat yoghurts available and the lack of a hot meal at tea time. We were told that following these investigations the food budget had been increased and would be reviewed again shortly. In addition, the cook told us they had now introduced a cooked meal at tea time.

We were told fresh fruit was delivered each Wednesday. One member of staff said, "All the fruit is gone by Thursday; they [the people who used the service can't have any the rest of the week." One person who lived in the home said, "We don't get fruit very much, there's never any available." We spoke the registered provider who assured us this did not have to be the case and an order could be placed for more than one day. They told us they would work with the registered manager to resolve this issue.

We observed the lunchtime experience and saw people had been given a choice of food, which was pre-ordered and arrived already plated. The main dining room was unappealing with Formica tables, and although a radio was playing it was quickly switched off by a member of staff. This did not reflect what the registered provider's statement on their website states, "Takes great pride in our dining room services with meals being served on tables with crisp, clean and attractive linen."

People who took longer to eat than others were afforded the time to do so. Lunch was a relaxed and calm experience.

The cook told us how some people needed different textured diets usually following an assessment by the Speech and Language Therapy Team (SALT). The cook was able to describe the varying textures of food and demonstrated a good understanding of people's dietary needs. The care files and kitchen staff had copies of each person's special dietary needs and their likes and dislikes.

We reviewed the registered provider's online training matrix, which was used to monitor the courses staff had undertaken and when they were due to be refreshed. We confirmed that training was largely up-to-date. We saw the registered provider considered training in moving and handling, food hygiene, fire safety, health and safety, mental health first aid and safeguarding adults all to be essential. In addition, the majority of staff had received training in the Mental Capacity Act 2005 and pressure care. This meant the staff received the training needed to provide good quality care.

People told us they felt the staff had good skills; one said, "The staff seem to know what they're doing."

Staff told us they received regular supervision meetings with their line manager and an annual review of their personal development. Records of the meetings showed the staff were given the opportunity to share and discuss any concerns they may have. Staff told us there were meetings for the care staff each month. Records showed people's care was discussed in detail so that each member of staff had up-to-date information about people's needs.

Newly recruited members of staff told us they had undertaken the registered provider's induction programme. They told us their induction covered whistleblowing, and safeguarding. Staff confirmed they had received training in moving and handling before they had been permitted to assist people using a hoist or other mobility aids. One member of staff said, "I've not been asked to do anything that I'm not trained to do. I had to shadow a senior for a while and then wasn't allowed to work on my own until I felt comfortable. I had to be observed before I could use the hoist." This showed people were protected from the risk of receiving care from untrained staff.

Requires Improvement

Is the service effective?

We carried out our inspection visits on very hot days. We observed people were offered drinks regularly and staff were often seen encouraging and supporting people to drink. Jugs of water and juice were available in people's rooms and communal areas.

People's care plans were reviewed monthly. This allowed the service to identify changes in people's needs effectively. Referrals had been made to external health and social care professionals when necessary. We saw referrals had been made to tissue viability nurses, dieticians, GPs, and psychiatrists. Records showed people had been supported to attend outpatient appointments at the hospital as well as attend GP, dental and optician appointments. People told us they were supported to access their GP or hospital. The registered manager confirmed the service had a good relationship with the local GP practices and pharmacies.

Good

Is the service caring?

Our findings

We observed members of staff asking people if they needed assistance in a quiet, discreet way. All of the 12 people we spoke with said they felt they were treated with respect and that their privacy was respected. A member of staff had been appointed as a 'dignity champion'. The registered manager told us their role was to promote dignity and respect and advise staff when they observed poor practice.

People told us they felt cared for at Barrow Hall. Comments from people included, "I love being at Barrow Hall", "I don't have to do anything here, I can be lazy" and "The staff are very kind to us and talk to us nicely."

Unfortunately, we were unable to speak to people's relatives to ask for their views on the care provided. Staff told us very few relatives visited people in the home although one person told us they were supported to visit their family regularly.

Throughout the day of our visit we observed staff interacting with people. People who used the service were from a wide age range and had varying degrees of mobility and cognitive ability. Most people were able to walk freely around the home and access work placements or community activities. Some people lived in individual apartment blocks in which they went about their day without the need of support from the staff.

We observed staff were always around the communal areas of the home, asking people if they were alright and if they needed anything. It was evident to the inspection team that the staff, including the management, knew all the people well and vice-versa. Following lunch we carried out an observation using the Short Observational Framework for Inspection (SOFI) for 30 minutes. This showed us staff interacted positively with people, showing a genuine interest in what they had to say. People who used the service told us this made them feel they mattered.

Staff we spoke with were able to describe people's life histories and clearly knew and understood people's social preferences. Staff told us there was good communication between the staff about people and that the development of the new care plans being introduced ensured they knew people well.

Staff were sensitive when caring for people with limited communication and understanding due to complex mental health needs. They spoke calmly and gave people time to respond. They took steps to ensure people had understood using verbal and non-verbal methods of communication.

During our visit we observed all staff speaking to people in a kind, positive and respectful way. All 12 people we spoke with all thought highly of the staff. We observed staff were consistently available in communal areas and in people's rooms to respond to their requests and to encourage them in conversation.

People were encouraged to express their views about the care they received. People told us they would have no hesitation in talking to someone if they felt unhappy. Most people gave the name of their keyworker as someone they would be happy to talk to. Records showed three people used independent advocacy services to assist them in making decisions about their life choices. One person told us they were being supported by an advocate to attend interviews and find work in the community.

People told us they were encouraged to maintain their independence as much as possible by carrying out tasks for themselves or by going out for walks. One person said, "I can go walking into the village if I want to."

Good

Is the service responsive?

Our findings

We saw that care plans had recently been re-written with the involvement of the regional manager who told us there had been a drive to ensure care plans were more personalised than before.

The new care plans contained sufficient information about people's health care needs, what they enjoyed doing and their daily routine preferences. For example, what time they liked to get up and what time they would like to have breakfast. We spoke with people who were able to tell us about their interests and routines; we confirmed this information had been recorded in the care plans. At the time of our inspection the regional manager was overseeing the re-writing of the care plans. We saw the new plans were well ordered, easy to read and person centred. They demonstrated a comprehensive, multi-disciplinary, best interest process where required. Staff told us there were two handover meetings at the shift change times, 08:00 and 20:00 and this enabled staff to have up to date information regarding the changing needs of the people who lived in the home.

People's care plans were reviewed monthly, this ensured their choices and views were recorded and remained relevant to the needs of the person. Some people told us they were included in these discussions. The registered manager told us some people's limited communication meant they would be unable to understand such a discussion although they would try to engage with them in other non-verbal ways.

An activities co-ordinator had recently been appointed. We saw they were in the process of establishing a record of each person's activities throughout the week. Although there was a large notice board in the entrance to the home showing various activities, the inspection team found it difficult to establish exactly what took place on a regular basis. We asked people living at the home what activities they participated in. Apart from those who had recently returned from a holiday in Dorset the inspection team did not get any feel of any social stimulation in an organised manner. However, on the day of our inspection we saw that one member of staff had brought some plants and sat outside with some people planting window boxes and hanging baskets. People's comments included, "There is bingo sometimes", "I don't have any hobbies… there's nothing to do here anyway" and "I sometimes do painting by numbers by myself."

When we spoke with the activities co-ordinator, we were assured that a more regular and socially stimulating set of activities had been planned for the future once they had settled into their new role. They told us they were being supported by the registered manager to buy new activities equipment and to organise more trips.

Each of the 12 people we spoke with told us they had no cause to complain about the home but felt able to do so if necessary. They told us they knew about the complaints policy and would be certain any issues would be dealt with by the registered manager or deputy manager. Copies of the complaints policy were displayed throughout the home and were made available in an easy to read format.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service, but we felt some improvements were needed to ensure the food budget was sufficient.

Whilst the service was well organised which enabled staff to respond to people's needs in a proactive and planned way, the management was not always aware of the results from systems designed to monitor the quality of the service. For example, the management was not aware of issues identified within the most recent infection control audits.

The registered manager had been registered with the Care Quality Commission since October 2010.

We spoke with the registered manager and regional manager who told us the food budget was the subject of much debate with the registered provider. Records showed that from this budget the cook would need to buy consumables such as cooking oil and cling film thus reducing the actual amount of money spent on food further. One member if staff said, "We are supposed to change the oil in the fryers every two weeks, but each time I do that it costs £80 which comes straight out of the food budget." There were no separate budgets for food and consumables, which meant it was difficult to audit exactly how much the service spent on people's food. During our inspection visits the registered provider told us they had discussed the food budget with the home's registered manager and increased it slightly. The registered manager told us they had not received conformation of this and that, "we've heard that before but nothing has happened."

We reviewed the results and evaluation of surveys sent to visiting health care professionals, 15 of whom responded. 100% of the visiting health professionals agreed that the management was approachable, the registered manager had active involvement in the home, staff were efficient, and they were not kept waiting, and if there was an issue it would be dealt with positively. 80% agreed that the home was clean whilst 100% agreed that dignity and privacy was respected. Other comments included, "Residents appear to be happy and cared for" and "I have no concerns regarding the standards of care." We could not find any evidence of action plans being created as a result of this survey, particularly relating to infection prevention and control.

Following our inspection visits the registered provider has supplied copies of surveys issued to staff, people living at the home and relatives in line with the registered provider's policy. However, we have not been supplied with any evidence of action plans being created as a result of these surveys.

Members of staff we spoke with generally thought the management of the service was responsive and supportive; one said, "The management are very approachable; they are always with the residents and around the home so they are aware of what's going on the floor. Residents are also free to go in to the office and chat with them which they do a lot." During our visit we saw people who lived at the home came to the office for a chat with the registered manager or deputy manager about issues that worried them.

Whilst the service was well organised and enabled staff to respond to people's needs in a proactive and planned way, the management was not always aware of the results from systems designed to monitor the quality of the service.

Records showed accidents and incidents were being recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents.

Records showed monthly meetings were held for all staff. The minutes showed the registered manager openly discussed issues and concerns. In addition, we saw minutes from regular meetings of the qualified staff and the care assistants.

We saw the registered provider required the home to be regularly audited by a senior manager (not connected with the home itself) to identify any shortcomings in care, the environment or the overall management of the home. The registered provider told us in their PIR that 20 such visits had taken place in the last year. We saw actions plans from these audits had been created and followed up.

The regional manager showed us the electronic complaints and compliments log. We saw the home recorded the number of complaints each month and had followed them up with actions and acknowledgements to complainants. This was monitored by the registered provider at the head office. Records showed the home had not received any complaints this year.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The registered person did not ensure that service users; persons employed for the purpose of carrying out the regulated activity; and others who may be at risk of exposure to a health care associated infection were protected against identifiable risks of acquiring such an infection by the maintenance of appropriate standards of cleanliness and hygiene in relation the premises occupied for the purpose of carrying out the regulated activity. Regulation 12(1)(a)(b)(c)(2)(c)(i).