

MOP Healthcare Limited

Barrowhill Hall

Inspection report

Barrow Hill
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Barrowhill Hall is a care home providing personal and nursing care to 63 people at the time of the inspection. The service can support up to 74 people, many of whom are living with dementia.

Barrowhill Hall accommodates people within two separate buildings. Within the main hall, there is also a separate household upstairs called Dove House. Churnet Lodge is a separate, purpose-built building.

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

Improvements were needed to ensure people always received their medicines safely. The current auditing system had not identified the issues we did, which meant the audits were not working to improve the quality and safety of the services provided.

People felt safe and were happy with the care they received. People risks were managed, and lessons were learned when things went wrong. There was enough staff to support people and despite the regular use of agency staff, the agency staff were consistent and knew people well.

Staff followed safe infection prevention and control practices, to help prevent the spread of infections. People were safeguarded from abuse and improper treatment and staff knew how to support people safely.

A new manager was in the process of registering with us. They understood their responsibilities and were in the process of making required improvements. Most staff felt the manager and provider were approachable and supportive. People and relatives were engaged and involved in the running of the service.

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 requires improvement (published 2 May 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We received concerns in relation to staffing levels and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This inspection was also planned based on the length of time the previous rating had been held.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has stayed the same. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement in some areas. Please see the safe and well-led sections of this full report.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe administration of medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service 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 Care Act 2014.

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 three inspectors and an assistant inspector.

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. Registered managers 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with 16 members of staff including the provider, manager, business development manager, senior care workers, care workers, activities staff and domestic staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- Covert medicine is medicine which is 'hidden', usually in food or drinks. Some people were assessed as requiring covert medicine. A pharmacist had advised how the medicines should be hidden in drinks, to ensure the medicine remained effective. However, this pharmacist advice was not consistently followed which meant there was a risk the medicine may not have the desired effect.
- Covert medicine plans had not always been reviewed as frequently as required to ensure it remained in people's best interests to administer their medicines without them knowing. It was not always clear to see when and how the prescriber had been involved in decisions to administer medicines covertly.
- At Churnet Lodge, we could not be sure that people received their medicines as prescribed because stock did not always match what was recorded on the Medicines Administration Record (MAR). However, at the main hall, stocks did match the MAR.
- We could not be sure that people received their topical medicines as prescribed because the systems for recording their administration were unclear.
- On one occasion, 'as required' (PRN) medicines had not been administered following two days without a bowel movement. There was a PRN protocol in place to guide staff on when to administer the medicine for constipation, but it lacked detail about the signs of constipation and didn't state after how long without a bowel movement, the medicine should be administered. This left the person at risk as they had not received their PRN medicine when it was required.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues we identified, people and relatives told us people were supported appropriately with their medicines. A relative described how nursing staff had initiated a change in one person's medicine regime which had had a positive impact on the person, making them much more alert and happier.

Assessing risk, safety monitoring and management

- One person's risk of constipation was not always well managed. They had a bowel monitoring chart in place. However, signs of constipation had not always been acted upon.
- We saw that other risks including risks posed by other people were well-managed.
- A relative said. "My [relative] has a tendency to fall, and staff are very good at pre-empting their behaviour. They know [my relative] well."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and we saw that people looked comfortable in the presence of staff.
- One relative said, "I do feel [my relative] is safe. The staff are very attentive." Another said, "I'm completely confident [my relative] is safe. Staff seem to care. We call every day, whoever answers the phone, they always know how [my relative] is."
- Staff had been trained and understood their responsibilities in protecting people from abuse and improper treatment. One staff member said, "I would tell the seniors, or there is a telephone number on the board for the safeguarding [team]."
- We saw that appropriate referrals were made to the safeguarding adult's team when required, to ensure people were protected. There was a suitable system in place that was understood and followed.

Staffing and recruitment

- People told us, and our observations confirmed there were enough staff to safely meet people's needs.
- A relative said, "They are amazing staff, they are looking after [my relative] and me too. If I need anything, I press the bell and the staff respond immediately."
- Agency staff were used to support people. The agency staff attended regularly, knew people well and were appropriately trained and supported. A relative said, "They have a lot of agency staff, but they are regular here and know the residents well and they all care for the residents, it is like a family. I see the same faces all the time and I am here often."
- An agency staff member, who had worked at the home regularly and for some time said, "There are enough staff to look after the residents, it is very calm here, all the residents are settled which isn't always the case [in dementia care]."
- Safe recruitment practices were followed to ensure staff were safe and suitable to work with people.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There were systems in place to learn lessons when things went wrong. Falls and incidents were analysed, and actions were taken to reduce the risk of reoccurrence.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent and systems and processes needed time to embed into practice.

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

- There was a new manager who was in the process of registering with us. They understood their responsibilities of registration, however they needed time to build full oversight of the quality and safety of service provided.
- A recent medicines audit did not identify the issues that we found with medicines. This meant the audit had not been effective in identifying areas for improvement and ensuring safe and good quality care relating to medicines.
- The medicines audit tool did not consider topical medicines administration which meant the issues we identified in relation to topical medicines had not been identified.
- Care plan audits had not identified some inconsistencies in records. For example, one person's care planning information was incomplete and another person's falls risk assessment had not been updated with accurate information.
- The manager was receptive to feedback and told us they would act to make the required improvements.

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

- Most people and relatives knew who the manager was and how to contact them. One relative told us they received a letter introducing the new manager and had seen updates on the private social media page.
- The manager and provider shared a passion to create a positive culture that promoted good outcomes for people. A relative said, "I would be confident to recommend the home. I [spend time] there frequently and see how staff respond to other residents. That gives you a good insight."
- Staff demonstrated person-centred values and most staff felt supported to deliver person-centred care. One staff member said, "I think it is a lovely place to work, it is like a big family. The staff support each other, and the manager is approachable too."

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 and provider demonstrated an understanding of their responsibilities under duty of candour and there was a suitable policy and procedure in place.

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

- People and relatives were offered opportunities to be involved in the service and express their views. During the pandemic, relatives' meetings continued online. One relative told us the meetings were, "A great opportunity to express your views".
- Some relatives told us it could be difficult to speak with a member of staff from Churnet Lodge because the only telephone line was to the main hall. The manager agreed they had also identified this issue and said they would act to make improvements in this area.
- Staff were offered the opportunity to attend staff meetings and had access to staff social media groups where information was shared, and they could express their views. Most staff felt positive about how they were engaged and supported. However, some staff reported feeling unsupported.
- People and relatives were offered further opportunity to express their views in a questionnaire and the findings were in the process of being collated.

Continuous learning and improving care

- Staff told us they had access to the training and learning opportunities they required and most felt supported in their roles. A staff member said, "The manager does supervision and we have clinical lead supervision, I feel well supported and am very happy with the new manager."
- The manager had arranged additional, specific, training to support staff to deliver good quality care.

Working in partnership with others

- The service worked in partnership with other professionals to achieve good outcomes for people. For example, the manager had recently sourced a new chiropodist to support people.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines, particularly covert medicines were not always managed safely.