

Barkat House

# Barkat House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

People's experience of using this service

People were not consistently protected from potential harm. The registered manager and provider had completed some audits and checks. However, people were not always protected from the risk of harm because processes in place were not consistently managed and were not robust. Risks to people's safety were not always acted on in a timely way. These included risks relating to fire safety, the environment and access to the building.

As a result of our findings we found that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what further action we have taken at the end of this report.

People had access to equipment that reduced the risk of harm and medicines were stored and administered safely. There were sufficient numbers of staff on duty to meet people's needs. Staff knew how to recognise potential abuse and who they should report any concerns to.

People had a good choice of food which they enjoyed and were supported to maintain a healthy diet in line with their needs and preferences. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required.

People enjoyed positive and caring relationships with the staff team and were treated with kindness and respect. People's independence was promoted as staff were careful not to do things for people that they could do for themselves.

People were supported by staff who knew about their needs and routines and ensured these were met and respected. Staff and relatives knew how to complain and were confident that their concerns would be listened to.

People and staff were happy with the way the service was led and managed and the provider worked well with partners to ensure people's needs were met.

More information is in the detailed findings below.

Rating at last inspection:

Good (report published 29 January 2016)

About the service:

Barkat House is a care home that provides personal care for older people, some of whom are living with dementia. At the time of the inspection, 26 people lived at the service. Most people lived there permanently and some people spent short periods there to provide respite to their main carers. The home was

established over two floors with a range of communal areas included dining spaces, a large garden and smaller lounge spaces.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we found the service had changed to Requires Improvement.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive 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** ●

# Barkat House Residential Home

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors carried out this inspection.

Service and service type:

Barkat House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with eight people and two relatives to ask about their experience of the care provided. We spoke with two members of care staff, the deputy manager and the registered manager. During the inspection we also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included three people's care records and medicine records. We also looked at two staff files around staff recruitment. We also reviewed records relating to the management of the home including checks and audits.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

### Assessing risk, safety monitoring and management

- People were not consistently protected from the risk of harm. For example, a number of fire doors in the property were either faulty or not closed which increased the risk to people in case of a fire. Fire evacuations had not taken place since 2017, so staff and people could not practice what to do in case of an emergency.
- During our inspection, we found that there was unrestricted access between the home and some privately owned flats which were part of the same building. This meant the provider did not have an accurate and up-to-date log of who was in the building at any given time. We raised this with the registered manager who assured us that the relevant locks would be installed as a matter of urgency.
- We saw that one large window in a first floor bedroom did not have a window restrictor in place. This meant people were at risk from falling from the window. We also raised this with the registered manager during the inspection who made arrangements for this to be rectified.
- Risk assessments were in place to reduce the risks to people and guidance was provided for staff to help them reduce these risks.
- The registered manager told us that plans were in place to make the environment safer. For example, work was due to start to make the surface more even in the back garden.
- People had access to equipment such as walking aids and lifts which helped them to mobilise safely around the home. We saw that staff followed safe moving and handling processes when supporting people.

### Preventing and controlling infection

- Some areas of the home required a better system of monitoring cleaning standards to avoid them being missed. For example, although bathrooms were generally clean, some improvements were needed to replace broken tiling and some sanitary bins needed to be emptied more regularly.
- Overall the home was clean and we saw staff used protective equipment such as gloves and aprons when delivering personal care or handling food.

### Using medicines safely

- Medication was stored and disposed of safely and records showed that people received their medication at the right times.
- Some people required medication 'as and when required' and most people had the capacity to ask for this when they wanted it. There were protocols in place to ensure staff knew how these medicines should be given and when. One person who did not have capacity and was new to the home did not have such a protocol in place. Staff were able to tell us how they decided if this person needed their medication and the registered manager told us a protocol would be in place immediately.

### Safeguard systems and processes

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "I would call the manager if I had any concerns. I know I can also call the owner or CQC."
- People we spoke with told us that they felt safe in the home and we saw that staff took care to maintain a constant presence in communal areas to make sure people were safe. One relative said, "I visit two or three times a week and I think there is always enough staff around. [Person's name] tells me they are happy here and I've never had concerns."

### Staffing levels

- Overall, there was enough staff to support people's needs. People and relatives were happy with the level of staffing provided.
- People we spoke with told us they did not use their call bells very often, but when they did, care staff came within a reasonable time. We saw staff responded to people's requests for support during the day. The deputy manager told us additional staffing was arranged when people needed escorting to appointments.
- Staff had been recruited safely to ensure they were suitable to work with people.

### Learning lessons when things go wrong

- Lessons had been learnt following incidents and if things went wrong. For example, the provider had reviewed their initial assessment processes to ensure people's needs were fully assessed before they were offered a place in the home. People who were interested in moving in were now asked to spend 24 hours trial period in the home so that staff could fully assess their needs.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Records showed that best interest discussions were had when people lacked capacity to make decisions and these discussions involved relatives and other professionals when relevant.
- Assessments had been completed and where people lacked capacity, DoLS applications had been made to the relevant authorities. Records showed that people were seen regularly by their Relevant Person's Representative (RPR). A RPR is appointed to support a person who is deprived of their liberty under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DOLS).
- Staff had a good understanding of the MCA and we saw staff asking people if they wanted support before providing it.

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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- The registered manager carried out detailed assessments of people's needs prior to admission to ensure the service could meet their needs.

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

- People had access to healthcare services when required. We saw that a number of health professionals were visiting people on the day of our inspection, including a GP and district nurses.
- People told us that they were supported to attend appointments such as dentists and opticians. One person said, "I do go and see the doctor when I need to. I went to see them a few weeks ago as I had an upset stomach."

Staff skills, knowledge and experience

- Staff received training which was effective and relevant to people's needs. Staff told us that additional

training was organised when required. For example, epilepsy training had been planned as there were people living with epilepsy in the home.

- One member of staff had only been in post a few months and they told us this was their first job in a care role. They told us that they were happy with their induction and that they had had the opportunity to shadow more experienced staff for a few months to help develop their knowledge and confidence.
- Staff told us they had received positive support through supervision. This enabled them to maintain their skills, knowledge and ongoing development.

Eating and drinking enough with choice in a balanced diet

- People we spoke with told us they liked the home cooked food and if they did not like what was on the menu, they could request something else. For example, we saw that one person had an omelette prepared for them and there were plenty of alternatives on offer.
- People could choose where they wanted to eat and staff were available to support and prompt people at meal times.
- People were offered drinks and snacks on a regular basis throughout the day and people's dietary and cultural preferences were catered for.

Staff providing consistent, effective, timely care within and across organisations

- Visiting professionals we spoke with were positive about staff and told us referrals were appropriate. They also told us that their professional advice provided was followed carefully.
- Staff monitored people's health care needs. One visiting professional told us, "The staff are pretty hot on skin checks and they follow my instructions."

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

- People told us they liked their bedrooms and we saw people being able to choose to spend time alone or with others. There were a number of communal areas for people to enjoy and staff told us people enjoyed spending time in the large garden in warmer weather.
- People and staff thought some areas of the home required decoration and updating and the registered manager told us there was a plan to continually re-decorate and update rooms.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We observed people were treated with kindness and were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "I have lived here for five years and all the staff are really lovely here."
- We observed staff were kind and compassionate and they told us they loved working at the home. One member of staff told us, "I love the residents and the staff team. I like it here because the residents get good food and personalised care."

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

- People told us they felt listened to. One person told us, "I am very happy here. The staff talk to me properly and ask me what I like. This is what is important to me".
- Where people were unable to communicate their needs and choices, staff used their knowledge of the person to understand their way of communicating. Some people did not speak English as their first language but the registered manager planned for staff who spoke different languages to be working on each shift so that people could be listened to.
- We saw that people were asked to make choices about everyday life in the home such as what food they wanted and where they wanted to sit. One person said, "I have my own wardrobe and the staff come and get what I have chosen to wear." Other people told us they liked having a choice of having a bath or a shower.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected. For example, we saw people being prompted by staff who then stepped back and let people complete tasks on their own when they were able to do so. Some people told us that they enjoyed walking to the local shops on their own when they wanted to.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they required support to the bathroom and we observed knocking on people's doors before entering their rooms.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

### Personalised care

- Staff were knowledgeable about people and their needs. We saw one person's care plan refer to their preference for enjoying their own company and staff knew and respected this.
- Staff knew how to communicate with people and ensured they used their knowledge about people when giving choices.
- People told us they were able to find things to do. One person told us, "I like to mix with everyone and have a chat. We do activities like singing. The registered manager told us that the provider was planning to recruit an activities co-ordinator to improve the range of activities on offer.
- People were able to take part in religious activities that were important to them. One person said, "My religion is important to me. I can go to church but the church people come here which I prefer."

### Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to complain and felt confident that if they did make a complaint it would be dealt with quickly. One person said, "[Registered manager] is a lovely boss. I would speak to her if I wasn't happy."
- We saw that any complaints had been investigated and addressed providing the complainant with a formal response.
- The provider kept a record of compliments which had been received from relatives and visiting professionals. Comments included "[Person's name] has settled really well as a result of a very person centred approach."

### End of life care and support

- No-one was receiving end of life care at the time of our visit. However, care plans contained information in relation to people's individual wishes regarding end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Systems and arrangements were not always used to monitor and improve the quality and safety of the service. Many of the concerns highlighted during the inspection had not been identified by audits and checks and there was a lack of clarity about which tasks had or had not been done and who was responsible.
- For example, a fire risk assessment had been carried out by a consultant which had identified a number of areas where work was required to reduce the risk of fire. Whilst we saw that some of the work had been completed, other work had not been such as improvements that were required to encase the fuse box in fire retardant materials. There were no records of which actions had or had not been completed.
- Testing had taken place to make sure all electrical items were safe to use but there was no system for identifying which items had been checked.
- No audits were carried to check the effectiveness of infection control or health and safety procedures.
- The evidence above showed that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.
- Some audits and checks were more effective and took place at different times to ensure the quality of care was monitored. This included spot checks on the support provided by night staff and audits of medication which had identified some areas for improvement.

Engaging and involving people using the service, the public and staff

- The provider engaged with people and relatives through questionnaires and the registered manager was visible so that people and relatives could talk to them.
- People and staff had regular meetings and we saw that items raised had been actioned. For example, new garden furniture had been provided following requests from people.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and staff told us they felt listened to and that the registered manager and deputy manager were approachable.
- Staff spoke positively about the registered manager and felt they were supportive. One member of staff told us, "The manager has been great and has responded to my requests for more support."
- Managers spent time with people and led by example to demonstrate how people should be supported with respect.

Working in partnership with others; continuous learning and improving care

- Health professionals we spoke with felt there was a positive working relationship between the registered manager and themselves.
- The service had good links with the local community and the provider worked in partnership for people's benefit. For example, church groups attended the home and other visitors came to provide entertainment.
- The registered manager reported that working relationships were good with other partners such as the local GP and community mental health teams.
- The registered manager also told us that they had felt a little isolated at times but had recently started to attend a local forum for registered managers which was proving useful in terms of keeping up to date.

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 17 HSCA RA Regulations 2014 Good governance  The provider's systems to monitor the quality and safety of the service were not consistently effective.