

St Philips Care Limited

Barrow Hall Care Centre

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

This inspection took place on 22 June 2017 and was unannounced.

At the last comprehensive inspection in 24 February 2016 the registered provider met the requirements of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. The service was rated as good in all domains. During this inspection the overall rating of the service became requires improvement.

Barrow Hall nursing home provides personal and nursing care for up to 37 people with a mental health need. Barrow Hall consists of the main house for up to 25 people. It is a listed building and retains many of its period features. People have access to two large lounges and a dining room as well as communal toilets and bathrooms. In addition to the main house there is 'The Mews' which consists of ten individual apartments each with a sitting area, bedroom, kitchenette and bathroom. There is further accommodation in The Lodge for two people with bedrooms, lounges and communal kitchen. The home is set in extensive grounds situated in the village of Barrow. There is easy access to local shops and facilities. A choice of single and shared accommodation is available.

At the time of the inspection visit thirty three people lived at the home.

The service was in the process of changing managers. The current registered manager was retiring from the home and the deputy manager was applying to become registered with CQC. The new manager was an experienced member of staff who had been part of the management team for some time. This reduced the impact of the change on people who used the service.

People told us staff were friendly and helpful and they felt safe at Barrow Hall. Procedures were in place and risk assessments completed to reduce the risks of abuse or unsafe care.

We looked at how the home was staffed. We saw two people had been assessed as needing one to one staffing for individual support. This was included in the general staffing rather than specifically for the individual. Therefore people may not have been always getting the hours allocated to them.

People said there were enough staff to provide practical care but not always enough staff to support them in activities, particularly activities in the community. People told us they were disappointed when they did not happen. Staff spoken with said some days they were understaffed and rushed and unable to spend 'quality time' with people.

This was breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure staff were deployed to provide assessed staffing support.

We found systems and procedures were not always operated effectively to ensure appropriate staffing levels and compliance with the regulations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff managed medicines safely. People told us they felt staff gave them their medicines correctly and when they needed them. We saw they were given as prescribed and stored and disposed of correctly.

We looked at the recruitment of three recently appointed members of staff. We found appropriate checks had been undertaken before they had commenced their employment. This reduced the risk of appointing unsuitable staff.

Staff had been trained and had the skills and knowledge to provide support to people they cared for. They received regular support and supervision from senior staff.

People were positive about the meals and told us the meals were usually good and there was always choices of food.

Records were available confirming the environment and equipment used complied with statutory requirements and was safe to use. Most areas of the home were clean and staff used gloves and aprons when providing personal care and at mealtimes.

We observed staff providing support to people during the inspection visit. We saw they were kind and attentive and cared for people safely. One person told us, "Everything is good here. The staff are good and care."

We saw staff acted promptly to manage people's health care needs. Care plans were personalised, involved people and where appropriate their relatives and were regularly reviewed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People said they knew how to complain if they needed to. They said any comments or complaints were listened to and action taken.

People told us the registered manager and staff team were approachable and supportive and listened to their views. They sought the views of people they supported through informal discussions and satisfaction surveys.

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 not consistently safe

Staffing levels were not always sufficient to support people in daily living, social and leisure activities.

One to one hours were not clearly identified and documented to show they were used by the individual.

People said they felt safe and care was provided in a safe way using good practice guidance.

Staff were aware of safeguarding procedures and knew the action to take to protect people from the risk of abuse.

Appropriate arrangements for medicines management and practices were in place for storing, giving, recording and monitoring people's medicines.

Recruitment procedures were safe and robust.

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

We found systems and procedures were not always operated effectively to ensure appropriate staffing levels and compliance with the regulations.

People who lived in the home and their relatives were encouraged to give their opinions on how the home was

supporting them. People told us staff were approachable and easy to talk with.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Barrow Hall Care Centre

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 22 June 2017 and was unannounced. The inspection team consisted of an adult social care inspector

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included ten people who lived at the home, three relatives, the registered manager, deputy manager and eight members of staff on duty.

We looked around the building to ensure it was clean, hygienic and a safe place for people to live. We looked at care and the medicine records of three people, staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and continuing care group. This helped us to gain a balanced overview of what people experienced while they lived at the home.

Is the service safe?

Our findings

We looked at how the home was staffed. People said there were enough staff to provide personal care but not always enough staff to support them in activities, particularly activities in the community. We saw there were frequent and varied activities available on a regular basis. However people who lived at Barrow Hall and staff told us it was community activities set at specific times which were affected by staffing levels. People told us they were unhappy with missing planned events because of not having a member of staff to go with them.

Staff spoken with told us some days they were understaffed and rushed and unable to spend 'quality time' with people. One member of staff said, "We want to spend time with people doing things with them, not rushing round all the time."

We looked at rota's and saw staffing levels varied. The registered manager did not use a dependency staffing tool to determine staffing. Some days there was a full complement of staff, other days staffing was insufficient if there were appointments and activities arranged. The management and staff team told us there were meant to be two nurses on day shifts. However we saw frequent times on the rotas when there was only one nurse. This reduced the time the nurse could monitor and interact with people and supervise staff. As people were accommodated across the site in the main house, The Mews or The Lodge staff worked between these areas supporting people. This spread staff more thinly across the site.

We spoke with the registered manager and deputy manager about any additional hours of staffing people received. They said two people had been assessed as needing one to one staffing for a number of hours of individual support daily or weekly to meet their care needs. We looked on the rota and saw these hours were used as part of the general staffing numbers rather than for the two individuals. The one to one hours were allocated specifically for the care and treatment of the two individuals, to meet their needs, not for staffing the home. We asked for information identifying how these hours were used for the two individuals. There was no record of how or when the hours were used for an individual. Therefore people may not have been always getting the hours allocated to them.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider has failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff, including allocated one to one staff hours, to make sure that they can meet people's care and treatment needs. They also failed to review staffing levels and skill mix and respond to the changing needs of people using the service.

In the days following the inspection the registered manager contacted us to advise they had started to identify and document each person's allocated one to one hours. The management team informed us they had increased staffing levels so staffing levels did not fluctuate so much. They had appointed two nurses and two care staff who were awaiting start dates and they had increased activity hours in order to cover a seven day programme. They told us they had started researching staffing dependency models to assist them to determine day to day staffing levels.

People said they felt safe at Barrow Hall. One person said, "I feel safe enough here. I can talk to the staff if I am worried. They reassure me." Another person told us, "As safe as I feel anywhere and probably safer. Staff are supportive and caring." A relative told us " [Family member] is safe, absolutely. It is brilliant here."

People were protected from abuse and unsafe care. Procedures were in place and staff were familiar with these. Staff were able to tell us how they would deal with a safeguarding issue to reduce risks for people.

We looked at the care records for three people. These had risk assessments in place including for falls, moving and handling, smoking, and behaviour that challenged or could be harmful to the individual or others. These provided guidance for staff. Staff we spoke with were able to confidently explain the risks and how to manage them for individuals who lived at the home

There were strategies in place for managing behaviour that challenged. We looked at the care records of people who had behaviour that challenged. There was guidance to help staff provide consistent responses and to reduce the behaviour and staff were familiar with this.

We spoke with people about the management of their medicines. They said they were given medicines as prescribed at the correct times and pain relief when needed. Frequent medicines audits and competency checks had been completed and prompt action taken where needed. These measures demonstrated staff provided safe management of medication.

The registered manager discussed how they reviewed accidents or incidents. We saw staff had recorded information about accidents and incidents and the actions they had taken to manage these. These included checks for triggers to, or patterns in the accidents or incidents.

We looked at the home's recruitment procedure. We checked the recruitment information for three recently appointed staff. There were employment histories, Disclosure and Barring service (DBS) checks and references in place before the members of staff were allowed to start work in the home.

We looked around the home and found it was clean and hygienic except for one carpet in the main house which was stained and dirty. Staff had failed to act on this. However they sent us information shortly after the inspection to show they had arranged for a new carpet to be fitted. Staff used safe infection control practices and personal protective clothing such as disposable gloves and aprons when carrying out personal care. This reduced the risk of cross infection. There was evidence the management team had a rolling programme of redecoration. A communal area in the main house had recently been refurbished and new furniture had been purchased for this and one of the apartments in The Mews.

We saw records confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. Equipment had been serviced and maintained as required. We checked a sample of water temperatures. These delivered water at a safe temperature in line with health and safety guidelines. Legionella checks had been carried out.

A fire safety policy and procedure was in place as was a fire safety risk assessment. This outlined action to be taken in the event of a fire. People had personal evacuation plans in place. The fire alarm and fire doors had been regularly checked to confirm they were working so the risk of fire was reduced as far as possible.

Is the service effective?

Our findings

People we spoke with told us the meals were usually very good and there was a choice of food at mealtimes. People in The Mews and The Lodge chose whether to make their own meals or eat the food cooked in the main house. People in the main house usually had their meals cooked for them but could be supported to make snacks. One person told us, "I enjoy the food. We get plenty." Another person said, "Yes, the food is pretty good, better than I got in the last place." Meals we saw during the inspection looked nutritious and people told us they were tasty. People were not rushed and were supported as needed with their meal.

Staff were aware of people's cultural and health needs, likes and dislikes and those with allergies or special dietary requirements. This assisted them to provide the correct meals to meet people's needs and preferences. We saw staff encouraged people to have a balanced and varied diet. We saw drinks and snacks were available and offered to people at regular intervals, throughout the day. The kitchen was clean and tidy, well organised and stocked with a variety of provisions. The home had a food hygiene rating of five, the highest given when a service is found to have very good hygiene standards.

People who lived at Barrow Hall and their relatives told us their specialist dietary, mobility and equipment needs had been discussed with them. We saw these had been recorded in care plans. We saw people's healthcare needs were monitored and met promptly by staff and they saw other health professionals where needed. People told us they visited or had visits from GP's, district nurses, chiropodists, optician's clinics and hospital appointments. One person said, "Staff come with me to appointments in case I forget something."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of the legislation as laid down by the MCA. Records were in place to indicate that people consented to their care. Care plans included information in relation to the level of the person's capacity and staff had followed the correct processes to ensure people's legal rights were protected.

Records seen and staff spoken with confirmed staff received individual and group supervision and appraisal. We saw staff training was up to date. We talked with staff and saw the training matrix which identified when training had been completed or needed renewing. Staff spoken with told us they had good access to training and were encouraged to develop their skills and knowledge. However several staff said they felt they would benefit from additional input on epilepsy. New staff worked through the Care Certificate, an introduction into care. Most staff had completed or were working towards national qualifications in care. Other training included safeguarding vulnerable adults, Mental Capacity Act and Deprivation of Liberties, mental health, dementia, depression, fire safety, and infection control. This assisted them to provide appropriate care.

Is the service caring?

Our findings

People we spoke with told us staff were caring, considerate and polite. We observed staff talking with people in a friendly and respectful way as they went about their duties. We saw people were comfortable and talkative in the company of staff. One person said, "The staff aren't bad. They listen and help find solutions to problems." Another person told us, "The staff are excellent. They give you confidence to do things you think you can't." A relative said, "I can't fault it here. [Family member] is happy here and well looked after."

We observed how staff supported people. We saw staff shared open and friendly relationships with people. Even when a person was discourteous, staff remained polite and respectful and responded to their concerns. One person was distressed, angry and very negative about the service, staff team and a number of other unrelated issues. We saw that they were unwell and agitated. Staff supported the person sensitively, giving them the opportunity to talk with us.

Staff had a good understanding of protecting and respecting people's human rights. There was a dignity champion who encourages staff to focus on dignity. They knew and responded to people's diverse needs and treated people with respect and care. They respected people's family and personal relationships and encouraged and supported contact with families and friends. They took people to meet up with their families, so they kept in touch. People said staff listened to them and we saw people were involved in their own care. A member of staff said, "They [residents] have a right to good care and help to be as well as they can be."

People told us staff were caring and thoughtful and gave them support and advice. Staff respected people's right to make choices and decisions. Where people had mental capacity, staff encouraged them to make safe choices. However they accepted people sometimes chose to make ill-advised decisions and supported them through the consequences of decisions. One person said, "Over here I can be on my own when I want, have people around when I want and staff are always about if I need them."

People said they were encouraged to maintain their independence as much as they were able to. Staff told us they supported people to maintain or develop daily living skills, social and leisure skills to enable them to be more independent and assist them to relate to environments outside the home.

People were able to remain in the home as they approached the end of life as long as staff could meet their needs. End of life wishes were recorded in care records. There was an end of life champion and all staff received end of life training so they had the skills and knowledge to support people as they neared the end of life.

We looked at three people's care records. People said they were involved in choosing the things they wanted to do and this was in their care plans. One person said, "If I want we can talk about 'what next' for me." Care plans were personalised and could be accessed by people when they wanted.

Before our inspection visit we contacted external agencies about the service. They included the health and

social care professionals. They did not inform us of any concerns about the service.

Is the service responsive?

Our findings

We looked at three people's care records. These were personalised, informative and regularly reviewed and amended as people's needs changed. We spoke with staff who demonstrated they had a good understanding of people's individual needs. We saw from the care records and talking with people they were involved in developing and reviewing care plans unless they refused to do so. If so this was recorded in their care records.

People told us they were supported to remain as independent and as well as possible. They said they felt staff were usually responsive to their needs. They chose when to get up and go to bed and what to get involved in each day. We saw people had the opportunity to move from the main house into more independent accommodation within Barrow Hall. This enabled them to be independent with the support network of staff as needed. One person said, "I have improved no end here and I'm more independent than I have been for a long time."

We observed staff interaction with people. Despite some concerns over staffing levels which affected activities held at specific times in the community, there were frequent activities available. People said they enjoyed karaoke afternoons, pool table, arts and crafts, bingo, music sessions with drums and other band instruments, gardening, woodwork and carpentry. One person said, "We made these." Pointing at the tables and benches in the gardens. There were also regular shopping trips, pub trips, football matches, golf, swimming, concerts, and holidays. Activities records confirmed these events. One person told us "I love karaoke I love singing." Another person said, "I am really looking forward to the holiday. We have a great time."

People said they were encouraged by staff to keep in touch with family and other important people in their life. They told us staff made their family and friends welcome. Relatives told us staff were always friendly and helpful.

People told us knew how to make a complaint if they were unhappy with their care or had concerns. They said they would complain if they were not satisfied with their support or to raise an issue that was worrying them with the registered manager or staff. One person said, "I will just tell them if things aren't right." We looked at the complaints policy which informed people how their concerns would be dealt with. There had been no recent complaints. Minor grumbles were dealt with promptly so they did not become serious concerns. The management team frequently checked with people that they were satisfied with the support given to them. The registered manager felt this stopped minor grumbles becoming bigger issues. We saw several thank you notes and compliments from people who lived at Barrow Hall or their relatives expressing gratitude to the staff team.

Is the service well-led?

Our findings

The registered manager explained that he was retiring from the manager role and the deputy manager was becoming the manager of the home. As the deputy already worked in the home and knew people well, they felt the changes in the management team would not negatively impact upon people. The new manager had begun the process of applying to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We were concerned about the governance of staffing in the home. Two people had been assessed as needing a specific number of additional staff hours of one to one care and support. These had not always been used specifically to meet their additional care and treatment needs but used as part of the staffing complement for the home. The management team had not identified how the hours had been used or when and how each individual had been supported with their one to one hours.

People who lived at Barrow Hall and staff told us there were days there were sufficient staff but other days where staffing levels were too low. They said there was not always an obvious reason for the differences in staffing numbers, although one member of staff felt this was particularly when there were health or other appointments. The management and staff team told us there were meant to be two nurses on day shifts. However the rota showed there was regularly only one nurse on day shift. We saw on the rota that staffing levels fluctuated. The registered manager did not use a dependency staffing tool to determine staffing. We asked, but there was no evidence staffing levels were assessed, regularly reviewed and adapted to meet people's needs

People who lived at Barrow Hall and relatives we spoke with told us the management team were approachable and listened. One person said, "The managers are pretty good here. There aren't too many rules, like there are at some places." Another person said, "They do their best for you and listen." The atmosphere was calm during the inspection and people approached the management team in a relaxed manner. We found the management team had sought the views of people about their care and the service provided by a variety of methods. People said they routinely had informal 'chats' with staff. There were also regular residents meeting and people were asked to complete questionnaires about their views of the home.

The home had a clear management structure in place. We saw the management team supervised, supported and encouraged staff to develop their skills and knowledge. The management team demonstrated they understood their roles and responsibilities and legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations. There was a mix of views about the changes in the management team. Some staff were apprehensive about the changes in leadership as the registered manager had been in post for a long time and they were familiar with his management style and approach. Others saw the change in management as exciting and energising and looked forward to new ideas and approaches.

We saw staff meetings, individual and group supervisions were held to involve and consult staff. Staff told us they were able to participate and offer opinions about the service through staff meetings, and supervisions. Staff told us they supported each other and were a good team.

The management team had systems in place to effectively govern the quality of their service and the staff. There were frequent audits of care, records, medicines and the environment. These were documented and any issues found acted upon. We saw information which showed where areas for improvement had been identified and corrective action taken.

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 18 HSCA RA Regulations 2014 Staffing
Accommodation for persons who require treatment for substance misuse	The provider had failed to ensure staff were deployed to provide assessed staffing support.