

Calico Homes Limited

Barley View

Inspection report

Market Street
Whitworth
Rochdale
Lancashire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Barley View is registered to provide accommodation and personal care for up to 28 people. There were 25 people living in the home at the time of the inspection. The home is a purpose-built property situated in Whitworth. The home has two floors, the ground floor is known as Willow Lane and the first floor is known as Forest Grove. Willow Lane provides care and support for people living with dementia. Accommodation is provided in single bedrooms all with ensuite shower facilities.

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

People told us they felt safe living in the home, and they were satisfied with the service provided. Whilst there had been some improvements to the management of medicines, we found some shortfalls in the records and made a recommendation to further strengthen the medicines systems. Following the inspection, the nominated individual assured us a senior lead would have oversight of people's medicines.

There were sufficient staff deployed to meet people's needs. We found a shortfall in the regulatory checks for one staff member. The nominated individual assured us appropriate checks had been carried out for all other staff. Whilst environmental risks had been assessed, individual risk assessments had not always been completed. Following the inspection, the nominated individual told us the manager would ensure all risk assessments were completed and added to people's care plans. The home had a good standard of cleanliness throughout.

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. However, relevant documentation was not always available on people's care files.

The management team carried out a series of audits to check and monitor the quality of the service. People living in the home, relatives and staff were invited to attend meetings and express their views on the service. Following the inspection, the nominated individual sent us details of previous audits and other information pertaining to the management of the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection and update

The last rating for the service was requires improvement (published 11 December 2019). There were two breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12, 13 and 15 November 2019.

Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the management of medicines and the governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barley View on our website at www.cqc.org.uk.

Recommendations

We have recommended the provider further strengthens the systems for the management of medicines.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Barley View

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 Health and Social Care Act 2008.

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

An inspector and an expert by experience undertook the inspection on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspector visited the service on the second day.

Service and service type

Barley View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Barley View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. However, the registered manager was away on long term leave and an interim manager had been appointed.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 7 people living in the home, 4 relatives / visitors, 5 members of care staff, the interim manager, the business manager, the head of care and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We carried out a visual inspection of the premises with the manager and reviewed a range of records. This included 3 people's care documentation, 2 staff files and a sample of people's medication records. We also reviewed a range of records relating to the management of the service.

After the inspection

Following the inspection, the nominated individual sent us additional information and an action plan setting out their response to the inspection findings.



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, the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection, the provider had failed to manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection, and the provider was no longer in breach of regulation 12

- The provider had satisfactory arrangements for the management of people's medicines and people received their medicines as prescribed. The manager explained a new system for the management of medicines was due to be introduced in the near future.
- We found some shortfalls in the medicines records where staff had omitted to sign the records following the administration of medicines and the application of prescribed creams. We also saw not all handwritten entries had been signed by two staff.
- Individual written guidance was available to support the safe administration of 'when required' medicines. However, we found one protocol had not been fully completed.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out.

We recommend the provider considers current guidance to further strengthen the systems for the management of medicines.

Following the inspection, the provider sent us additional documentation and an action plan. This confirmed a senior lead would have direct oversight of the medicines, to ensure positive change was implemented through training, support and regular reviews.

Assessing risk, safety monitoring and management

- The provider had arrangements to assess and manage risks to people's health and wellbeing. At the time of the inspection, work was in progress to update people's care documentation in preparation for the introduction of a new electronic care planning system. However, we noted not all risk assessments had been carried out and recorded on people's current care documentation.
- The provider had carried out environmental risk assessments to ensure the safety of people's living space.
- There were arrangements for routine repairs and maintenance of the premises. The safety certificates pertaining to installations and equipment were complete and up to date.
- The provider had a business continuity plan and contingency plans which described how people would

continue to receive a service in adverse circumstances.

- Personal emergency evacuation plans had been developed for all people living in the home.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- However, we found there was limited information on people's care files about their mental capacity and any DoLS applications or authorisations.

Following the inspection, the provider sent us additional information and an action plan to confirm the manager would ensure all appropriate risk assessments were completed and added to people's care plans. The action plan also stated the manager will carry out a review of people's files to ensure relevant MCA and DoLS documentation is available to staff.

Staffing and recruitment

- The provider had established arrangements for the recruitment of new staff. However, we noted there was a shortfall on one staff member's recruitment records and regulatory checks.
- People told us there were usually sufficient staff to attend to their needs in a timely way. One person said, "There is nothing too much trouble for the staff to do for you" and another person commented, "I feel very safe here. There are always staff around to ask."
- The manager monitored the number of staff deployed and had recently increased staffing levels. We observed there was an appropriate number of staff on duty to meet people's needs during the inspection.

Following the inspection, the provider sent us information to confirm the staff files had been audited and appropriate checks had been carried out for all other staff members prior to commencing work in the home.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes to safeguard people from abuse. Staff had completed training and were aware of internal reporting procedures. The manager agreed to remind staff of the external reporting processes.
- People told us they felt safe in the home. One person told us, "It feels safe, the comfort of the home makes me feel safe and the nice staff."
- Staff completed a form following any accident or incident, which was checked by the manager. However, we noted monitoring charts had not been completed following one accident in the home.
- The number of accidents had been collated and presented in a graph format. Following the inspection, the nominated individual sent us details of an analysis of the data to identify any patterns or trends. Any learning was discussed with the staff team at both group and individual meetings.

Preventing and controlling infection

- We conducted a visual inspection of the building, observed staff practices and discussed the infection prevention control arrangements with the registered manager.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The home had a good standard of cleanliness throughout.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families.

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 our last inspection, this key question was rated as requires improvement. At this inspection, the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, the provider's governance systems and processes were not always operated effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation.

- The manager and staff had a clear understanding of their roles and contributions to service delivery. There was a welcoming and positive atmosphere in the home and a good level of interaction between staff and people living in the home.
- The management team carried out a series of audits and checks covering all aspects of the service. The audits were difficult to locate during our visit to the home, however, following the inspection the nominated individual confirmed a new electronic filing system had been implemented. The nominated individual also sent copies of previous audits.
- The manager was supported by the head of care, who visited the home on a regular basis. The head of care had developed a detailed continuous improvement plan and was in the process of implementing the actions at the time of the inspection.
- The manager utilised staff and handover meetings to ensure continuous learning and improvements took place. Staff told us they were able to raise issues or concerns within the meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- People were supported in a sensitive and kind manner. Feedback from people living in the home was positive. One person told us, "I can't fault it in any way it's lovely. I know I am well looked after" and another person said, "It's the best place you could be. The staff are very kind."
- The manager and staff worked in partnership with other professionals and external agencies to learn and share knowledge and information which promoted the development of the service.

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

- Staff involved and engaged people in the life of the home and considered their equality characteristics. The manager encouraged people to express their opinions through different forums to ensure their views were heard. We saw residents' and relatives' meetings had been held in the home. Following the inspection, the nominated individual sent us details of previous meetings.
- People living in the home, staff and relatives were given the opportunity to participate in satisfaction surveys. The provider had launched a customer strategy during 2022, which aimed to work with people to ensure their views informed service delivery.
- The provider was aware of their responsibilities and regulatory requirements, including those under duty of candour. The manager understood the importance of being open and honest.