

Festival Care Homes Ltd

Barleycroft Care Home

Inspection report

Spring Garden
Romford
Essex
RM7 9LD

Tel: 01708753476

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08 November 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 and 20 July 2016. Breaches of legal requirements were found and we also issued a warning notice in respect of a serious breach of the regulation relating to medicines. After the inspection, the provider wrote to us to say what they would do to meet the requirements of the warning notice and the other breaches. We carried out this unannounced focused inspection on 8 November to check that the requirements of the warning notice had been met and that they were following their plan to meet legal requirements. This report only covers our findings in relation to this. We inspected the service against four of the five questions we ask about services: Is the service safe, effective, responsive and well-led? This was because the service was not meeting legal some requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barleycroft Care Home on our website at www.cqc.org.uk.

Barleycroft is a purpose built 80 bed care home providing accommodation and nursing care for older people, including people living with dementia. When we visited 62 people were using the service.

The service does not have a registered manager. 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 and associated Regulations about how the service is run. A new manager has been in post since 26 September 2016 and is not registered.

People were no longer placed at risk of harm from unsafely managed medicines. Unused and unwanted medicines were safely recorded, stored or disposed of. Guidance from the pharmacist had been followed and medicines were safely administered.

The process for obtaining cover for staff absences had been reviewed and strengthened to help facilitate cover being put in place at short notice. People told us that there were still occasions when cover could not be found but the situation had improved.

The system for accessing cleaning and personal care items had been changed and sufficient stocks were available and accessible at all times.

There was an action plan in place to address shortfalls in the service. The provider had increased their visits to the service to monitor the quality of care provided and to ensure that changes were being made.

New care plans were being introduced and about 40% had been changed. The new care plans were more detailed and covered people's needs. They had been reviewed and updated when necessary. This lessened the risk of them receiving inconsistent or unsafe care that did not meet their needs.

There are two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

identified at the last comprehensive inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Action had been taken to improve safety. Systems were in place to support people to receive their medicines safely.

Action had been taken to cover short notice staff absences and also to ensure that cleaning and personal items were available when needed.

We have changed the rating for safe from inadequate but could not improve the rating from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

Action had been taken to improve effectiveness. Staff training had taken place and more was scheduled.

People's current health needs had been identified and these had been followed up with the appropriate healthcare professionals.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service responsive?

Action had been taken to improve responsiveness. New more detailed care plans were being introduced and care plans and assessments were reviewed monthly.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

Action had been taken to improve the development and monitoring of the service. A new manager was in post and the provider had increased the frequency of their visits to enable

Requires Improvement ●

them to monitor the service more closely and to ensure necessary changes were being actioned.

We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Barleycroft Care Home

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 that improvements to meet legal requirements, after our comprehensive inspection on 19 and 20 July 2016, had been made by the provider.

Before our inspection, we reviewed the information we held about the service including notifications and safeguarding. We also contacted local authority quality monitoring officers to get their feedback on the care provided.

The inspection team consisted of a two inspectors and a pharmacist inspector. During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with 10 people who used the service, three relatives, the manager, three nurses, four care workers and the administrator. We looked at seven people's care records and other records relating to the management of the home. This included duty rosters, accident and incidents, quality monitoring and medicines records.

Is the service safe?

Our findings

At our inspection on 19 and 20 July 2016 we found that medicines, including controlled drugs were not safely managed and this placed people at risk of harm from their medicines. People who received their medicines without their knowing (covertly) were not appropriately managed, and administration guidance from the pharmacist was not followed. Systems were not in place to ensure that 'when required' (PRN) medicines were available when needed and that regular assessments were made to determine if people needed these. Unwanted or unused medicines were not recorded, safely stored or appropriately disposed of. Medicines requiring cold storage were not kept at safe temperatures to remain effective. As a result of this we took enforcement action and issued a warning notice to the provider.

At this inspection we found that action had been taken, improvements made and breaches of regulation identified in the warning notice met. Medicine administration records (MAR) were clear and administrations were accurately recorded. Medicines received from pharmacy were recorded in the MAR charts and the quantity reconciled with the administration record. Medicines were stored safely and securely including controlled drugs (CD). Unwanted medicines were appropriately documented and accounted for. The service now had a contract with waste disposal company to collect any unwanted medicines monthly and each unit had a CD disposal kit.

There were records of daily fridge and room temperature monitoring and these were within the recommended range. Systems were in place to ensure effective communication between the service, GP and pharmacists to facilitate availability of people's medicines. The service now ordered peoples repeat medicines with the pharmacy, who then placed the prescription order with the GP. The prescription received was double checked by the pharmacist and any discrepancies communicated to the service and dealt with before the items were dispensed. We saw that people receiving medicines that needed regular blood monitoring and dose changes were appropriately managed.

People receiving their medicines covertly had received appropriate risk assessments, best interest meetings had been held and were documented along with guidance from the pharmacist. Medicines were crushed for the purpose of covert administration only when it had been directed by the pharmacist and appropriate authorisation was in place.

Staff who administered medicines had received additional up to date training and the manager had introduced competency based assessment for those administering medicines. The manager had also drafted medicines 'alerts' to give staff clear guidance and introduced daily audits carried out by staff and an overall monthly medicines audit with action plans to improve safety.

Some medicines taken as needed or as required are known as 'PRN' medicines. We saw that PRN protocols were in place, with all the necessary information for staff to follow to administer these safely and effectively. We also noted that pain assessment tools were used when administering pain relief medicines, especially for people living with dementia.

The manager told us that as part of their regular weekly visit the GP had agreed to carry out medicines reviews if possible and this started at their last visit. Systems were in place to support people to receive their prescribed medicines safely.

At our last inspection we recommended that the system for covering staff absences be reviewed and made more robust to enable cover to be put in place at short notice. After our inspection further concerns were raised with us about shifts not being covered. The manager told us, and staff confirmed, that any short notice absences were covered by agency staff as far as possible. In addition the procedure for reporting and addressing staff absences has been tightened. Although there had been occasional days when cover could not be found the situation had improved. One member of staff told us, "Sometimes there is not enough staff and it is very busy. The last couple of weeks things have improved, since the new manager started."

We also recommended that the system for managing cleaning and personal care items be reviewed so that sufficient stocks were available and accessible at all times. We found that action had been taken to address this and the situation had improved. The key to the relevant store was now kept with the medicines keys for each unit and the lead in that unit could therefore access items when needed. Previously the key had been held by one staff and when they were not on duty items could not be obtained.

Is the service effective?

Our findings

At our inspection on 19 and 20 July 2016 we found that people's healthcare needs were not consistently met. Concerns were raised about missed hospital appointments and people did not always have plans in place in relation to their healthcare needs. At this inspection we found that improvements were being made. People had up to date hospital passports so that if they were admitted to hospital nursing staff would have information on their health and care needs. One person's records showed evidence of significant physical and cognitive deterioration in a short time. This was being monitored and had been reported to the appropriate health care professionals and support sought. There was also evidence that the GP was called to see another person as staff reported 'low mood' and refusal of medicines.

At the time of the last inspection there was an action plan in place regarding staff training. This was to address outstanding updates and also to train staff who had been recently employed. The target for completion was the end of December 2016. During this visit we saw that a training calendar was in place and that some training had already taken place including, medicines, infection control and wound care. Further training was scheduled including person centred dementia care planning and clinical skills. One member of staff told us, "We have been having training lately, it's good. I enjoy it and it helps my work." Two relatives raised concerns about a member of staff's capability. We found that the manager was already aware of this and was dealing with the issue.

Is the service responsive?

Our findings

At our inspection on 19 and 20 July 2016 we found that people were placed at risk of receiving inconsistent care that did not safely meet their needs. This was because care plans were not always reviewed each month and did not always give sufficient detail to ensure that people received care and support that fully met their current needs. During this visit we found that improvements were being made. The manager was introducing new care plans and approximately 40% had been completed. One member of staff told us, "We have been busy updating all the care plans. It's good to do." We saw the new format of care plan was more detailed and clearer for staff. Care plans included information on meeting specific needs, for example epilepsy management. Care records contained appropriate assessments and were updated monthly or when needs changed, such as after discharge from hospital. We saw that repositioning, food and fluid charts were completed when required and that these were up to date.

We saw other examples of where the service was responsive to people's needs. People who were not able to use the call bell were checked on a two hourly basis and people with pressure ulcers were all recorded as having at least 1litre of water each day and each had appropriate body maps and records. During the inspection a relative raised an issue with regards to one person's cleanliness. A staff member told us this had been overlooked and about the action they were going to take to ensure it did not happen again. This was evidence of changing a process in response to a concern raised by a family.

Is the service well-led?

Our findings

At our inspection on 19 and 20 July 2016 we found we found systems were in place to monitor the quality of service provided but had not ensured the quality of the service had improved or that regulations were being fully met. At this inspection we found that improvements were being made. A new manager was in post. They told us they received support from the operations director who visited once or twice each week. As part of the visits they carried out audits and monitoring of the service. Any points or issues that needed to be addressed were feedback to the manager and there was an action plan in place. The manager was aware that there was "more work to be done" and had prioritised their course of action. In addition to introducing tighter audits and monitoring they had met with staff to discuss good practice and to support them to understand what was required to improve the service. One member of staff told us, "Nothing is worse than it was before, and a lot of things are better. The new manager is trying very hard." Another commented, "Everything [the manager] is saying I agree with and seems right. Atmosphere seems better." A relative said, "The new manager is more approachable and I think they will get things done."

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.</p> <p>The lack of consistent and specific information about people's needs placed them at risk of not receiving the care that they required. Regulation 9 (1) (a) & (b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person did not adequately assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1) and (2) (a) (b).</p>