

Barleycroft Care Home Ltd

# Barleycroft Care Home

## Inspection report

Spring Gardens  
Romford  
RM7 9LD

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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 caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Barleycroft is a care home that provides accommodation, personal and nursing care for up to 80 people across three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia. At the time of the inspection, there were 54 people using the service.

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

Quality assurance and monitoring systems in place were often not effective. This placed service users at risk of receiving unsafe care. The provider had an electronic system in place to check the stock balance of all medicines daily. However, the amounts recorded did not always match the actual amounts held in stock. This meant not all medicines could be accounted for.

Care records were not always personalised. We did not see records of people's preferences regarding personal care or what people liked to eat or drink. Information on people's sexuality and culture was also limited and generic. The registered manager had not maintained an accurate, complete and contemporaneous record for each service user regarding their preferences. Health and safety concerns were not always identified.

The service had safeguarding procedures in place and staff had received training in these. Risks associated with people's care and support had been assessed and there was guidance in place to keep them safe. There were enough staff to meet people's needs and the recruitment procedures were robust. The service had systems to manage accidents and incidents and learn from them, so they were less likely to happen again. There were processes in place for the prevention and control of infection.

Staff received appropriate training, support and development which enabled them to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff monitored people's health and welfare and reported any concerns to the management team who made referrals to health care professionals where required.

People had the privacy they needed and were treated with dignity and respect. They were supported to be as independent as possible. Confidentiality of people's personal information was maintained. There was a complaints procedure which provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. Staff were aware of their roles and responsibilities and felt supported by the management team.

### Rating at last inspection (and update)

The last rating for the service was inadequate, published on 2 June 2021 and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do

and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

This service has been in Special Measures since 2 June 2021. During this inspection the service remains in Special Measures.

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. This is because, when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections they remain in special measures. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive, caring and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

We also looked at infection prevention and control measures. 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 coronavirus and other infection outbreaks effectively. Please look at the safe question of this part of the report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Barleycroft Care 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 (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 four inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Barleycroft 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 registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced on both days.

#### What we did before the inspection

We reviewed the information we held about the registered provider, including previous notifications. A notification is information about important events, which the registered provider is required to send to us by law. 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 sought feedback from the local authority and professionals who work with the service. We reviewed the action plan the provider sent us. We used all of this information to plan our inspection.

#### During the inspection

We reviewed a range of records. This included 13 people's care plans and risk assessments. We reviewed 10 people's medicine administration records in detail and part of the medicine administration records of others. We also looked at staff files, catering audits, Deprivation of Liberty Safeguards authorisations records and compliments and complaints records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with the registered manager, the deputy manager, the office manager, two nurses, the chef, one senior carer, three carers, activity coordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with six people who use the service, two visiting relatives and two relatives by telephone.

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 speak with us.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found, such as policies and action plans.



# 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 inadequate. At this inspection this key question has now improved to requires improvement. 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 our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely.
- At our last inspection, we noted that people did not always receive their medicines when needed. We also found the medicines policy was not always followed. There was no clear guidance for staff on protocols they should follow for PRN (when required) medicines where a variable dose was prescribed.
- At this inspection we found improvement was still needed with regards to ensuring people receive their medicines as prescribed.
- On the first day of our inspection, we noted that people had received their medicines as prescribed on the ground and first floor. However, on the second floor, we found that two people's actual stock of medicines did not match with the recorded stock. For example, we found the actual stock for paracetamol was 82, but the recorded stock was 80. We found these discrepancies for three medicines for one person and five medicines for another person. This meant people had not always received their medicine as prescribed. These issues were discussed with the management team and they told us they would address them and forwarded us an action plan following our inspection.
- We found that the provider did not have robust systems to protect people from the risks associated with the management of medicines. We were unable to find out when or where the errors occurred and whether the two people had received their medicines as prescribed by their GPs. The management team was investigating our concerns at the time of our inspection.

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

- People told us staff assisted them to take their medicines as prescribed and they were happy with the arrangements.
- We noted the application of topical creams for people was signed for by the person delivering care. There were body maps in people's rooms which indicated the part of the body to which the cream should be

applied.

- We looked at the protocols that staff should follow for PRN (when required) medicines where a variable dose was prescribed for people. The protocols gave enough information to staff on when PRN should be administered to people. However, for one person this was not very clear. This was brought to the attention of the deputy manager. They contacted the GP following our first day of inspection and requested that the prescription was written clearer for staff to follow.
- Liquid medicines were dated when opened, to ensure they were not used beyond the specified time. When patches were applied, the position was specified with the date to minimise skin irritation.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was meeting this part of the regulation.

- At our last inspection we found some people did not have comprehensive risk assessments in place. For example, some people were prescribed medicines because they could bleed or bruise easily if they had a fall. This risk had not been assessed and there was no guidance for staff to manage these risks appropriately.
- During this inspection we noted risks associated with people's care and support needs had been reviewed and measures put in place to ensure staff supported people safely. There was guidance in place on how to manage risks, for example, where people were at risk of falls and bruising.
- A falls risk assessment was completed with a score mark indicator. The assessment showed how many staff were required to support people and if any equipment was needed. A dependency tool and moving and handling assessment was also completed.
- There was guidance about people's medical conditions. The guidance showed what to look out for, what to do and who to contact.
- Risks were identified for people who were on medicines that help prevent blood clots and this was referred to in assessments for falls risks and skin integrity.
- Risk assessments were reviewed and updated to reflect any changes in people's needs. Staff were aware of potential risks to people and ensured they were safe.
- People had a personal emergency evacuation plan (PEEP) advising staff on the help they needed to evacuate the premises in the event of a fire.
- The provider had a system to ensure all equipment was maintained and serviced. However, we noted one fire door was propped open by a chair and two window restrictors were faulty. This was brought to the attention of the registered manager and actions were taken immediately to resolve the concerns which we had identified.
- We also noted in one of the communal lounges, there was a bin which was full and it was next to a plug point, which was a potential fire hazard. Again, this was brought to the attention of the management team.
- We saw Legionella testing was completed in May 2021 and the gas safety was done in September 2021.

#### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- At our last inspection we noted that the local safeguarding team and our contact details were missing on the provider's policies and procedures on safeguarding adults. This meant people, staff or relatives might not know how to contact relevant statutory agencies including the local authority or the CQC if they wished to. The safeguarding policy had been updated and now included this information.



- The provider had safeguarding policies and procedures in place. These advised staff on what to do if they had concerns about the welfare of any of the people they were providing care and support to.
- People and relatives did not raise any concerns with us. Staff were aware of their role and responsibilities in raising concerns with the management team and the role of external agencies. One staff member told us, "I will report any abuse to the manager. If they don't do anything I will contact social services." A relative said, "I am sure there is no mistreatment of residents (people)."
- The provider also had a whistleblowing policy and procedure in place. A whistle-blower is a person who raises a concern about a wrongdoing in their workplace. Staff were aware of the whistle blowing policy. They told us they were confident that the management would deal with any concerns.

### Staffing and recruitment

- The registered manager ensured there were sufficient numbers of staff available to meet the needs of people. They said staffing numbers were determined by the needs of people and their routines. Staff told us that there was sufficient staff to give good safe care.
- However, some people felt there was not enough staff. We looked at the staff rotas for the previous two weeks and noted the number of staff on duty reflected what the registered manager told us.
- The service did not use agency staff so this helped people to receive care and support from staff who knew them and their needs. The registered manager and deputy manager were able to cover shifts when staff went off sick at short notice.
- The provider had effective recruitment and selection processes in place. A number of checks were undertaken before new staff started working at the service. Checks included staff's previous employment history, proof of identity, written references, criminal records check and their right to work in the United Kingdom. All this helped to prevent unsuitable staff from working with people who used care and support services.

### Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection. Staff were provided with personal protective equipment such as aprons, masks, and gloves. They also undertook COVID-19 testing on a regular basis. Staff had received training in infection control.
- Staff ensured the environment was clean and safe for people and were aware of their roles and responsibilities for the management of 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

- We saw accidents and incidents were recorded. These were reviewed by the registered manager and actions taken to reduce the likelihood of them happening again.

- We specifically looked at four incidents where people had hit their head during falls and noted that staff took appropriate actions to ensure the people were safe till the emergency services arrived.
- This was an improvement from our last inspection where we found there was a delay in calling for emergency services and there was a lack of neurological observations carried out.

# Is the service effective?

## Our findings

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

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink. One person told us, "The food could be a lot better." Another person commented, "Mainly I find it [food] good." A third person said, "I don't like much of it [food being served] but they make me something else. I like bacon and eggs."
- For people who were on a specific fluid regime, a chart was completed with a daily fluid target. However, we found, there was inconsistent recording for people who were on thickeners. The records showed either the staff did not record if the thickener was added to all fluids or did not record the amount of thickener added. There were various days for the past two weeks before our inspection where this had not been completed by the staff and had not been picked up by the senior carer as part of their daily monitoring. Therefore, people were at risk of receiving unsafe care and support. We discussed our findings with the management team who said they would ensure the records were completed accurately.

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

- Menus were planned by the head office (catering manager) for each season of the year, on a four week rolling menu. There were two choices of main meal every day (one being a vegetarian option and included a pictorial guide) with further opportunity to request something different to the menu plan. We saw the kitchen was clean, organised and storage in line with food hygiene standards.
- The menu was discussed at resident's meetings and feedback was given to the kitchen staff by the activities lead after each meeting.

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

At our last inspection the provider did not carry out appropriate assessments to ensure the service could meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were not able to assess whether the provider was meeting this part of regulation because there had not been any new admission to the service.

- At our last inspection we found people's needs were not appropriately assessed before they were admitted to the service. The provider did not have robust assessments in place to ensure that the service

could meet the needs of people prior to offering to care for them at their service. This meant people were at risk of receiving care from staff who did not fully understand their health conditions or preferences in how care was delivered.

- At this inspection we were not able to look at this area as there had not been any new people admitted to the service since our last inspection. However, we have noted that the management team had reviewed the needs of people who were currently at the service to ensure these were identified and met accordingly.
- We will look at this again once new people start using the service.

#### Staff support: induction, training, skills and experience

At our last inspection the provider did not ensure staff were adequately trained and supported to carry out their roles effectively. This was a breach of regulation 18 (Staffing) 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 18.

- At our last inspection we found staff did not always have the right training, skills or experience to support people effectively. Where there was a need to provide training to staff to ensure they were skilled and competent to care for people safely, this has not always been provided promptly.
- At this inspection we found staff had received the training needed to support people and meet their needs. We saw staff had training in different areas to help in their roles.
- Staff told us they had training from a dietitian on 'Malnutrition Universal Screening Tool (MUST)'. The palliative care team had provided training on end of life care and in house face to face training on catheterisation, epilepsy, diabetes had taken place.
- The senior carers had medicines training and their competence was assessed. They had done the care home assistant practitioner (CHAP) training. This is a training programme which is aimed to equip senior staff with clinical and management skills, it adheres to many aspects of a registered nursing course.
- One person told us, "I think the staff are OK. I think the staff are properly trained mostly up to a standard."
- One senior carer said they were being supported to study and hoped to do their nurse training and felt this was being encouraged within the service.
- One member of staff told us, "The training is good and this helps me with what I am doing."
- Staff completed an induction when they started working for the service. The induction included new staff attending training courses, reading the policies and procedures of the service and getting to know the people who used the service.

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

- The service had different aids available to staff and people to ensure their needs were being met. We saw some people had special beds and there were assisted baths for people who found it difficult to get in and out of a bath.
- There had been work completed since our last inspection. The flooring in some bedrooms had been replaced and some rooms had been redecorated. However, we noted one bathroom had a few tiles missing and there was a damp area on one of the ceilings. This was brought to the attention of the registered manager who confirmed they had scheduled a contractor to come in and repair the bathroom.
- We also noted the flooring in one of the lifts was a trip hazard. This was being replaced the day of our inspection.
- Some rooms were highly personalised and decorated and others were quite bare. This was brought to the attention of the management team who told us this was because some rooms were being redecorated. Some people had new furniture in their rooms. There was an ongoing redecoration programme in place. People had a choice of personalising their rooms.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection, we noted the service tracked whether people required DoLS authorisations and at what stage their DoLS applications and authorisations were. However, when we reviewed the provider's DoLS tracker, we noted not everyone's information had been recorded correctly. We were unable to tell from the tracker whether some people should have DoLS authorisations in place or not and whether these had been applied for or authorised.
- At this inspection we found the records had improved and people were supported as far as possible to make everyday decisions about their care and support. We saw staff asked people for their consent before providing them with care and support.
- The management team and staff understood the importance of people having the right to make their own decisions. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and to access health care services and professionals when they needed them. The management team worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. One relative told us, "The doctor comes every Friday and I get an update from the nurse on the floor."
- Records showed health professionals had been consulted without delay when people were not well. The action taken and what the outcome was were noted in people's electronic records. This meant people received appropriate access to health professionals to maintain their health and well-being.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People who used the service told us they had no concerns regarding how staff treated them. One person said, "The staff are very, very good. They really are... I'm quite happy here." A relative told us, "[The staff] know [family member] very well... There's some really, really good kind carers."
- Staff also spoke with people respectfully. We saw some warm, kind and patient interactions between staff and people who use the service. For example, at lunch time we heard one person being told what was for pudding and the person told us, "We always get nice things here, but more importantly nice people". One person appeared to be having problems with eating, and a member of staff offered to help but the person refused. A member of staff told us, "[Person] likes to eat on their own but it takes time". The person was given some guidance which was appropriate and patient. Medicines were given kindly without rushing the person and staff taking the time to talk to them.
- People's privacy and dignity were respected. Each person had their own single bedroom. Staff gave us examples of how they maintained people's privacy, such as making sure the bedroom doors were closed when supporting people with personal care.
- People were encouraged to maintain their independence as much as possible, in all aspects of life and daily activity. Staff were aware of how much each person was able to do for themselves and what assistance they needed. One person told us, "I want to be independent as long as possible." One member of staff said, "I let the residents do things that they can by themselves."

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

- From care records, we noted people were involved in decisions about their care and support. Where people were unable to, their relatives did so on their behalf. One relative told us, "The home is good at keeping me informed about the care needs of my [family member]."
- Staff encouraged people to make choices about their day-to-day care and how they spent their time. People were able to spend time in their bedrooms or in the communal lounges within the service.
- However, we noted that care plans were not always personalised and information about people's sexuality and end of life wishes was limited.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed. However, not all this information was available in people's care records.
- One person told us, "I'm definitely happy here. It suits me. I couldn't wish for better. They [staff] care for

me, I've got everything I need." However, another person said, "Things vary a lot between carers. Some are far more relaxed and lenient about what they'll allow you to do and some are more on the bossy side."

- One relative told us, "I think the care is good. [My relative's] not the easiest person. They can be demanding and have odd sleeping patterns. They'll want a cup of tea at two in the morning. I think they're [staff] doing quite a good job."
- Three people who use the service currently had advocates via the Local Authority. The management team was aware of the process for obtaining advocates but due to the COVID-19 restrictions these had not been implemented. The registered manager said prior to COVID-19 the service had links with MIND (a mental health charity) and the Alzheimer's Society.
- People's right to confidentiality was protected. Staff were aware of the importance of maintaining people's confidentiality and not sharing people's personal information with anyone unless they had the right to have that information. One member of staff told us, "I will only share information on a need to know basis."
- We found confidential information was protected against unauthorised access. Confidential records were kept in a secure location such as a lockable filing cabinet. Information which was on personal computers was password protected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider did not adequately assess people's preferences and choices. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- At our last inspection we noted people's care was not always personalised. Care records did not capture people's needs and the action to take to meet identified needs. We also found people's end of life wishes were not always recorded.
- At this inspection we found there had been some improvement made to the care plans. We found people's care plans gave sufficient instructions to staff on how to deliver care and support to people. However, we noted some further improvements were needed. For example, we did not see records of people preferences regarding personal care, such as whether they would prefer a strip wash, shower or a bath. Another example was what people liked to eat or drink.
- The management team informed us that they were changing the software they used for care planning to a different one. The new software would help with recording these types of information.

The service was not providing personalised care to people. This is a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Notwithstanding the above, when we spoke to staff, they were able to tell us of people's preferences, their likes and dislikes, although these were not recorded. We discussed our findings with the management team and reiterated the importance of having recorded information about the needs of people, as it would also help new staff get to know them.
- We found people's end of life wishes were recorded. Again, some of the information was not individualised. The registered manager told us that at times it had been difficult to discuss this subject with people and their relatives and they had received very limited information. They said they would at this area again to ensure improvement was made.
- We saw people's life history was recorded which included their previous occupation, their family members, their favourite music, books, TV programmes and also included goals they would like to achieve at Barleycroft.
- There was clear information in care plans for wound management. Photographs and body maps were available. The tissue viability nurse was involved to ensure that wounds were appropriately managed.



Pressure relieving airflow mattress settings were checked twice daily and this was documented along with the setting.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We found people's communication needs were recorded and showed what people's preferred language was, and if they wore any hearing aids or reading glasses. For example, in one care plan we saw one person had stuttered speech, and problems forming words. Staff used gestures to communicate with the person.
- Some staff were able to speak the same first language as people. During lunchtime we heard one member of staff speaking to a person in the person's own language because they wanted an explanation of the choices of food available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in activities they had chosen to ensure they were not socially isolated. Care plans showed which activities people preferred. We received mixed feedback about the activities within the service. One person said, "They very rarely have activities." Whilst another person told us they enjoyed the activities.
- One relative told us, "During lockdown the home attempted Zoom meetings for relatives to keep us informed but we only had about two. I thought they might keep something like that going, even after lockdown. I thought it was quite good." Another relative said, "I know there are activities, quizzes and other things take place in the lounge and [family member] is taken down there."
- Staff also encouraged people to stay in touch with their friends and relatives. One person told us, "Staff help me to use my mobile phone to stay in touch my family."

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

- The provider had policies and procedures for dealing with any concerns or complaints. People and their relatives knew they could speak with staff or the management team if they had any concerns. There was a comments and feedback box for people, relatives, staff and visitors to use in the reception area of the service.
- Complaint records showed complaints were investigated and responded to appropriately. We also noted the service had received compliments from relatives. One relative wrote, "Just wanted to send you all a massive 'thank you' for all the care, love, respect and dignity you gave to [family member] during their time with you. Thank you for making their stay at Barleycroft full of fun and good memories for all of us."

# 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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

### Continuous learning and improving care

At our last inspection, robust systems to effectively assess and manage risks to people were not in place, which put people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At our last inspection we noted the provider's quality assurance systems and checks were not always robust. There was a lack of systems to analyse events, accidents, incidents and complaints to identify what went wrong so action could be taken to help rectify things and prevent similar issues from reoccurring. We also found the provider had not always ensured that an accurate, complete and contemporaneous record was maintained in respect of each service user. The provider's audits and checks around the management of medicines were lacking.
- During the inspection we noted some improvements had been made around the concerns we identified. Accidents, incidents and complaints were monitored closely. Neurological observations were carried out where people had sustained a head injury. Risks to people were assessed and daily records were maintained on the care and support people received. However, we found further improvement was needed regarding the audits and checks around the management of medicines, accurate record keeping, health and safety and people's preferences.
- We noted that the audits and checks regarding the stock of medicines were not robust enough. We found the actual stock of medicines for two people did not match the records of the medicines kept on an electronic system.
- We noted that further improvement was needed as medicine records were not kept accurately. Record keeping plays a fundamental part in providing high quality health care.
- We also noted the safety issues we identified during our visit, such as broken or missing window restrictors and fire doors being propped open by a bin had not been identified by the provider during their health and safety audit.
- We found there was inconsistent recording for people who were on thickeners. The records showed either the staff did not record if the thickener was added to all fluids or did not record the amount of thickener added.
- We also found care plans were not always personalised. For example, we did not see records of people's preferences regarding personal care, such as whether they would prefer a strip wash, shower or a bath. Another example was what people liked to eat or drink. Information about people's sexuality and culture

was limited and not individualised.

The above evidence shows that the provider did not have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the management team sent us an action plan on how they had addressed the above concerns. They mentioned that all stock of medicines would be counted and checked daily to ensure people receive their medicines safely.
- We saw reviews of accidents and incidents included an analysis of what had happened and the improvements that could be made to prevent or minimise the risk of them reoccurring. This was being done monthly. Complaints were also being reviewed closely.
- People, staff and relatives spoke positively about the management team and said they were happy with the way the service was run. One person told us, "The manager is good." A relative said, "[Manager] is very helpful, they get things done."
- Staff told us the management team were very supportive. A nurse told us that they came to work at the service as they felt it was a good place to work.

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 registered manager was aware of requirements in relation to the duty of candour.
- The duty of candour requires registered providers and registered managers to act in an open and transparent way with people receiving care or treatment from them.
- We saw letters been sent by the management team where the duty of candour applied.

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

- The registered manager kept us informed about certain events, so that we could see what actions they had taken or if we needed to follow up on any information they had sent us.
- Staff had access to a range of policies and procedures which gave them guidance and instructions on how to ensure people received care and support safely.
- The management team had introduced a 'Policy of the month' which all staff were required to read and sign. The registered manager checked the list to ensure all staff had completed this and undertook random checks to ascertain staff's understanding.

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

- The registered manager encouraged people, relatives and staff to be involved in the day to day running of the service as much as possible. There were regular meetings held separately for people, staff and relatives.
- During these meetings people, staff and relatives had an opportunity to share any ideas for the development of the service and to discuss any concerns they might have.
- Staff felt these meetings were helpful and said that their views were listened to.

Working in partnership with others

- The management team had good links and worked closely with other health and social care professionals to ensure people received the care and support they needed. This helped to ensure people's changing needs were met.
- The management team kept themselves up to date with best practice as far as health and social care was

concerned.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	<p>The provider had failed to ensure people received person-centred care that met their needs.</p> <p>Regulation 9 (1)(a) (b) (c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider did not have robust systems to protect people from the risks associated with the management of medicines.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had failed to operate effective systems and processes to make sure they assess and monitor their service.</p> <p>Regulation 17 (1)</p>