

Barrock Court Care Home Limited

# Barrock Court Care Home

## Inspection report

Barrock Park  
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Carlisle  
Cumbria  
CA4 0JS

Tel: 01697473765

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Barrock Court is a residential care home providing accommodation and personal care to a maximum of 28 people. At the time of the inspection 24 people were receiving support across three separate units. One of the units specialised in providing care to people living with dementia.

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

Infection control procedures, including those related to Covid-19 were poor and immediate action needed to be taken.

Quality assurance systems were in place to monitor the service provided. These needed to be reviewed due to the concerns we had found during the inspection.

Staffing issues were addressed by the registered manager; however, we were concerned about the support given to the registered manager regarding investigations and advice they had received from the provider.

Enough staff were on duty and recruitment processes were in place to ensure suitable staff were employed. Some staff reported suitable training and induction were not always in place. We have made a recommendation in connection with this.

Communication within the service was reported to have declined in recent weeks after previously being vastly improved. We have made a recommendation about this.

People, relatives and health care professionals had given feedback on their experiences of the service provided. This had not always been followed up when less positive comments had been made. We have made a recommendation regarding this.

Medicines were generally managed well. There had been a small number of unnecessary delays in receiving some prescribed medicines which was addressed immediately.

People felt safe and safeguarding procedures were followed by staff. Accidents and incidents were reported appropriately and notified to the relevant authorities.

Staff were reported to be kind and caring.

The registered manager had recently resigned their post and was due to leave the service the week of the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for this service was required improvement (published 10 April 2020).

## Why we inspected

We received concerns about infection control procedures not always being followed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make further improvements. Please see the safe 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barrock Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and discharge our regulatory enforcement functions to keep people safe, and to hold providers to account, where it is necessary for us to do so.

We have identified breaches in relation to preventing and controlling infection and governance/oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 well-led?**

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Barrock Court 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.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Barrock Court 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. However, the current registered manager had recently resigned from their role and was due to leave soon. 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 used all of this information to plan our inspection.

During the inspection-

We communicated with four people during our visit and contacted seven relatives by phone. We spoke with the registered manager, the regional director, the regional support manager, the deputy manager, one senior member of care staff and four members of care and ancillary staff. We followed this up by contacting four care staff by telephone to gain their feedback in private. We communicated with two social workers, two district nurses, a member of the clinical commissioning group (CCG) and an occupational therapist.

We reviewed a range of records. This included three peoples care records and multiple electronic medication records. We looked at four staff files in relation to recruitment, training and performance. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 this key question 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.

### Preventing and controlling infection

- We were not assured the provider had effective and robust procedures in place to avoid risks posed by infection, particularly regarding Covid-19.
- Staff did not always wear personal protective equipment (PPE) correctly and could not explain the current government guidance on how to put on or take off PPE. One staff member indicated that social distancing at staff breaks did not always occur as it should.
- We were not assured staff were clear on infection control procedures during the pandemic and training had not been robust enough to keep people safe.

People were not always protected from the risk of infection because staff were not following government guidance. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have taken action outside of the inspection process on this matter and will publish the outcome of this action once it has been concluded.

### Using medicines safely

- Medicines were generally managed safely.
- A small number of people had not received their medicines in a timely manner as prescribed due to delays with orders. Robust arrangements were not always in place to follow up on prescriptions not received. The registered manager told us this would be reviewed immediately.
- People told us they received their medicines as prescribed. One person said, "I have no problems with medication."

### Assessing risk, safety monitoring and management

- Risks posed to people had been identified, assessed and monitored. However, infection control risk monitoring was not well managed. Work was ongoing to ensure these were all up to date.
- Safety and equipment checks were regularly completed. The regional director confirmed that all fire risk assessment actions had been completed. A new maintenance person had been employed and was reported by staff to be working hard to implement good working practices.

### Staffing and recruitment

- Safe recruitment procedures were in place.
- There was enough staff to meet people's care needs. Although, it was recognised that due to Covid-19, there had been some difficulties, the registered provider monitored this closely. A recruitment drive was in

place to fill any shortages.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Staff had received training to support them in protecting people from abuse and policies and procedures regarding safeguarding people were in place.
- The registered manager investigated any issues raised appropriately. We had some concerns over advice given by the provider in dealing with recent safeguarding allegations. We discussed this with the regional director who was going to further investigate.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. The management team reviewed each accident or incident and analysed the information to ensure any lessons learnt were implemented.
- The provider shared any internal learning with management teams across all of their homes.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance processes were in place to help identify areas for improvement. However, during the inspection we found concerns with infection control and some issues with medicines management had not been identified.
- Investigations regarding safeguarding allegations had been appropriately undertaken by the registered manager. We were concerned that some advice given by the providers representatives had not always been appropriate and did not ensure that people would remain safe. We raised this with the registered manager and regional support manager who agreed with our concerns and took this forward for further review by the provider.

Governance procedures were not robust, including to ensure issues arising were found and addressed. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were supported to learn and improve their skills and knowledge. A number of staff commented on some elements of their training and induction which could be improved. One senior member of care staff said, "Some staff felt thrown in at the deep end." We discussed these concerns with the registered manager who was going to review with the provider.

We recommend the provider reviews training and induction to ensure staff have appropriate support in line with best practice.

- The registered manager had resigned from the organisation and was due to leave the week of the inspection. A regional support manager had been allocated to cover the role until a new appointment was made.
- The registered manager had oversight of people's care needs. Care records were in the process of being further reviewed to ensure they were fully up to date.
- The provider understood their obligations in relation to duty of candour, including being open and transparent when incidents had occurred.

- The registered manager reported any legally notifiable incidents to the CQC and also the local authority.

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

- People and their relatives were engaged with throughout the current pandemic to ensure their needs were met. One relative said, "We have been involved with all the care planning."
- Staff meetings had taken place. The regional director confirmed supervision sessions were to take place with all staff.
- Negative comments on service satisfaction surveys had not always been addressed. The registered manager told us this should have occurred but had been missed due to their workload.

We recommend the provider reviews their survey feedback procedures in line with best practice.

Working in partnership with others

- The staff team worked in partnership with healthcare and other external professionals to ensure people received appropriate care. However, two healthcare professionals said, "Communication had got better when [registered manager] came back but has dipped in the last few weeks. Not sure what has happened as things were going well."

We recommend the provider review communication mechanisms with external healthcare professionals in line with best practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were committed to providing person centred care to people. One person said, "One of the staff brings me in grapes because I had said I liked them one day. Very very kind and caring of her." One relative said, "We're very happy with the care that's being provided."
- The registered manager and regional support manager assisted us throughout the inspection, showed willingness to address concerns raised and were responsive to feedback.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to assess, monitor and improve the safety and quality of the service were not robust and did not ensure the service was compliant with the requirements of the regulations.  Regulation 17(1)(2)(a)(b).

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Staff were failing to follow government guidance on the safe use of personal protective equipment and adhere to Covid-19 infection control procedures. Proper processes for the preventing and control of infections were not in place  Regulation12(1)(2)(h)

### **The enforcement action we took:**

We took urgent action to impose a condition on the provider's registration to ensure proper procedures were in place at the home.