

St Philips Care Limited

Barrow Hall Care Centre

Inspection report

Wold Road
Barrow Upon Humber
South Humberside
DN19 7DQ

Tel: 01469531281
Website: www.stphilipscare.com

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Barrow Hall Care Centre is a care home providing personal and nursing care for younger or older people who misuse drugs or alcohol or have a mental health need. The service can support up to 37 people.

Care Homes

Barrow Hall consists of the main house for up to 25 people. It is a listed building and retains many of its period features. In addition to the main house there is 'The Mews' which consists of ten individual apartments each with a sitting area, bedroom, kitchenette and bathroom. There is further accommodation in The Lodge for two people. It is set in extensive grounds situated in the village of Barrow.

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

We found improvements were required regarding infection prevention and control. An electrical safety check had not been conducted in a timely way to ensure a safe environment was maintained. A range of quality checks and audits were undertaken to monitor the service. However, these had not been effective due to the shortfalls we found during the inspection.

People were protected from the risk of harm and abuse. Safeguarding procedures guided staff about the action they must take if they suspected abuse was occurring. People's risk assessments identified hazards to their health or wellbeing. Action was taken to reduce risks but maintain people's independence and choice. There were enough staff to meet people's needs. Incidents and accidents were monitored, and corrective action was taken to prevent re-occurrence. Recruitment was robust.

Staff undertook training to maintain and develop their skills which helped them meet people's needs. Supervision and appraisal were undertaken for staff.

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

Staff were caring and kind. People we spoke with confirmed this. Staff provided comfort and support if people became anxious or upset. Information was provided to people in a format that met their needs in line with the Accessible Information Standards.

Staff supported people to meet their health and nutritional needs. People were supported and encouraged to maintain their independence. Staff worked with health care professionals to maintain people's wellbeing.

People felt able to raise concerns and were confident they would be addressed. A programme of activities was provided in line with people's hobbies, preferences and interests. End of life care was provided at the

service.

The registered manager supported the staff team and they all worked well together. Action plans were created to address issues at the service.

Rating at last inspection

The last rating for this service was requires improvement (published 22 September 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. The provider has acted to mitigate the risk. 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 Barrow Hall Care Centre on our website at www.cqc.org.uk.

Follow up

We will seek an action plan from the provider to make sure the environment remains safe for people. 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Barrow Hall Care Centre

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

The inspection was undertaken by one inspector and one assistant inspector.

Service and service type

Barrow Hall Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

What we did before the inspection

We looked at all the information we had received since the last inspection which included the information about important events which had occurred. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority. We also contacted Healthwatch (an independent consumer champion that gathers and represents the views of the public about health and social care services in England) for their views about the service. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with the deputy manager, team leader/care pathway co-ordinator, registered nurse, two care staff, activity co-ordinator, cook and kitchen assistant.

We reviewed a range of records. This included three people's care and medicine records. We looked at three staff files in relation to recruitment, staff supervision and appraisal. We reviewed a variety of records relating to the management of the service, including policies and procedures, audits and health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought more evidence about staff supervision, appraisals, safety checks and remedial work undertaken in the laundry.

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. People were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Environmental risks were checked and monitored. The five-year electrical safety certificate had expired in June 2019. Not undertaking this work timely placed people using the service at risk of potential harm.
- Infection control required improving in the laundry. Three wall tiles needed to be replaced and pipework required boxing in and two holes in plaster by the back door needed filling to maintain infection control and ensure effective cleaning could take place. The management team assured us they would ask for this work to be undertaken immediately.
- Staff were provided with personal protective equipment. We found a box of gloves unsecured in a bathroom. They were locked away to reduce the risk of potential ingestion. Staff were reminded to store gloves securely.
- During the last infection control audit, it was identified that disposable medicine pots must be used. On the day of the inspection these were not in use because the supply had run out. This placed people's wellbeing at potential risk.

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

- Risks to people's wellbeing were assessed, monitored and reviewed by staff. Information about behaviours that may challenge people or others and how staff should manage this was recorded.
- People were supported and encouraged to take positive risks to develop or maintain their independence. They were encouraged to undertake cleaning, laundry and cooking to promote life skills. Staff supported people to promote infection control.
- Accidents and incidents were recorded and investigated to look for patterns or trends. Steps taken to reduce the risk of recurrence was recorded and this information was shared with staff.

Using medicines safely; Learning lessons when things go wrong

- Peoples medicines were managed safely. Changes to people's prescribed medicine were acted upon and monitored in a timely way by staff. Medicine checks and audits were carried out, issues found were addressed.
- PRN protocols were in place to guide staff. Competency checks for medicine administration were undertaken by staff who administered medicines.

- People were encouraged to self-medicate, where possible and staff assessed if they were safe to do so. One person told us, "I take my own medicines." People received their medicines as prescribed to help maintain their wellbeing.
- Medicines to manage people's behaviour that may challenge the service or others were not overused.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing policies and procedures were in place. Staff undertook safeguarding training and told us they would report any concerns straight away. A member of staff said, "I would report abuse."
- When safeguarding issues occurred action was taken to prevent further re-occurrence. This information was shared with all relevant external bodies.

Staffing and recruitment

- People using the service confirmed they received timely care and support. People's needs were met by suitably skilled staff deployed across the service. Staff told us, "There are enough staff to support people."
- The service had 'bank' staff. They helped to provide continuity of care for people and understood people's needs.
- Robust recruitment checks were in place to ensure staff were suitable to work in the care industry. Recruitment of staff continued to take place, as necessary.

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 now improved to Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Supervision for staff was undertaken. We found one member of staff required a supervision to be undertaken. This was addressed.
- Staff deployment, skills mix, experience and knowledge were considered by the management team regarding how staff were deployed to meet people's needs.
- Staff undertook training relevant to their role. Staff had achieved 93 percent compliance with their training which ensured they had the skills needed to support people.
- Induction training was provided for staff. If staff felt, they required more support this was provided. One member of staff told us, "I spent the first two days shadowing, then asked for more support which was forthcoming."
- Nurses had to undertake revalidation with the Nursing and Midwifery Council (NMC) to prove they remained fit to practice. The provider supported nurses with this.

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

- A full assessment of people's needs was undertaken prior to their admission.
- People's full and current needs were known. People's care records were regularly monitored, reviewed and updated by staff to ensure people's full and current needs could be met.
- People were encouraged and supported to make choices about how they lived their lives.
- Staff continued to adopt good practice ideas to promote better outcomes for people. For example, a document called 'Brag' had been introduced, where staff recorded how individual support and innovative ideas had promoted people's independence and wellbeing.

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

- People's dietary needs were met. Staff assessed and monitored people's nutrition and hydration needs. If staff had concerns people's weight were monitored and relevant health care professionals were contacted for advice. Special diets and fortified foods were provided.
- People provided mixed feedback about the food. One person said, "I like the food especially salad." Others told us, "The food is not brilliant. I use a slow cooker for my meals" and "I cook baked potatoes with mushrooms and onions, for myself." People were encouraged to speak about their preferences and changes they wanted on the menus.
- People undertook shopping and prepared their own meals to develop their life skills, where possible. An

adapted kitchen was provided for people to use.

- Staff encouraged people to understand where their food came from. For example, people helped to pick apples from the orchard to make apple pies and crumbles.

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

- The management team communicated with external health care professionals to maintain people's wellbeing. People were supported by health care professionals relevant to their needs.
 - Staff reported increased distress or changes in people's wellbeing to psychologists and the mental health team to gain timely input and support.
 - Staff were aware of people's needs, risk's and goals and achievements. Staff worked with other agencies. For example, the local authority and social workers to help people achieve their goals of independent living back in the community.
 - People were encouraged to consider taking part in activities to promote healthy living.
- Information about a balanced diet and stopping smoking or reducing alcohol intake was provided.

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.

- People's capacity was assessed. Where necessary, DoLS applications had been submitted.
- People confirmed staff asked for their views and sought their consent before assisting with care and support.
- Where people did not have capacity to consent to their care and support this was provided in people's best interests following discussion with people's family.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff built positive relationships with people. The service promoted a person-centred culture. Staff communicated with kindness and compassion and listening and acting on what people said. They talked with people about things that mattered to them.
- People confirmed staff were caring and kind. One person told us, "I like living here. I would live here for the rest of my life. They have good staff, good nurses and good carers." Staff were passionate about supporting people. Staff told us, "I love working here."
- People were encouraged to maintain relationships with their family and friends. Visitors were made welcome.
- Care and support was delivered in a non-discriminatory way. People's equality, diversity and human rights was respected by staff. People were supported to follow their faith and live their life as they chose. For example, people were taken to a Halal butchers to choose their own meat and weekly trips to a Mosque were provided.

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

- People made decisions about their care and support. Staff provided individualised encouragement, guidance, care and support as required.
- People were encouraged to express their views about their care and support and set goals to achieve, where possible. A member of staff told us, "We encourage the development of life skills and promote independence."
- Staff showed consideration for people's individual needs, and provided reassurance, comfort and support to those who became anxious or upset.
- Residents Meetings were held. Advocates were available to help people raise their views. (People who spoke and acted on residents behalf).

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected. One person told us, "I have got my own privacy living here." Personal care was delivered in bedrooms or bathrooms behind closed doors. People chose how they dressed, according to their wishes. A dignity champion promoted this value at the service.
- People's care records contained information about tasks they could undertake themselves and goals they wanted to achieve. Staff supported and encouraged people to achieve their personal goals. For example, to look after their finances or maintain or improve their physical or mental health.
- People's independence was encouraged by staff. For example, people who were safe to use mobility

scooters were encouraged to go out in the local environment. One person told us, "The staff help me with my independence. Hopefully I can move out in six months to a year."

- Information related to people who used the service was stored securely to ensure the integrity of confidential information was maintained.

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 now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were assessed prior to their admission to the service. Relatives and health care professionals provided their input. People were invited to visit the service over time and could stay overnight to see if they settled and fitted in with people already living there.
- People received individualised care and support from staff. Information about their likes, dislikes and preferences for their care and support were recorded. Staff acted upon this information.
- Detailed individual electronic care records for people were in place. Staff recorded the care and support provided immediately via hand held devices so that people's care records were always current. Care plans and risk assessments were reviewed monthly or as people's needs changed.
- Guidance about people's behaviours that may challenge the service or others was contained in people's care records to guide the staff.
- Staff supported people to make decisions about their care and support. People's health care professionals were contacted by staff for help and advice. One person told us, "I get support with medical appointments from the staff." This helped people maintain their wellbeing.
- People told us staff were responsive and they were satisfied with the support they received. One person told us, "When I press my alarm bell the staff come quickly."

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.

- People's communication needs were assessed and recorded. Information was provided to people in a format that met their needs.
- Staff were aware how people communicated for example, through speech or by using body language or behaviour. Staff took time to speak with people and re-phrased questions to help them understand before acting upon what they said.
- Staff gained equipment for activities to help visually impaired people. For example, Braille dominoes for the blind.

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's interests and hobbies were recorded. This information was used to help people engage in things

they liked to do. For example, an art studio had been created, one person told us, "No one has done anything like this for me before, I am very grateful." One to one and group activities were provided which included outings, shopping trips and holidays.

- Where possible people were encouraged to consider undertaking educational courses or gain voluntary work or employment.
- Communal areas were designed with people's input, so they wanted to use these spaces.
- Staff encouraged people to maintain and develop their contact and relationships with family and friends to avoid social isolation.
- People were taken on holiday and were encouraged to go out. One person told us, "I go shopping into Barrow. I have been on holiday to Skegness twice and Blackpool once. I'm not going on holiday this year, that is my choice."

Improving care quality in response to complaints or concerns

- A complaints policy was in place which people were aware of. People were treated with compassion if they wished to make a complaint.
- The management team monitored low level concerns along with complaints. They learnt from issues raised to improve the service.

End of life care and support

- People's wishes for end of life care were recorded if they wished to share this information. Specific religious needs were noted so they could be followed.
 - End of life care was provided at the service. An end of life care champion was in place. Staff confirmed people receiving this care would be kept comfortable and pain free. Support was provided by staff to relatives, at this time.
- Staff worked with people who wished to create their own funeral plan.

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 remained the same, Requires Improvement. This meant the service was not always well-led. There were shortfalls in service leadership. Some regulations were not met.

At our last inspection in August 2018, we found the provider did not have robust systems in place to monitor the service. At this inspection, we found sufficient improvements had not been made.

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

- Sufficient improvements to effectively monitor the safety of the service were not in place. Infection control was not robust, and the electrical safety check had not been conducted in a timely way to ensure the environment remained safe. Management of the service has not been effective. The service has now been rated requires improvement for the third time.

We found breaches of Regulation 12 (Safe care and treatment and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits were undertaken by the management team. Where issues were found during the inspection the audits were strengthened to prevent further re-occurrence.
- The management team had implemented daily 'flash meetings' with heads of departments to discuss challenges to help the service run more effectively.
- The management team and staff were clear about their roles and responsibilities. Staff told us the management team were supportive, approachable and listened and acted upon what they said. Staff gained help and advice at any time by contacting the 'on call' team.

Continuous learning and improving care; Working in partnership with others

- Audits and checks undertaken were strengthened when issues were found, for example repairs to the laundry to help to maintain infection control were added to the audit to prevent any further re-occurrence. Action plans were created after checks and audits were carried out, so progress could be monitored.
- The management team and staff were passionate about making things better for people living at the service. They worked across the provider group to share best practice ideas. Good practice guidance and legislation was followed.
- Health care professionals were contacted in a timely manner for help and advice to maintain people's wellbeing.
- The provider had policies and procedures in place to address any staff performance issues

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

outcomes for people

- Person-centred care and support was at the heart of the service. Staff roles had been created to promote independent living and develop person-centred care at the service. Checks were undertaken to make sure the care provided promoted positive outcomes for people. Staff empowered people and made sure their needs were met.
- Staff were encouraged to empower people to develop their full potential and achieve their goals.

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 provider and registered manager understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.
- The management team were open and transparent and shared information with us when issues were raised that we needed to investigate.
- Notifications were submitted to CQC as required by law.

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

- People living at the service, their relatives and visitors were able to speak with staff or the management team at any time. Resident and relatives' meetings were held.
- Surveys were sent to people to gain their views and these results were being collated. The surveys we read were positive. Surveys were sent to staff and health care professionals
- Staff meetings were held to allow staff to provide their opinion about the service and how it could be improved. Feedback received was acted upon.
- The diversity of people using the service and staff was celebrated and protected.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to do all that is reasonably practicable to ensure the premises used were safe. Effective infection control measures were not in place. Action was not taken to prevent, detect and control the spread of infection.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and mitigate risk relating to health and safety.</p>