

Barkat House

Barkat House Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 10 December 2015 and was unannounced. We last inspected this service on 21 October 2013 when all the regulations inspected were being met.

Barkat House Residential Home can provide care and support to up to 27 people who have enduring mental health issues. At the time of our inspection there were 26 people in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People felt safe using the service and staff were knowledgeable about the signs of abuse. Staff were trained to identify the possibility of abuse occurring and knew what actions to take to protect people. There were sufficient numbers of appropriately recruited staff to provide care to people.

People received effective care because they had been involved in planning their care and staff knew how to meet their individual needs. People were supported to remain healthy because they received food and drink at regular intervals during the day and on request. People were supported to see a variety of health care professionals when needed and received their medicines as prescribed. Equipment available and staff support protected people from developing skin damage.

People were supported by staff that cared for them and treated them with care and compassion ensuring their privacy and dignity was maintained. People were supported to make day to day decisions and choices about meals, activities they were involved in and the treatments they received.

People were able to choose group or individual activities that best suited their needs.

People's views about the service were sought and systems were in place to monitor the quality of the service. There was an open and inclusive environment where people were able to express their opinions about the service they received. People were able to raise concerns and felt they were listened to and issues addressed.

Summary of findings

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 safe.

People were protected from abuse because staff had been trained to recognise the signs of abuse and how to raise any concerns they may have.

People were protected from avoidable harm because risks had been identified and management plans put in place. Staff understood how to keep people safe.

People were supported by staff that had been checked for their suitability to work at the home.

People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were supported by staff that were trained and supervised to ensure that care was personalised.

People received food and drink and had access to healthcare professionals to ensure they remained healthy.

People's right to make decisions and liberty were protected and promoted by staff.

Good



Is the service caring?

The service was caring.

People were supported by staff that were caring and compassionate and treated them with kindness and respect.

People's privacy, dignity and independence was maintained.

Good



Is the service responsive?

The service was responsive.

People were supported by staff that knew their needs and treated them as individuals.

People were supported to take part in group and individual activities according to their needs.

People were supported to maintain links with people important to them.

People's views were listened to and acted on appropriately.

Good



Is the service well-led?

The service was well-led.

People benefitted from an open and inclusive atmosphere in the home, where people were able to raise concerns and make comments about the service.

Systems were in place to ensure that the quality of the service was monitored and improved, so that people received a good quality service.

Good



Barkat House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 December and was unannounced and was carried out by one inspector.

As part of our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

The registered manager completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

We spoke with 11 people who received support and two visiting healthcare professionals. We had received some concerns regarding temperatures in the home and the way people were spoken with. During our inspection we asked some specific questions to get a view of people's experiences of living in the home. We spoke with six staff including the registered manager, deputy manager, chef and three care staff. We observed the interaction between staff and people throughout our inspection.

We looked at the care records of two people to check that they received care as planned and some records relating to the management of the home including medication records and three staff recruitment files.

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe with the staff that supported them. When asked if they were ever shouted at, one person told us, “It’s good here. No shouting.” We saw that people were comfortable in the presence of staff and there were nice conversations between them and the staff that supported them. Staff spoken with told us that they had received training in how to protect people from abuse. Staff were able to describe what they would do if they suspected any abuse and were sure that issues raised with the senior staff and registered manager, would be followed up. Staff told us that if they saw unacceptable behaviours from other staff this would be reported to the managers and the issues addressed. We saw that the registered manager had raised concerns appropriately when they arose.

People were spoken with about risks associated with their needs but enabled to make choices and decisions about risks by putting plans to minimise so that they were minimised to an acceptable level. One person told us how they went out regularly but felt safe because the staff knew where they were and what time to expect them home. If they didn’t return, the person felt assured that the staff would take actions to find out where they were. A member of staff told us that another person was able to go out alone and systems were put in place to ensure they could get back. For example, they had checked that they were aware of the bus route to use and that he was given a note with the home’s address on it if they became lost. We saw that risks associated with people’s care had been assessed and plans put in place to minimise them. For example, people at risk of developing skin damage were supported

to relieve pressure on their skin by sitting on pressure relieving cushions and being supported to stand at regular intervals of time. We saw that people at risk of falls had been referred to the falls clinic.

People were supported by sufficient numbers of staff that had been checked for their suitability to be employed to support people. People told us that there were always staff around to support them and we saw that there was always a member of staff available in the lounge areas, whilst other staff were supporting people to get up. Staff told us that there were sufficient staff available and the registered manager told us she monitored that people’s needs continued to be met by the staff complement. The provider information return (PIR) told us that the checks were carried out to determine new staffs character through checks with the police and previous employers. This was confirmed by the staff spoken with and the records seen.

People received their medicines as prescribed. One person told us that they received their medicines on time and he was aware of what the medicines were for. We observed that medicines were stored safely so that only authorised staff were able to access them. We saw that staff supported people to take their medicines with a drink and watched that the medicines had been taken, before completing documentation, to show they had been taken. We saw that people were given choices about whether they wanted pain relief or not. We saw that where needed the registered manager liaised with medical professionals when using ‘as and when required’ medicines to support people to relax. Records showed that this medication was only used as a last resort and alternative methods of supporting people to be calm were used first.

Is the service effective?

Our findings

People told us that they were happy with the care and support they received. One person told us, “They [staff] have helped me a lot.” Another person told us he was happy with the care. We saw that people looked well and there were good links with healthcare professionals involved in people’s care. Staff were supported to provide appropriate care through training and supervision that provided them with the skills and knowledge they needed. The PIR told us and staff confirmed that they had received training in specific conditions, so that they could support people appropriately. Discussions with staff showed that they were knowledgeable about people’s individual needs and how they preferred them to be met. Many of the people living in the home were able to carry out their own personal care. Staff told us and people confirmed that they were supported and reminded to do things for themselves. For example, we saw one person get their own cup of tea.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the service was working in line with the requirements of the MCA and DoLS.

All the people living in the home were able and supported to make day to day decisions and choices. For example, they chose where they sat, what they wore and what they ate. We saw that people had been asked whether they wanted to receive lifesaving medical treatment, if they had a heart attack. Decisions made by people, who were able to make decisions, were respected and recorded on their care records. We saw that some people were not able to make

this decision and we saw that decisions had been made in their best interest, with the involvement of GP and relatives if appropriate. We saw that one person was not able to eat some foods that they liked, because it had been determined by healthcare professionals that this posed a choking risk. Decisions had been made in people’s best interests but we discussed with the registered manager the need for a detailed best interest record of the reasons for making decisions. This would show that everyone involved in people’s care had been involved in having a say in the decisions made. The PIR told us and the registered manager confirmed that no one in the home had had their liberty deprived and no DoLS applications had been made.

All the people spoken with told us that they were happy with the food they ate. One person told us, “The food is great. My favourite is fish and chips and we have that once a week.” We saw the chef asked people what they wanted to eat for lunch and that there were several choices available. A member of staff told us, “The cook asks people what they want each day but they can say if they don’t want what’s on offer and have something different.” We spoke with the chef who told us there was no pre-planned menu but that she knew people’s likes and dislikes and any special dietary needs. We saw that people enjoyed their meals on the day of our inspection and received drinks at regular intervals throughout the day, as well as on request. Staff were aware of what people were able to eat and any special dietary needs that people had.

People told us they saw medical professionals when needed. One person told us they had lost weight because they had given up drinking alcohol and the doctor had advised them to eat more. We saw one person taken to attend a medical appointment by a member of staff. Care records showed that people were supported to see the dentist, optician, GP, community nurses and specialist doctors when needed. People were supported to attend appointments for on-going health problems. A visiting professional told us the service was effective in providing good care, kept good records and liaised with them appropriately to ensure people’s needs were met.

Is the service caring?

Our findings

People told us that the staff were nice and caring. One person told us, “The staff look after me. They are nice and don’t tell us off.” We saw that people were spoken with in a respectful way. We saw that staff had taken care to ensure that people were dressed in a way that reflected their personality, preferences and cultural backgrounds. The atmosphere in the home was warm, welcoming and comfortable. A visiting professional told us, “I have always found the home to be a caring environment where the staff respond to individual needs well. The management and staff come across as friendly and interested.”

People told us that the staff were ‘good’. We saw that staff responded to people in a caring way either providing the support requested or explaining what they were doing and when they would do as asked. One person told us, “We are well cared for and treated like an individual not an animal.” We saw a member of staff show kindness, care and friendship to an individual. The person was unable to eat dry biscuits so the staff dipped the biscuit in tea before giving it to them to eat so that they could enjoy their tea and biscuits. There was lots of joking and laughing during this time.

People’s privacy, dignity and independence was promoted. We saw that people were supported with personal care discreetly. People told us and we saw that people were able to lock their bedroom doors so that they could have privacy and ensure that only they and staff were able to access their bedrooms. We saw that some people were able to walk around the home independently and others were supported either with a wheelchair or support from staff. People were able to eat and drink independently with the provision of appropriate cutlery and crockery. Staff told us that they were able to support people to remain as independent as possible by reminding them to do tasks, such as have a shower or a shave and supervising them, rather than doing it for them.

People were supported to make day to day choices about what they ate, where they sat and whether they took part in organised activities. People’s cultural needs were met by a staff team that reflected their cultural backgrounds, and were able to converse with them in a variety of languages and by ensuring they were dressed appropriately and were offered an appropriate diet.

Is the service responsive?

Our findings

People received care and support that met their individual needs by staff that were aware of their needs and preferences. People told us they had been involved telling people how they wanted their needs met. For example, we discussed with an individual their individual dietary needs and they were able to tell us how these should be met and we saw that they were being met as required. Staff told us that they knew people's needs because they read their care plans, shadowed experienced staff when they first started working with people and asked people what help they wanted. People's needs were reviewed on a regular basis so that changes in needs were identified and planned for.

During our inspection we heard the alarm activated by an individual opening a fire door. On discussion with staff and the manager, we heard that this was happening because the person (who had recently moved into the home) was having difficulty in locating their bedroom and bathroom. The provider told us that they were looking into whether the individual would move to a bedroom nearer the bathroom, so that their needs could be better met.

People were able to spend their time as they wanted. One person told us, "There are two televisions so that there are Asian channels available for people who want to watch Asian programmes." Another person told us he went to the shop for a newspaper and did the crossword. Another person told us that they were able to smoke but only in

some areas of the home. Some people stayed in their bedroom listening to music. Some people went out alone every day and some people were taken out by staff, so that they could buy a newspaper. There were some organised activities such as motivational exercises and trips, that people were able to go on if they wanted. Staff told us that they involved people in tidying their bedrooms and looking at their old photographs so that they had things to remember and discuss. This was supported by records of activities carried out by the staff. A visitor to the home told us, "Yes, I have witnessed activities taking place on many occasions with in-house and external providers."

People were able to maintain links with their friends and family. Some people met their friends and relatives and went they went out, whilst others had visitors that visited them in the home. Staff told us that people were able to meet with their visitors in their bedroom if they wanted or in a quiet area of the lounge or dining room.

People told us that they had not made any complaints but that they felt able to raise concerns directly with the registered manager or provider, in meetings or with their key workers. One person told us, "I can go to the management and they will deal with it." Staff told us that they would try and resolve any concerns raised with them at the time they were raised if possible. If staff were not able to resolve it, they would raise it with the seniors or registered manager.

Is the service well-led?

Our findings

There was an open and inclusive culture in the service and people told us they were happy with the service they received and liked the staff. One person told us, “I know who the provider and manager is. They come around.” Staff told us that the registered manager was always available for support and guidance. One member of staff told us, “The manager is very good.” Another member of staff said, “We were told when we started work that we could ring the manager at any time and she would have no problem coming in to support us and provide guidance.” This showed that there was an open and inclusive culture in the home where people were able to speak openly and ask for guidance and support.

There was a registered manager in post and from discussion with her she showed that she knew the individual needs of the people that used the service. She was aware of and fulfilled her duties as a registered manager and ensured that we were notified about significant incidents and events that we needed to know about.

We saw that there were systems in place to monitor the service and quality by gathering the views of people that used the service. The PIR told us and we saw that feedback was sought from people, their relatives, professionals that visited the home and staff about the service. We saw that people’s voices were sought through questionnaires, meetings and at review so their care needs were met. The surveys we saw showed that everyone was happy with the service. People told us and we saw notices about weekly meetings where people could raise any issues with the registered manager and provider. Two professionals that visited the home both told us that they felt the service was well led and as a result staff were motivated and interested in the people they supported. Staff spoken with told us they liked working there and felt they worked well as a team.

We saw that some audits were carried out on an on going basis such as monitoring the environment. As a result we saw that the environment was continually upgraded so that people had a pleasant environment in which to live. The provider was in the home on a regular basis and was able to monitor how staff interacted with people and if people were happy. Issues were addressed as they arose.