

Barrington House Limited

Barrington House

Inspection report

Rye Road
Hastings
East Sussex
TN35 5DG

Tel: 01424422228

Website: www.barringtonhousecare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Barrington House is a residential care home providing accommodation for people with learning disabilities who require personal care. The home cares for adults and older people. Barrington House is registered to provide care and support for up to 21 people. At the time of the inspection there were 18 people were using the service. Accommodation was provided on the ground and first floor. People's needs were varied and included support with general age-related conditions. Some people had more specialist needs associated with diabetes, autism and epilepsy.

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

People and their relatives told us they were happy with the service they received. They described the care workers as kind and caring and said the management team were visible and committed.

The registered manager had addressed the areas identified for improvement following the last inspection. For example, systems for managing and monitoring diabetes had been reviewed and were now effective. Incidents were reviewed and safeguarding concerns had been appropriately identified and escalated in line with the provider's policy.

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.

Systems for monitoring quality and managing risks had been improved and embedded. There were arrangements to support governance and to provide management oversight. Risk assessments and care plans guided staff in how to provide care safely and in the way the person preferred. There were enough suitable staff employed to ensure people were safe.

Appropriate infection control procedures for the COVID19 pandemic were in place to keep people safe. Staff had received additional training and used appropriate Personal Protective Equipment.

People and relatives were happy with how responsive staff were to their needs. Staff and management knew people very well and were proactive in responding to changing health and care needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

Staff promoted choice, independence and inclusion. Care plans were person centred and reflected individual's needs and wishes. People were supported to understand information about their care which promoted their equal rights and maximised their choice and control. The ethos of staff promoted personalised support that was inclusive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 5 December 2019). The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. 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 COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 9 and 10 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and person-centred care.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions of Safe, Responsive and Well-led which contain those requirements. We also looked at the Key Question of Caring.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barrington House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe 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 caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Barrington House

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 undertaken by one inspector.

Service and service type

Barrington House 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

We gave a short period of notice for the inspection. This was to establish the safest and most appropriate way of carrying out our inspection visit during the COVID-19 pandemic.

What we did before the inspection

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.

Before the inspection we reviewed the information we held about the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with three people and two family members. We spoke with three members of staff including the registered manager, the deputy manager and a care worker. We reviewed a range of records. This included people's care records and multiple medication records. We reviewed records that included care plans, risk assessments and medicine administration records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at records relating to the management of the service, including policies and procedures and quality assurance systems.

After the inspection

We spoke to two care workers by telephone. We contacted six professionals to seek their feedback on their experiences working with the service. We contacted two relatives to seek their feedback on the service.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. 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 no longer in breach of regulation 12.

- Individual risks to people were assessed and managed for people's safety. For example, systems for the care and support of people with diabetes were safe and effective.
- Guidance on when staff should escalate support had now been displayed within people's diabetic recording books, the medication trolley and in the kitchen. Guidance on what action staff should take in the event of high or low blood sugar level (BSL) readings was clear and known by staff. Records showed that staff had followed this guidance for people when BSL readings were outside of their assessed normal levels.
- Risk assessments for people with diabetes guided staff clearly on what actions to take to both mitigate risk and to respond to a deterioration in their health. Our conversations with staff confirmed this knowledge.
- People required support to manage other risks such as mobility, behavioural support, continence and nutrition. Risks has been assessed thoroughly and actions were in place for staff to mitigate and respond to these. One professional said, "They are maintaining good skin integrity for the patient I'm supporting. I've observed and talk through their techniques. Staff are monitoring his output and I'm called if there are any changes. Staff are using our services well and know when to seek advice. They used their common sense to contact me when there was an issue."
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency Evacuation Plans were in place to ensure people would receive the right support in the event of a fire.

Learning lessons when things go wrong

- The registered manager had acted to implement learning from previous inspections where things had gone wrong. For example, systems had been reviewed and changed in relation to management of diabetes, while specialist training had been undertaken to ensure that staff were aware of risks and respond to changes in people's condition appropriately.
- Incidents and accidents had been monitored to determine any trends. Falls risk assessments and management tools were completed when someone had fallen to reassess their personal and environmental

risks. Appropriate measures had been taken, for example, referrals to the Falls prevention service.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had consistently made the local authority aware of safeguarding incidents in line with their safeguarding policies to ensure people were protected from potential abuse.
- People and their relatives told us that they felt safe at the home. One relative said, "We've never had to worry about him being here."
- Staff were aware of their responsibilities under safeguarding. Staff understood the different types of abuse and how to recognise these.

Staffing and recruitment

- There were enough staff in place to ensure people remained safe and their needs were met. People who required additional staff to mobilise or to eat at mealtimes were supported safely and patiently. One staff member said, "Yes definitely enough staff. Everybody jumps in if they need to."
- We observed people receiving support and attention in a timely manner.
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

Using medicines safely

- People needed support with their medicines and staff ensured that they administered these safely.
- Staff had received training to support people to take their medicines. The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately.
- We observed medicines being provided during the inspection and this was completed safely and correctly.

Preventing and controlling 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.

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 now improved to good. 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

- People were treated with respect and were well supported. People looked happy and comfortable with staff throughout the inspection. One relative said, "It's a loving caring community here. Everyone is like a family."
- We observed positive and caring interactions throughout the inspection. People were very comfortable approaching staff and chatted to them happily about something they had done. Staff responded warmly and showed a good understanding of their needs.
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the home. Throughout the COVID19 pandemic, staff had supported people to continue to communicate with loved ones remotely using video calls.
- Staff sought accessible ways to communicate with people, to reduce barriers and ensure that their protected characteristics under the Equality Act were met. Staff used extensive easy read documents to ensure they understood their care needs and any treatment they received.

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

- People were supported to express their views. Staff were given training, and schedules were organised so that they could listen and support people throughout the day. One relative said, "Staff are always good and friendly."
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, staff supported people to access an advocate or advocacy service.
- One person was supported by an independent mental capacity advocate (IMCA). An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. The person was supported regularly by the IMCA who supported them to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff and management were accessible to people around the communal areas and there were regular conversations throughout the day. One staff member said, "We put the residents first and make sure they're being looked after and meeting their needs."
- People's dignity was maintained by staff. Staff were considerate when delivering personal care and ensured that privacy was maintained. One staff member said, "I ensure the door is shut and I have the right equipment. One person needed help the other day and I explained what I was going to do before I did it."
- People's independence was promoted by staff. Staff were aware of people's needs and took action to

promote independence. For example, one person's mobility had been affected by a health condition and staff were proactive in supporting them to regain this quickly. One staff member said, "We don't want (the person) to go backwards. We encourage him to mobilise in the mornings but let him rest in the afternoon, so his wound heals. He's quite an active person, so we encourage this."

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.

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.

At our last inspection the provider had not ensured that people were always provided with care and support that met their needs and preferences. This was a breach of regulation 9 (Person-Centred Care) 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 9.

- Improvements had been made to ensure that people were engaged and followed activities they liked. During the COVID19 pandemic, the provider had identified a proactive staff member who created the role of Happiness Champion. The registered manager said, "At the start of Covid, everyone was unsure. (The staff member) was always a bright and happy person and we need to keep the residents up high." Staff had completed activities and entertainment training since the last inspection, and more staff were observed supporting people in their interests throughout the visit.
- People were engaged in a number of activities that interested them. One person who had an interest in a hobby on transport was being supported to read through easy read books on the subject. They had been supported to decorate their room on their favourite hobby. People were observed being supported to complete memory books and picture albums during the inspection.
- During lunch, we observed people using individual place mats. A staff member explained that people had made their own paintings and drawings which had been laminated so that mealtimes were more personalised.
- The registered manager was proud of the achievements of staff in keeping people's spirits up during the COVID19 pandemic. People had been encouraged to use the home's garden areas to plant flowers and grow vegetables.

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

- People's care plans were person centred and had been developed to ensure staff supported them in a personalised way. For example, one person's health condition was reflected throughout their care planning to ensure that associated risks were considered by staff. Staff were provided person centred guidance to support them effectively.
- Care plans had been regularly reviewed and updated to reflect any changes in need. For example, one

person had been diagnosed with a specific health condition that required changes in their dietary, mobility and personal care plans. This had been completed and staff were aware of these. One relative said, "His dietary needs are fantastically managed. The diet they have him on is healthy and he's lost weight."

- An electronic recording system had been fully embedded and staff members continued to use these effectively.

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 were provided with easy read guides that supported them to understand information they needed. Easy read is an accessible format of providing information designed for people with a learning disability as it uses simple shorter sentences and images. For example, one person was supported to understand a new health condition using specific easy read guidance sourced for them.
- Due to the COVID19 pandemic, GP visits to the home had reduced. In response to this change, staff had sourced easy read information to show people what new medicines they were taking.
- People's communication needs had been captured and provided guidance to staff on how best to engage with them, as well as the risks of ineffective communication.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable raising concerns and that they would be dealt with appropriately.
- People had access to an easy read and pictorial complaints procedure that was on display. This helped support people to understand how they could raise a complaint and what they would need to do.
- The registered manager had worked well with CQC and local authorities to resolve complaints that had been raised outside of the provider's complaints process.

End of life care and support

- No one was being supported with end of life care at the time of the inspection.
- People's final wishes had been explored and captured where possible. Some people had not wished to discuss this area of their support and staff had respected this. The registered manager told us that staff have sought to gather information on favourite songs and flowers so that they could capture as much information as possible to alleviate people's anxieties.
- People's wishes had been recorded in areas such as where they wanted to spend their final days or if they wished to review their choices in the future.

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 now improved to good. This meant the service was consistently managed and well-led.

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

At our last inspection the provider did not always have operative effective systems and processes to make sure they assessed and monitored the service. This was a breach of regulation 17 (Person-Centred Care) 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 17.

- The registered manager had worked proactively following the last inspection to ensure that systems and processes were effective in ensuring people received safe care. For example, improvements had been put in place to ensure the safe oversight of people's diabetes, including planned checks of recording systems, additional training and clearer guidance for staff to follow. Our checks of these systems confirmed that staff had escalated support according to the guidance in place.
- The registered manager undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medicines, health and safety, infection control, diabetes management and nutrition. The results of which were analysed to determine trends and introduce preventative measures.
- The registered manager had improved oversight of people's engagement and activities at the service. A new role had been created to coordinate people's engagement and staff training had been completed to ensure that all staff played a part in keeping those at the home occupied.
- Management and care staff were clear on their roles. The registered manager was supported by a senior team that shared the home's drive to ensure safe and effective care for those who lived there.

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

- There was a culture of openness and inclusiveness. Staff were fully supported by the registered manager. One staff member said, "She just understands our problems and is so understanding. She works to help us. She's just very caring and we can go to her if we have a problem."
- People, relatives and staff spoke highly of the management of the service and that they promoted a person-centred service. One relative said, "You can't fault any of them. They are always available to talk. They always deal with things as and when they happen."

- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- Staff and relatives told us that the provider had worked to ensure people and their families were included and involved during the pandemic. Regular communication from the management team was provided to keep people updated on any changes and provided reassurance about arrangements for people's support. One relative said, "The manager and deputy were available. They even gave us their mobiles and home numbers if we needed them, but we've never had to."
- Staff described how the registered manager was inclusive of staff input and that their support was valued highly. One staff member said, "There are always there if you need them, always on the phone for you. They are very supportive. They are lovely to our clients and the clients love them as well. Any issues you can talk to them."

Working in partnership with others

- Staff had developed positive working relationships with a range of health and social care professionals. One professional said, "They have been very accommodating with telephone and video calls, which enable me to keep in contact with my clients there. I find the staff and management friendly and approachable. They are proactive in making changes if suggested and will seek advice if they are unsure of anything."
- Staff regularly sought guidance and made specialist referrals to ensure that people received the support they needed. Partnerships had been formed with the falls prevention service and GP's. People living with diabetes had been supported to attend annual reviews and checks at local clinics.