

St Philips Care Limited

Barrow Hall Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Barrow Hall Care Centre is a care home registered to provide accommodation, personal and nursing care for up to 37 people who have mental health conditions or misuse drugs or alcohol across 3 adapted areas within the grounds. At the time of our inspection, 30 people lived at the service.

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

A system was in place to monitor the quality and safety of the service.

People were happy with the care they received, they felt safe and well looked after.

People had support from staff who had been safely recruited. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse. People and staff spoke positively about the management of the service. Staff receive guidance and support from management regularly and when required.

People were supported to take their medicines safely as prescribed.

Staff followed care plans and risk assessments which were in place for known risk, up to date, and regularly reviewed.

People were regularly asked their views on the service provided and action had been taken when suggestions were made.

People were supported to have access to healthcare services to monitor and maintain their health and well-being. People were encouraged to maintain a healthy diet, where people had specific dietary requirements, these were catered for.

The provider and staff worked in partnership with other health and social care agencies to deliver good outcomes for people and to ensure their needs were met and reviewed.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 September 2019) and there were

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 8 August 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 and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. 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 Barrow Hall Care Centre on our website at www.cqc.org.uk.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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 completed by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Barrow Hall Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Barrow Hall Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service about their experience of the care provided. We spoke with 9 members of staff including the registered manager, deputy manager, regional manager, care workers, domestic staff and the maintenance team.

We reviewed a range of records. This included 4 people's care records and medication administration records. We inspected 4 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 failed to ensure the premises used were safe. This was a breach of regulation 12 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.

- The premises were well maintained. Regular checks of the environment were completed to make sure it was safe. For example, checking the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs and maintenance.
- Risk assessments were in place and reviewed regularly to minimise risks. These provided staff with a clear description of any risks and guidance on the support people needed.
- People were supported and encouraged to take positive risks to develop or maintain their independence. People told us, "I feel safe living at Barrow Hall and am thankful for the chance to turn my life around".

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the provider and staff were working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's mental capacity was assessed and best interest meetings had taken place to ensure decisions made were appropriate and the least restrictive. Examples included decisions over where a person should live and administration of medicines.

Preventing and controlling infection

At our last inspection the provider had failed to ensure effective infection control measures were in place. This was a breach of regulation 12 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.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Arrangements for visiting the care home were in line with the government guidance at the time of inspection. There were no restrictions on visitors to the service.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. People told us, "It really is the best place for me, I'm safe and warm" and "I love it here. It's the only place in my life where I can be myself and nobody criticises me or calls me names".
- The registered manager worked with the local safeguarding team to address concerns when they were raised.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns. Information was available in the office, which supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

Learning lessons when things go wrong

- There was a system in place to report and record incidents and accidents. However, there was minimal evidence to support the monitoring and analysing of accidents, incidents or falls. Information was not always collated to evidence any potential themes, trends or lessons learnt. The provider was responsive to our feedback during the inspection and were in the process of making improvements in this area.
- The provider had a process in place to share any learning and improvements from other services within the organisation. They told us this enabled them to ensure consistent good practices were implemented throughout the organisation.

Staffing and recruitment

- The provider had effective systems in place to help ensure suitable staff were recruited. Various pre-employment checks were carried out on staff, including employment references, proof of identification and criminal records checks.

- There were enough staff on duty each shift to safely support people. Staff rota's confirmed this and during our inspection we saw staff responding to people's needs and requests.

Using medicines safely

- Where people were prescribed medicines, on an 'as required' basis, clear guidance was not always in place to ensure staff had information about when these medicines should be given. The provider had identified improvements were needed and was in the process of implementing more concise guidance.
- Medicines were safely received, stored and administered. Records seen were up to date and quantities of medicines stocked were correct.
- Staff received medicine management training and checks on their competency to administer people's medicines were completed regularly.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider had failed to assess, monitor and mitigate risk relating to health and safety. This was a breach of regulation 17 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.

- Auditing processes were in place and were carried out or were overseen by the registered manager. All aspects of the service were subject to audits including, medicines, training, care planning and health and safety.
- Governance processes were effective and helped to hold staff to account, keep people safe and provide good quality care and support.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- The provider was aware of regulatory requirements. For example, they had employer's liability insurance cover in place. The registered manager was knowledgeable about their responsibility to notify the Care Quality Commission of significant events.

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

- The registered manager knew people well including their needs and preferences. We observed interactions between people and the registered manager that were positive. The registered manager was a visible presence at the home and people and staff all told us they were approachable. Staff told us, "I know I can go to her with anything, she is very fair and listens".
- Joint communal meetings with people using the service continued to take place. Topics discussed ranged from menu planning to raising concerns. This promoted inclusion within the service.
- Barrow Hall Care Centre was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner.

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

- The registered manager was committed to providing good quality care to people.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The registered manager was focussed on the continuous improvement of the service. An improvement plan captured ongoing developments. For example, further improvements to the environment were identified and actioned in a timely manner.

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

- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings.
- Systems were in place to capture people's views and feedback. People told us "I like [registered manager], she listens to me and I think things are better".

Working in partnership with others

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- People benefitted from partnership working with other local health professionals. For example, GPs and a range of therapists.