

Dr P & Mrs H Willis M Fazal & M Fazal

Barnett House

Inspection report

Stourbridge Road
Wolverhampton
West Midlands
WV4 5NN

Tel: 01902895443
Website: www.barnettthouse.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 31 May 2017. The service was registered to provide accommodation for up to 29 people. At the time of our inspection 17 people were using the service. At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that there was enough improvement to take the provider out of special measures. CQC is now considering the appropriate regulatory response to resolve the problems we found.

There was not a registered manager in post. A new manager had been appointed and was in the process of registering with us. 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.

Risks to people were not always managed in a safe way. When people were at risks of falls they were not always supported in line with recommendations. From our observations we could not be sure people were supported to transfer in a safe way. When people needed as required medicines there was not always guidance in place for staff to follow, therefore we could not be assured people received this medicines as prescribed. When people continually refused medicines there was no guidance in place for staff to follow and appropriate action was not always taken.

When people lacked capacity to make decisions for themselves, capacity assessments had been completed. However these were not individual or specific to the decisions being made. There were no records showing how the decisions had been made. When people were being restricted unlawfully application to the local authority had been made however there was no guidance in place for staff to follow while these were considered. We did not see any evidence of best interest decisions and people's relatives had signed consent forms on their behalf.

People felt there could be more stimulation within the home and were not always provided with the opportunity to participate in activities they enjoyed. People did not always received personalised care and information about people was not always in their care plans, when people had dementia we could not be sure this had been fully considered.

The systems the provider had in place to drive improvement were not always effective in identifying concerns and a medicines error that had occurred at the home had not been identified. We could not be assured the recruitment process the provider had in place were suitable.

Staff understood safeguarding procedures and what to do if they were concerned about people. Staff received training that helped them offer care and support to people. There was a choice of food and drinks available to people that they enjoyed. When needed people had access to healthcare professionals. There were enough staff available to offer support to people when needed.

People were happy with the staff who supported them and were treated in a kind and caring way. Independence was promoted and people were encouraged to make choices how to spend their day. People's privacy and dignity was maintained and they were encouraged to maintain relationships that were important to them.

Staff felt they were given the opportunity to raise concerns and felt listened to. There was a new manager in post who understood their responsibility around registering with us and notified us about events that occurred within the home.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Risks to people were not always managed in a safe way. People were not always supported in line with recommendations and people were not always transferred in a safe way. Guidance for as required medicines was not always in place so we could not be assured people had received these medicines when needed.

When people refused medicines there was no guidance in place for staff to follow. Staff understood when people may be at harm and procedures to follow. There were enough staff available to offer support to people. When incidents had occurred risks assessments had been reviewed to reduce the risk of reoccurrence.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Mental capacity assessments had been completed; however they were not individual or specific to the decision that was being made. There was no evidence that decisions had been made in people's best interests as required. The provider had considered when people were being unlawfully restricted and applications made to the local authority however there was no guidance in place for staff to follow while these applications were considered. Staff received training that helped them to offer support to people. People enjoyed the food that was available and they were offered a choice. People had access to health professionals when needed.

Requires Improvement ●

Is the service caring?

The service was caring.

People were happy with the way they were support and were treated in a kind and caring way. People were encouraged to make choices how to spend their day and remained independence. People's privacy and dignity was promoted and they were encouraged to maintain relationships that were important to them.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

People were not always offered the opportunity to participate in activities they enjoyed and felt there could be more to stimulate them. . People's records had not always been completed to provide the information so they could receive personalised care. People knew how to complain and there were procedures in place to respond to complaints.

Is the service well-led?

The service was not always well led. We could not be sure the systems in place were effective in identifying areas of improvement. The provider had not always ensured there was a suitable recruitment process in place. There was a new manager in post and staff spoke positively about the changes. Staff felt supported and listened to. Records were stored securely and the provider was displaying their rating in line with our requirements.

Requires Improvement 

Bearnett House

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 visit took place on the 31 May 2017 and was unannounced. The inspection visit was carried out by two inspectors. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with five people who used the service, three members of care staff and the kitchen assistant. We also spoke with the deputy manager and the manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for nine people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

At our comprehensive inspection on 7 December 2016, we found risks to people were not always managed in a safe way. When people were at risk of falling they were not always supported in line with recommendations. Following any incidents which occurred within the home we could not be sure action was taken to reduce the risk. This was a continued breach of Regulation 12 (2) (a) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. At this inspection we found some improvements had been made however further improvements were needed.

When people were at risk of falling we did not always see they were supported in line with their care plans and risk assessments. For example, one person was at risk of falls. We looked at records for this person; these stated that if this person was walking then they should be offered assistance from one staff member. We observed this person was walking independently around the home and they were unsteady. We spoke with a staff member who confirmed they were aware of the guidance and were unsure why the person was not being supervised. This meant we could not be sure people were always supported in line with recommendations.

We saw that another person was supported to stand by two staff. They did this by holding the person by the hands and lifting them to a standing position from their chair. We checked records and there was no clear information on how this person should be supported. The care plan stated 'I need support to direct me to my frame' however, it was unclear how this should be done. It was also documented that the person had had a recent assessment by a health care professional and they had identified that specialist equipment was required. When we spoke to staff they were unclear on how this person transferred or the information the health professionals had provided. We observed that two other people were offered support to mobilise. We checked records for these people and the information recorded was not reflective of how the people needed to be supported and transferred. This meant we could not be sure people were supported to transfer in a safe way.

Some people living in the home received medicines on an 'as required' basis. We saw that when new medicines had been prescribed for people no guidance, known as PRN protocols were in place to ensure people received this medicine as needed. We spoke with a member of staff about one person who had been prescribed as required medicines. They told us, "They were agitated so the GP prescribed it; the person hasn't had any of this medicines. I think it's for when they get agitated". As staff were unsure what this medicine was for, we could not always be sure people received their medicines when required. We saw that some people refused their medicines. Staff confirmed to us that for some people this would often occur. We looked at the medicines administration records (MAR) which confirmed this. There was no guidance in place advising staff what they should do when this occurred and what action to take. For one of the five people we looked at we saw action had been taken and a review of the medicines had occurred, however for the other people no action had been taken.

This is a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People felt safe living at Barnett house. One person said, "Yes I am safer here than living at home by myself. There is always someone around so it helps me with my confidence". We saw when needed people had been provided with pressure relieving equipment, such as cushions. One person commented, "They always make sure that goes everywhere with me". We saw this equipment was used in line with people's care plans. Records confirmed the equipment had been maintained and tested to ensure it was safe to use. This showed us people were supported in a safe way.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. A member of staff said, "It's protecting the resident and making sure they are safe". Another staff member told us, "It's protecting vulnerable adults from any kind of harm or abuse". The staff member went on to confirm they had received recent training and they knew how to report any concerns. Procedures were in place to ensure any concerns about people's safety were reported appropriately to the local authority. We saw when needed these procedures were followed to ensure people's safety.

The new manager had introduced a new system and when incident or accidents occurred within the home we saw action was taken to reduce the risk of this reoccurring. For example, when a person had fallen out of bed we saw the risk assessment had been reviewed. A mat had been introduced to the person's room, which alerted staff if the person was to fall. We also saw the person's risk assessment had been reviewed and they remained high risk. This meant risks were reviewed to reduce the risk of them reoccurring.

There were enough staff available and people did not have to wait for support. One person told us, "There are enough staff. The staff are very good with people". Another person said, "When I press my buzzer they come quickly they are usually nearby". Staff confirmed there were enough of them available to meet the needs of people. When people were in their rooms we saw there were call alarms available for them. The manager confirmed there was a system in place to ensure there were enough staff to meet the assessed needs of the people who used the service. The registered manager confirmed that staffing levels would be changed if people's needs changed or occupancy increased.

Is the service effective?

Our findings

At our comprehensive inspection on 7 December 2016, we found people's rights under Mental Capacity Act 2005 (MCA) were not addressed. At this inspection we found the required improvements had not been made.

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 or 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 checked to see if the provider was working within the principles of MCA. We saw when needed mental capacity assessments had been completed. However, the capacity assessments were not always individual and the one assessment often covered several areas. For example, we saw one capacity assessment had assessed capacity for care needs, incontinence, personal safety and medicines. Furthermore it was unclear how decisions regarding their capacity had been made. In the records we looked at we saw it was recorded that the lack of capacity was due to 'their vascular dementia'. Due to these assessments we could not be sure people's capacity had been fully considered.

When decisions had been made for people who lacked capacity we did not see any evidence these had been made in the person best interest. The manager confirmed these were not in place. We also saw that consent forms had been signed by relatives and had not been agreed as a best interest decision. This meant we could not be sure MCA was followed.

Staff we spoke with demonstrated a better understanding in relation to DoLS, since our last visit. One staff member said, "It's keeping people safe and making best interest decisions for them". Another staff member confirmed they had received training and told us, "It's locking the door so people can't leave if it's unsafe to do so". We saw that the provider had considered when people were being restricted unlawfully and application to the local authority had been made. When applications had been made for restrictions there were no records in place identifying how staff supported people in the least restrictive way whilst these applications were considered.

This is a continuing breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff received training that helped them to support people. One member of staff told us, "We have had a lot more training since our last inspection. We have dementia training soon. That is something we haven't had before. It's good that we are starting to have training that is relevant to the people we support as well as the mandatory training like moving and handling. Another staff member said, "I have lots of training recently like safeguarding and mental capacity act. As I administer medicines I have had a competency check with the

new manager. It was good it's just checks I am doing it as I should be". This showed us staff were provided with training that supported them to meet people's needs.

People enjoyed the food available and were offered a choice. One person said, "The foods nice I have toast and porridge. There is a choice at lunchtime". Another person told us, "I'm happy with my meals, there is a choice. If I want something different they would do this for me". We saw there were cold drinks available in the communal areas for people. And hot drinks and snacks were offered in the communal areas throughout the day. We saw that when people needed specialist diets such as a soft diet this was provided for them in line with their care plan.

We saw when needed people had access to healthcare professionals. For example, we saw referrals had been made to a range of professionals including speech and language therapists and specialist nurses. Health professionals told us improvements to the service had been made. One health professionals said, "It's much improved with the new manager, more organised". This meant people had access to health professional when needed.

Is the service caring?

Our findings

People were happy with the staff and they were treated in a caring way. One person said, "The staff are all very good". Another person told us, "I have no complaints with the staff they are all very helpful". The atmosphere in the home was relaxed and friendly. We saw that people were treated in a caring way. For example, we saw one person was warm, so staff supported them to remove their cardigan. Another person requested assistance from staff with their meal, the staff member offered support and spent time talking to this person.

People's independence was promoted. One person said, "They always encourage me and support my independence". Another person told us, "I like to think I am still independent, the staff encourage me to do the little things I can for myself like wash my hands and face, I am grateful for that". We saw people had access to their walking frames so they could walk around the home independently and in line with their care plans.

People's privacy and dignity was promoted. One person said, "They knock on my door before entering. They always check and say good morning, it's the way they address you it's all very respectful". Staff gave examples how they promoted people's dignity and treated people with respect. One member of staff said, "We always offer people a choice and we are respectful of this. We give people space when needed and are there when they ask".

People made choices about their day. One person said, "I stay in my room in the morning and then I like to come out after lunch, the staff know this is what I like so they just pop their heads in and check I am okay". We observed people were asked if they would like to wear a clothes protector at breakfast. One person declined and we saw staff respect this decision. We saw staff offering people the choice about where they would like to sit in the dining room and if they would like to remain in their wheelchair or transfer to an arm chair.

People were supported to maintain contact with their friends and family. People told us their relatives and friends could visit whenever they wanted and we saw visitors were welcomed and acknowledged by the staff who were familiar with them. One person told us, "My family can come anytime the staff always say hello and show them where I am".

Is the service responsive?

Our findings

At our comprehensive inspection on 7 December 2016, we found complaints had not always been responded to in line with the provider's procedures. This was breach of Regulation 16 (2) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. At this inspection we found the provider had made the necessary improvement. However, we identified areas of improvement were required in other areas.

Since our last inspection the manager told us no complaints had been made. They told us the action they would take if a complaint was made and this was in line with the procedure the provider had in place. People knew how to complain. One person said, "I have nothing to complain about, but if I did I would go to the boss". This meant the provider had taken action and understood their responsibility in responding to complaints.

People felt there could be more activities in the home and there was a lack of stimulation. One person said, "Things are getting better with the exception of not having an activity coordinator to direct activities. We have certainly missed them. I am game to have a go at anything but there is just nothing going on anymore". Another person told us, "The staff are supposed to do activities now, but they don't. Sometimes they throw a ball about but it's not enough". We looked at the recent surveys that had been completed. The lack of activities had been raised by people and relatives as an area needing improvement. We spoke with the manager who told us there were no plans to employ an activity coordinator and currently staff were allocated to complete activities each day. During the inspection we observed that no activities took place for people. On one occasion some larger playing cards were brought into the communal area however we did not see these used. We spoke with staff. One staff member confirmed that no one had been allocated to complete activities on the day of inspection. This meant that people did not always have the opportunity to participate in activities they enjoyed or that people received stimulation to keep them occupied. .

People did not always receive personalised care. For example one person had recently moved into the home. The person had been at the service for five days. Other than one care plan that told us the person could mobilise independently with their walking aid there was no information available on how to support this person. We saw that information from the person's family had been completed before the move about their social history, family relationships, working life and interests; however this information had not been used to implement plans of care. We spoke with the manager who confirmed to us this should have been completed. We looked at records for other people, these records did not contain detailed information in their care plans identifying how staff could support them on an individual basis. For example, when people needed support to transfer there was no guidance stating how this was to be completed or information relating to peoples choices or preferences.

The home was supporting people who were living with dementia; the provider had not fully considered any specialist dementia support. For example, at mealtimes people were asked what they would like to eat before the mealtime. There were no pictures or prompts used to support people to make their choices and there was no reminder of what they had ordered when the meal arrived. Staff told us they supported people to make choices using visual aids however we did not see these used. Therefore we could not be sure

people understood the choices they had made.

Is the service well-led?

Our findings

At our comprehensive inspection on 7 December 2016, we found concern had been identified about the provider and whether they could sustain the improvements they have been making. The providers remained in breach of regulations and had not made the necessary improvements needed to comply. There were concerns with the management of the home and the lack of leadership. Not all of the audits introduced were effective in highlighting concerns. Records were not kept securely and the recruitment procedures in place did not always ensure staff were safe to care for people. This was a continued breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. At this inspection we found some improvements had been made however further improvements were needed.

The provider had introduced a range of audits to monitor the quality of the service. This included health and safety checks and care plan audits. However during the inspection we identified that some information was missing from people's care files. For example, one person did not have information in their care plans relating to medicines administration and for another person information about the person's preferences was not noted. The audits that had been completed had not identified these areas of improvement. We spoke with the manager who told us they would revisit how audits were completed within the home. This meant we could not be sure all audits were effective in identifying areas of improvement.

Furthermore we saw for one person who received as required medicines, it had been administered daily for at least the eight previous days. There was no guidance in place for staff to follow. We checked records for this person and there was no documentation stating why this medicine had been administered. Upon checking with the deputy manager they confirmed that an error had occurred and the new MAR had been completed incorrectly and that the medicines should have been prescribed as a regular medicine. This meant the systems the provider had in place to audit medicines were not effective in identifying errors.

At the comprehensive inspection on 7 December 2016 we highlighted concerns with the provider's recruitment process. At this inspection we found that when information had been received by the provider about staffs lack of suitability to work within the home they had not completed the necessary check and relevant risk assessments. We also found for some staff that unsuitable references had been obtained. This meant we could not be sure the provider had a suitable recruitment process in place to ensure people were safe.

This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

There was no registered manager in post as is required. A new manager had been appointed to oversee and implement the changes which were required to improve the home and quality of care. The manager had been in post since February 2017. The manager told us they were in the process of registering with us. The manager understood their responsibility around registration with us and had notified us of events that had occurred within the home. This meant we could check the necessary action had been taken. We saw that the rating from the last inspection was displayed around the home in line with our requirements. The provider

had also taken action to ensure records were stored securely in the home.

Staff told us the home was well managed and felt supported and listened to since the new manager had started. One staff member said, "It's like a different home now, we understand what we are doing". Another staff member told us, "We can challenge things now and we are listened to". A member of staff gave an example of how she had been supported by the new manager. Staff told us they received one to one support and had team meetings frequently to discuss concerns and changes at the home. The new manager had also introduced a survey for the people and their relatives so they could obtain feedback about the service. The manager was in the process of collecting this information and told us they would use the information to make improvements to the service.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Mental capacity assessments had been completed; however they were not individual or specific to the decision that was being made. There was no evidence that decisions had been made in people's best interests as required. The provider had considered when people were being unlawfully restricted and applications made to the local authority however there was no guidance in place for staff to follow while these applications were considered.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people were not always managed in a safe way. People were not always supported in line with recommendations and people were not always transferred in a safe way. Guidance for as required medicines was not always in place so we could not be assured people had received these medicines when needed. When people refused medicines there was no guidance in place for staff to follow.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We could not be sure the systems in place were effective in identifying areas of improvement. The provider had not always ensured there was a suitable recruitment process in place.</p>

