

## Rosewood Health Care Limited

# Barley Brook

### Inspection report

Elmfield Road  
Wigan  
Greater Manchester  
WN1 2RG

Tel: 01942497114

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Barley Brook is a residential home located in Wigan, which can accommodate up to 28 people over three floors. It is registered to support older people, younger adults and people living with dementia. At the time of inspection 28 people were living at the home.

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

People told us they enjoyed living at the home and were supported by well trained staff who knew them well and how they wished to be cared for. 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. People's healthcare needs were being met. Referrals had been made timely to professionals when any issues had been noted or concerns raised. People were happy with the food provided, with choices available at each mealtime. People's food and fluid intake was documented, however this process required strengthening.

We have made a recommendation about how food and fluid consumption is recorded.

Care files contained personalised information about the people who lived at the home and how they wished to be supported and cared for. People's social and recreational needs were met through a varied activities programme, facilitated by passionate activity co-ordinators and staff members. People knew how to complain or raise concerns but had not needed to. Their views had been sought regularly through meetings and surveys.

The home used a range of systems and processes to monitor the quality and effectiveness of the service provided. Actions had been identified and added to the home's improvement plan, which was regularly reviewed. Staff spoke positively about management, who were reported to be open, honest, and supportive.

We found the home to be clean, with effective cleaning and infection control processes in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service was requires improvement (published February 2020).

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on the 8 and 9 January 2020. 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 staffing 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 effective, responsive and well-led which contain those requirements. However, we also looked at infection prevention and control measures. 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 coronavirus and other infection outbreaks effectively. Our findings are included under the key question safe.

The ratings from the previous comprehensive inspection for those key questions not looked at either at all, or in full 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 Barley Brook on our website at [www.cqc.org.uk](http://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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at infection control, which we cover at all inspections.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Barley Brook

## 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 carried out by an 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

Barley Brook 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

This inspection was announced. We gave a short period of notice of the inspection due to the COVID-19 pandemic to ensure we had prior information to promote safety. We announced the inspection on 16 June 2021 and visited the home on 17 June 2021.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the

home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and other professionals who work with the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people and two visiting relatives about their experiences of the care and support provided. We also spoke with four care staff, the registered manager and regional manager.

We reviewed a range of records. This included three people's care records and associated documentation, such as monitoring charts. We also looked at other records relating to the management of the home and care provided to people living there.

#### After the inspection

We reviewed information which had been emailed to us, including contingency plans, service user guide and upcoming training information.

# Is the service safe?

## Our findings

### 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 effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received sufficient refresher training and supervision, to ensure they had the necessary knowledge and support to complete their roles. This was a breach of regulation 18 (Staffing) 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 18.

- Staff received the necessary induction, training and support to enable them to meet people's needs. Both online and face to face training had been provided, with both the registered manager and provider monitoring completion rates.
- Staff supervision completion had improved with meetings held in line with the provider's policy. Any gaps in meeting completion had been added to the home's action plan and addressed timely.
- Staff told us they received enough training and support. Comments included, "Training here is good, did an initial four week package which covered everything" and "Not been here long but had supervision already, I felt involved in the process."

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

- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured and used to inform the care planning process to ensure care provided was in line with people's needs and wishes.

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

- People and relatives spoke positively about the meals provided, confirming they received enough to eat and drink. One person told us, "The food is very good and I always have a choice. I get plenty cups of tea which I like."
- The meal time experience was also positive. People chose where they wished to eat, for example the dining room, lounge or their bedroom and were offered aprons to protect their clothing. A choice of meal options were available with people shown what was on offer. Staff provided support where necessary discreetly and patiently.



- Where people required a modified diet, such as softer food options or thickened fluids, this was provided in line with guidance. Care plans detailed people needs, with kitchen and care staff having access to a modified diet list within the kitchen,
- Food and fluid charts had been used to record people's intake. We found these were not always reflective of what people had eaten and drank and needed to be more specific and detailed, such as including the total daily amount of fluid each person should be consuming, so staff knew what to aim for to ensure good hydration.

We recommend the provider considers best practice models in relation to the documenting of food and fluid intake, to ensure these accurately represent what people have eaten and drank each day.

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

- People received support to stay well and access medical services as required. A relative told us, "The GP is called as soon as they are required and I am kept informed on any issues no matter how small."
- People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, tissue viability nurses and dieticians. Information following appointments or assessments had been documented in care records.
- Oral care was provided in line with people's needs and wishes. Staff were knowledgeable about the support and equipment each person needed. However, records of oral care completion required strengthening, to reflect the care provided.

Adapting service, design, decoration to meet people's needs

- The layout of the home catered for people's needs. There was a choice of seating areas within the home, which we saw people safely using. People could access the upper floors by staircase or passenger lift.
- Some consideration had been made with the environment to help people living with dementia orientate around the building. This included plain flooring and walls with contrasting handrails, to make them easier to identify along with easy to read signage on doors, such as bathrooms and toilets.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of both the MCA and DoLS. Comments included, "Had training in these, DoLS stands for deprivation of liberty, it helps keep people safe" and "MCA is the mental capacity act, have to assume a person has capacity until proven otherwise. DoLS are listed on people's care plans. Most people here need one as we have keypads on the doors."

- A log was used to track DoLS applications and their outcome. We found applications had been submitted timely to the local authority where people lacked capacity to make their own decisions.
- Care plans contained information about people's capacity to make decisions, with reference to the MCA. Where necessary best interest meetings and decision making had taken place.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure care documentation had been updated timely and care plans contained incomplete, incorrect or out of date information. This was a breach of regulation 17 (Good Governance) 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.

- Care plans explained how people wished to be cared for and supported and included personalised information about people's life history, likes and dislikes. Although people could not recall being involved in care planning a relative confirmed this had been discussed with them.
- The provider used an electronic care planning system. Updates following any changes in circumstances, had been made timely, although information had not always been recorded chronologically. This meant up to date information tended to be at the end of a section, rather than at the start. The registered manager agreed to address this.
- We noted reviews had been completed by care staff, to ensure information was accurate, however, people and/or relatives' involvement in the review process was not always clear or evidenced on the electronic record. We advised the provider to look at this process moving forwards and will follow this up at the next inspection.

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.

- The service was meeting the requirements of the Accessible Information Standard. Information about people's communication needs was recorded in their care files. This included any aids or equipment they used and how they preferred information to be provided to them, for example in large print or easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives spoke positively about the activity programme at the home. A relative said, "My [relative] takes part in all the activities and was taken out on trips regularly before COVID-19."
- One person had wanted a small pet but felt this would be too much responsibility. In order to ensure the person's wishes could be met, the home had purchased two budgerigars which were housed in one of the lounges. These had been welcomed by everyone.
- The home completed a range of weekly activities, facilitated by two enthusiastic activity coordinators. During the inspection we observed people engaging in art & crafts, completing jigsaws, singing and playing bingo. We noted lots of conversation and laughter.
- People were supported and encouraged by care staff to maintain social relationships to promote their wellbeing. During COVID-19 staff had helped people stay in contact with their relatives via telephone calls, video calls, outdoor and indoor visiting in line with government guidance.

#### Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the home provided a range of ways to do this, for example through meetings, surveys and the complaints process.
- People and relatives told us they knew how to raise concerns but had no complaints about the care and support provided. One person stated, "If I did have any worries or didn't like something, I would talk to any of the staff."
- A log was used to record complaints received and the action taken. Since the last inspection only one complaint had been submitted. This was in relation to damaged clothing and had been dealt with appropriately.

#### End of life care and support

- The provider offered people the opportunity to remain at the home at the end of their life. The home used external professionals, such as district nurses and GP's to support care staff in achieving this.
- Where people had consented, their wishes around end of life care and support had been captured and included in their care files.

# 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 improved 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; Continuous learning and improving care

At our last inspection the provider's auditing and quality monitoring processes were not robust and actions had not been taken timely when issues identified. This was a breach of regulation 17 (Good Governance) 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.

During our last inspection we identified the provider had failed to inform CQC of two notifiable incidents. This was a breach of regulation 16 and regulation 18 of the CQC (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 16 and 18.

- The provider and registered manager used a range of systems and processes to assess the quality and performance of the home and care provided. These had been used to identify shortfalls, generate actions and drive improvements.
- Actions identified through auditing had been added to the home's continuous improvement plan and addressed timely. The plan was regularly reviewed by the regional manager to ensure actions had been completed.
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals and bodies in a timely manner and had submitted statutory notifications to CQC as necessary.

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

- We found the home to be an inclusive environment. People's views were sought and documented.
- People and relatives told us the home was a nice place to live and was well run. Comments included, "The home is run really well, I would recommend it to anyone. The atmosphere is always happy" and "The manager has always got time to sit and chat. All the staff here need putting on a pedestal, I have no worries and love living here."

- Staff also spoke positively about the home and how much they enjoyed working there. One told us, "I really like my job. I feel supported and listened to and it's clear the manager genuinely cares for the residents."

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

- The home sought the views and opinions of people and their relatives through quarterly resident meetings and bi-annual surveys. The latest survey had been undertaken in June 2021, with nine responses received to date. All feedback so far had been positive. People had said they enjoyed the food, activities and care provided.
- Meetings were held with staff from different job roles, for example senior carers and care staff. This allowed each designation of staff an opportunity to discuss their roles and make suggestions for improvements.
- General staff meetings were also held. Staff told us they felt involved in the meetings and comfortable in raising issues and/or concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. People and relatives told us communication was very good, and the staff and registered manager were open and honest.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home.
- Involvement had been affected due to restrictions caused by the COVID-19 pandemic, however, examples included links with a local community centre and involvement in a local canal art project, which involved artwork being hung on trees for people to enjoy whilst walking during lockdown. Six people living at the home had contributed and had their artwork on display