

# Calico Homes Limited

## Barley View

### Inspection report

Market Street  
Whitworth  
Rochdale  
Lancashire  
OL12 8BD

Tel: 01706659917

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21 November 2019

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Barley View provides accommodation and personal care for up to 28 older people. The home is a purpose built property situated in Whitworth. The home has two floors, the ground floor is known as Willow Lane and the first floor is known as Forest Grove. Willow Lane provides care and support for people living with dementia. Accommodation is provided in single bedrooms all with ensuite shower facilities. At the time of the inspection, there were 27 people accommodated in the home.

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

People told us they felt safe in the home and they were happy with the care provided. However, we found their medicines were not always managed safely and records relating to medicines were not completed consistently. Staff had carried out risk assessments, however, these had not always been updated in line with people's changing needs. This meant there was the potential risk of unsafe and inconsistent care. The nominated individual and staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. Cleanliness and hygiene were maintained throughout the home, which reduced the risk of infection. The provider ensured an appropriate number of staff were deployed in the home and operated an appropriate recruitment procedure.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had appropriate arrangements to ensure all staff received training relevant to their role. New staff completed an induction training programme. People's needs were assessed prior to them moving into the home. People were supported to eat a nutritionally balanced diet. People were supported to maintain their health and a visiting healthcare professional provided positive feedback about the service.

Staff treated people with kindness and respect and spent time getting to know them and their specific needs and wishes. Our observations during the inspection, were of positive interactions between staff and people who lived in the home. Staff were responsive to people's needs. People were provided with appropriate activities and had access to a complaints procedure.

All people had a care plan which provided information about their needs and preferences. However, the care plans had not always been updated in line with changing needs.

The provider's systems and quality assurance processes did not cover all aspects of the operation of the service and those in place were not always effective. The nominated individual was committed to the ongoing development of the service and assured us the necessary improvements would be made to the home.

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

This service was registered with us on 03/12/2018 and this is the first inspection.

#### Why we inspected

This was the first inspection of the service based on the registration of the home.

#### Enforcement

We have identified breaches in relation to the management of people's medicines and the provider's governance and quality assurance systems.

Please see the action we have told the provider to take at the end of this report.

#### 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Barley View

## 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.

#### Inspection team

The inspection was carried out by one inspector, a medicines inspector and an Expert by Experience on the first day and one inspector on the second day. 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 View is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. However, the registered manager had left the service in August 2019 and the nominated individual operated the day to business of the home.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority. We used our planning tool to collate and analyse the information before we inspected.

The provider was not asked to complete a provider information return. 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.

#### During the inspection

We spent time and spoke with 14 people living in the home, four relatives, seven members of staff, the interim operations lead and the nominated individual. We also spoke with one healthcare professional. We looked at the care records of six people who used the service, looked around the premises and observed staff interaction with people, and activities that were taking place. We reviewed a range of records. This included five people's medicine records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Information regarding people's allergies was not always recorded on relevant paperwork, so there was a risk people may be given medicines which they have previously reacted to.
- Staff did not always complete records to show topical preparations such as creams were being applied regularly; therefore, we were not assured people's skin was cared for properly.
- The provider had not always ensured photographs used to help staff identify people were in place. There was a risk medicines could be given to the incorrect person.

The provider had not always ensured the safe management of medicines. This was a breach of Regulation 12 (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and well-being were not always assessed and reviewed effectively. Whilst people were supported by staff who knew them well, risk assessments did not always provide staff with current information about how to manage individual risks. The nominated individual was aware of the shortfalls and had developed an action plan to ensure all assessments were reviewed.
- The provider had carried out environmental risk assessments to ensure the safety of people's living space. The premises and equipment were all new and well maintained. The provider had arrangements to carry out maintenance and safety checks on the installations and equipment. All safety certificates were complete and up to date.
- The provider had developed a business continuity plan which described how people would continue to receive a service in the event of catastrophic events, such as loss of power. The staff had devised personal emergency evacuation plans detailing the support people would need if a fire occurred.
- The nominated individual had developed systems to learn lessons and improve the service when things went wrong. There were appropriate systems to record and manage any accidents and incidents. The nominated individual had carried out investigations as necessary following any incidents and had discussed the learning with the staff team.

### Systems and processes to safeguard people from the risk of abuse

- The provider had established systems and processes to safeguard people from abuse. People told us they felt safe and were happy with the care and support they received. One person told us, "I feel very safe here, the staff are caring."
- Staff knew they could report any concerns about people's welfare to other authorities including the police,

social services and CQC. They also understood when and how to use the whistleblowing policy. This policy enabled staff to report any concerns about poor practice in a confidential manner.

- Staff had completed training and had access to a safeguarding policy and procedure which set out actions to take in the event of a safeguarding concern.

#### Staffing and recruitment

- The provider had suitable staffing arrangements to meet the assessed needs of people in a person-centred and timely way. However, some staff were working temporarily in the home and were not as familiar with people's needs. This resulted in some confusion about people's dietary requirements and choices over the lunchtime period. The nominated individual explained new staff had been recruited and the provider was waiting for the necessary employment checks.
- The provider had developed a recruitment and selection procedure and appropriate checks had been carried out prior to staff working in the home.

#### Preventing and controlling infection

- The provider had established good infection control practices. Staff followed the provider's policies and the home was clean and hygienic throughout. People said the home had a good level of cleanliness and was well maintained.
- Staff had received training in prevention and control of infection and were provided with appropriate protective clothing, such as disposable gloves and aprons.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

- The nominated individual and staff had attended MCA training and were aware of the need to obtain consent when they supported people.
- Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible. Best interest meetings had been held to ensure people's rights were protected.
- The nominated individual managed the DoLS process effectively. Four people had an authorised DoLS, with no conditions attached.

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

- The nominated individual carried out assessments of people's needs, before they received a service. This helped to ensure the staff team had the resources and training to meet people's individual needs. The completed assessments covered all aspects of person's needs and preferences.
- People's diverse needs were detailed in their assessment and care plans and met in practice, this included support required in relation to their culture, religion, lifestyle choices and diet preferences.

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

- People were supported to eat and drink in line with their dietary requirements. People were satisfied with the variety and quality of the food. One person told us, "The meals are great, there is so much choice."
- The lunchtime was sociable occasion. Meals were not rushed and people ate at their own pace.

- People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to healthcare professionals, as needed. Whilst we found no evidence of harm, we noted appropriate records had not always been completed.

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

- People were supported to access healthcare services as necessary. People's physical and mental healthcare conditions were documented within their care plan. However, the information was not always reflective of current needs. The nominated individual was aware of this shortfall and had developed plans to address this issue.
- We spoke with a healthcare professional during the inspection, who told us the staff were knowledgeable about people's needs and made timely healthcare referrals.
- All people had an oral healthcare care plan and the staff recorded oral care as part of the daily monitoring charts.
- Staff shared information when people moved between services such as admission to hospital or attendance at health appointments. In this way, people's needs were known and care was provided consistently when moving between services.

Staff support: induction, training, skills and experience

- The provider ensured staff had the appropriate skills and experience and supported them in their roles. People told us the staff were competent and good at their job. One person said, "I can't fault staff, they work hard in everything they do."
- Staff were provided with a rolling programme of relevant training to ensure they provided effective care. The nominated individual monitored training to ensure staff completed the required training in a timely manner.
- New staff completed induction training which included shadowing experienced staff and a six-month probation period.

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

- The design and decoration of the service met people's needs. People's bedrooms were personalised and decorated with items meaningful to them. The communal areas were accessible and there was outside space for people to spend time outdoors if they chose. Appropriate equipment had been provided, such as specialist bathing facilities.
- The provider had used technology to enhance people's care, this included the installation of sensor equipment above beds and on bedroom doors, which was used to manage any risks to people's health and safety.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 well, and their diverse needs were respected. People told us the staff supported them with respect and kindness and they were complimentary of the support they received. One person commented, "I can't fault the staff, the care is always with a smile." Relatives also praised the approach taken by staff. One relative said, "Staff do a brilliant job, they are caring and loving."
- Staff interacted with people in a warm and friendly manner and people were comfortable in the presence of staff who were supporting them. Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.
- Messages of appreciation from people or their families highlighted the caring approach taken by staff. One relative had written, "Very helpful caring staff. Feels like home from home."

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

- People were encouraged and supported to express their views by means of daily conversations, residents' meetings and satisfaction surveys. The residents' meetings helped to keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions.
- People told us they had been consulted about their care needs and had discussed their care with staff.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service. This helped them to make informed decisions about accepting a place at the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected. People could spend time alone in their rooms if they wished.
- People were encouraged and supported to maintain their independence whenever possible. For instance, people were encouraged to maintain their mobility and daily living skills.
- Whilst the nominated individual and staff team understood their responsibility to keep people's information confidential, daily care notes were stored openly on shelves in the living areas. The nominated individual agreed to address this issue immediately.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care was personalised and tailored round their individual needs. People were happy with the care they received and praised the staff team. One person said, "The care I get from staff is nothing short of special."
- Each person had an individual care plan, however, not all plans were reflective of people's current needs. Some staff told us they did not always have the time to read the care plans. The nominated individual assured us all the care plans would be updated.
- Staff had a good knowledge of people preferences and were responsive to their needs. They maintained detailed daily records of care and handover records. These provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.

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 nominated individual understood people's right to have information presented to them in an accessible manner, such as larger print documents or the use of pictures.
- People had access to a wide range of information, which helped them understand how to gain support from other services.
- People's information and communication needs had been considered as part of the care planning process. We saw staff members engaging with people during the inspection, which prompted conversation and helped to avoid isolation.

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 were supported to follow their interests and take part in activities that were socially and culturally important to them. For instance, one person enjoyed table tennis, so the provider purchased a table to enable the person to continue with their pastime.
- The provider employed an activity co-ordinator and people were supported to participate in activities in groups or on an individual basis. Forthcoming activities were clearly displayed around the home and included special events which had been arranged for Christmas.
- Staff supported people to maintain and develop relationships to avoid social isolation. Visitors were welcomed into the home.

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

- The provider had an effective complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their issues would be taken seriously. The provider had arrangements for investigating and resolving complaints.
- People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint.

#### End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care. Wherever appropriate, people's end of life wishes, and preferences were discussed when they moved into the home and recorded as part of the care planning process.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to help people remain pain free.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst the provider had established systems to monitor the quality and performance of the home, these did not cover all aspects of the service and those in place were not always effective.
- On inspecting the arrangements for medicines, we found a number of issues, which had been identified and marked as complete on the medicines audit and action plan, however, our evidence demonstrated the actions had not been sustained and shortfalls remained.
- The provider had not carried out audits on people's care plans and risk assessments to ensure they contained up to date information about people's needs. Despite a change in needs, aspects of one person's plan had not been reviewed and updated for almost 12 months. This meant staff were not provided with information about people's current needs.
- Staff did not always complete records in relation to the care provision at the time the care was provided. For example, on the first day of the inspection staff completed people's food and fluid charts in the late afternoon. This meant the amounts recorded were reliant on staff memory.
- Whilst the nominated individual walked round the home regularly and knew the people living in the home, daily walk round records had not been completed since August 2019. This meant it was not clear what aspects of service had been checked.

The provider's systems and processes were not always operated effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual was aware of the shortfalls identified during the inspection and had developed action plans to address the issues.
- The registered manager left the service in August 2019 and the nominated individual managed the day to day operation of the service. She explained a new manager was due to start work in the home in January 2020.

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 nominated individual understood and acted on their duty of candour responsibilities. She promoted and encouraged candour through openness. Good relationships had been developed between the nominated individual, staff, people and their family members.
- The nominated individual was open when lessons could be learned and told us she was committed to

making ongoing improvements to the home. She was in the process of developing champion roles amongst the staff team and staff had been invited to express their interest in particular roles. Staff champions develop their knowledge in specific areas and become a point of reference and role model for other staff.

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

- The nominated individual and staff were focussed and committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about their needs and preferences.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy to protect people from unsafe or inappropriate care.
- We observed a positive and welcoming culture within the home. Staff told us they felt people were well supported and they described how much they enjoyed their work. One staff member commented, "I love the residents, I care for them like they are my family."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff involved and engaged people in the life of the home and gave consideration to their equality characteristics. The nominated individual encouraged people to express their opinions through different forums to ensure their views were heard. This allowed the provider to monitor, reflect and develop based on people's experiences.
- The nominated individual explained people would be invited to complete a satisfaction survey in December 2019. This will coincide with the first anniversary of the opening of the home.
- People were given the opportunity to attend monthly residents and relatives' meetings. We looked at the minutes and noted a wide variety of issues had been discussed.
- Staff worked closely with other health and social care professionals and links had been developed with community groups and services to help engage people and support with social interaction.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not always ensured the proper and safe management of medicines. Regulation 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems and processes were not always operated effectively. Regulation 17 (1) (2)