

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Barclay House Residential Care Home

44 Bridlington Street, Hunmanby, Filey, YO14
OJP

Tel: 01723890761

Date of Inspection: 28 August 2013

Date of Publication:
September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Mrs Christine Lawrence Hopkins
Overview of the service	<p>Barclay House is situated in the centre of Humanby and is close to local amenities. It is a small home with 10 bedrooms and a small staff team. The service has a homely feel, and is suitable for people who do not have major mobility issues. There are shared facilities such as bathrooms and toilets and four of the rooms have en-suite facilities. There is also outside space including a garden and greenhouse for residents to access.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We visited Barclay House in August 2013 to look at whether the provider had made improvements following inspections in October 2012 and May 2013 where some issues had been highlighted.

During our visit we saw that the provider had put a safeguarding policy and process in place and staff were undergoing training and awareness raising around safeguarding. The manager had implemented a system of supervision and appraisal and there was an on-going programme of training being organised for staff.

The manager had put a system of audits and checks in place and had undertaken a satisfaction survey with people who used the service shortly before our visit. This was under on-going development and was not yet fully operational at the time of our visit. Paperwork and documentation had been reviewed and updated since our last visit and was now stored and disposed of appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

During our previous inspection in May 2013 we had looked at the systems and processes in place for the safeguarding of vulnerable adults. We found that the home did not have a policy in place. There were no referral forms available within the home for staff or the manager to access if any concerns were identified. There was also no information available for staff regarding the actions to be taken in the event of a concern being raised. The staff files that we looked at confirmed that some staff had attended safeguarding training some years ago with previous employers but had not been provided with any refreshers or updates since then. There were other staff that had not attended any safeguarding training.

Following this inspection we asked the provider to submit an action plan about how these areas were going to be addressed. This included the actions the provider planned to take to ensure that the issues highlighted above would be rectified and the service would be compliant with the regulation.

We carried out a subsequent inspection in August 2013 to check that the provider had taken the action they had recorded in their action plan. We found that the service now had a policy which had been produced in June 2013. This policy covered details about vulnerable adults, types of abuse, appropriate actions to take if abuse was suspected and a process for staff to follow. It also included a breakdown of the responsibilities of the manager and staff in a safeguarding situation. Within the safeguarding file there was a copy of the alerter form that was to be copied and used if any member of staff wished to raise an issue. There was also information from the local authority regarding abuse and working with vulnerable people.

We looked at the staff training records and saw that four staff were due to be attending local authority training on safeguarding in September and the remaining four staff were due to attend the session at a later date.. This means that all staff will have attended up to date safeguarding training within the next three months. The manager had also arranged a safeguarding awareness raising session which was due to take place the day after the inspection from the safeguarding lead within the local authority. Six of the eight staff were due to attend this session.

We looked at staff meeting minutes where safeguarding awareness had also been covered. The manager had told staff about the types of abuse, how to complete alert forms, the appropriate numbers to contact and report to, how to escalate reporting if the manager was involved and what should be done when recording incidents.

When we spoke with staff they were able to tell us the different types of abuse, the processes they were to follow if they suspected abuse and where to find the contact numbers for external agencies such as social services and the Care Quality Commission. They were also able to describe what they would do in given situations and the action they would take. Their responses were appropriate and showed that the staff had developed a good understanding of the signs of abuse and their own responsibilities when working with vulnerable people.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

During our previous inspections in October 2012 and May 2013 we had identified some issues with the systems for supporting staff. The provider had submitted an action plan to CQC stating that a training matrix would be produced, supervision would be carried out bi-monthly and recorded, and staff meetings would be held and recorded. During our visit in May 2013 we found that a handwritten training matrix had been started but this was not yet fully functional and required further development. No further training had been completed by staff since our last visit. As a result there were several staff who had not received moving and handling, safeguarding or infection control training recently or at all. This was also the case for first aid, medication and health and safety. The manager told us during our visit in May 2013 that no formal supervisions had been held since our last visit. Staff we spoke with confirmed that they had not received any kind of formal supervision or appraisal since our visit in October.

During our inspection in August 2013 we saw that the manager had implemented a system of supervisions and these were being recorded. There were records within staff files that showed the manager had formal meetings with staff where they discussed training, issues with people who used the service, their job roles and any personal areas they wished to discuss. The manager was also now recording any significant conversations with staff outside of supervision if these were relevant to them carrying out their role. We saw within supervision records that there were a wide range of topics covered and staff were able to openly discuss their roles with the manager.

When we looked at staff files we saw that employment histories and training and experience documents had been completed for all current staff. New staff that had been recruited since the last inspection had the necessary records within their files documenting their employment history and relevant training and qualifications as well as references.

We saw within each staff file that a training record was being completed which recorded what training staff had completed. Some staff had completed a first aid training session

and several staff were booked for moving and handling and safeguarding training in September 2013. All staff had also completed medication training. During supervision sessions which were being held every one to two months, the manager was discussing training with staff and informing them of any training that they were due to complete or booked on to in the near future. We also saw that some staff had embarked on NVQ training in May 2013. The manager explained that she was in the process of purchasing some infection control training and hoped to have this delivered to staff within the next three months.

We looked at meeting minutes from the most recent staff meeting in June 2013 where topics discussed had included cleaning, key working, recording and paperwork, results of the medication audit, care plan files, satisfaction surveys to be carried out and safeguarding.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people received.

During the inspection in October 2012 we had noted some minor issues with the recording of quality assurance and auditing. During our inspection in May 2013 we found that the provider was still not recording any checks that had been carried out. There were no regular residents or relatives meetings, and as the provider was not recording the conversations they had with individual people. This continued to potentially result in risk to the provider, the people who used the service and their relatives regarding changes to care or agreements in place. The manager stated that they carried out ad-hoc checks of various areas including medication, care plans and the environment. However, most of these checks were not being recorded. The manager had stated that risk assessments were checked annually or any time there was a change in people's needs. We viewed risk assessments that had not been updated in several files. Checks were also carried out on paperwork within people's files including weight checks and diet and nutrition records. Again these checks were not recorded and we saw some paperwork within these sections that required updating; this could have resulted in issues not being highlighted. During our inspection in August 2013 we saw that the manager had started to implement a system of audits and checks within the home; we also saw the corresponding documentation. A medication audit was being carried out every two months and we looked at those for May 2013 and July 2013. The audits had included checks of medication administration records (MAR), checks of stocks and the information available for staff about the process to follow if there was a death in the service. Both these audits had highlighted areas for improvement and these had then been communicated to staff and were currently being actioned.

The manager also discussed with us an environmental audit which was being developed at the time of our visit. The manager explained that this would include a check of the premises, all equipment used and the infection control processes being followed by staff. The manager expected this to be functional within the next six weeks. The provider may wish to note that this was not up and running at the time of our visit and there was a risk

posed to people who used the service with regard to issues not being highlighted until this audit was fully functional.

The manager had carried out a satisfaction survey with all the people who used the service a short time before our visit in August 2013. This had included questions about the overall atmosphere, welcome for visitors, food and snacks, looking after people's health, being kept informed about medical care, adequate personal care, likes and dislikes, responses to personal requests, privacy and dignity, listening and acting on concerns, activities, laundry, cleanliness, staff skills and any other improvements needed. The responses to these were generally positive and they included suggestions for areas that could be improved. As these had only been recently completed the manager had yet to analyse the results but was intending to develop an action plan as a result of the feedback. She explained that this would then be followed by herself and staff to ensure that the service was meeting people's needs in a way that was right for them.

The manager also explained that she would be recording an audit of accidents and incidents when this was deemed appropriate but there had not been any accidents or incidents since our last visit so this had not yet been necessary. The manager had also been carrying out a review of care plans and risk assessments and was part way through this work being completed. All but one person had their care plan updated since our last visit in May 2013 and all of these had also had risk assessments checked and updated. The manager was then intending to carry out checks of these every six months, or sooner if people's needs changed.

We also looked at the external monitoring and checking that was carried out in the service. We saw that the lift and the hoists had last been checked in May 2013, electrical testing of equipment had been carried out in November 2012, the fire alarm system had been checked by an external company in July 2013 and internal checks by staff had been carried out on a weekly basis. The emergency lighting system had last been checked in July 2013.

The local pharmacist also carried out annual medication audits and records for these were seen at the previous inspections; the last medication audit had been carried out in October 2012. The provider purchased an external health and safety audit system, but this had not been completed since September 2012 so was due again in the near future.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained. Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept securely and could be located promptly when needed. Records were kept for the appropriate period of time and then destroyed securely.

During the previous inspection in May 2013 the manager had explained that staff files and '24 hour records' were stored in an office on the upper floor within a locked cupboard. Care plan files were kept in a cupboard in the kitchen. The cupboard was not kept locked. The manager stated that the kitchen was not usually accessed by anyone other than staff but the storage of the care plan files was not secure. There was no formal process in place for secure destruction of paperwork. Staff had stated that they could access information such as policies and procedures by requesting these from the manager, but there were not aware of where policies were kept. Care plan and staff files were in need of updating and this had not been monitored which could have potentially had an impact on the care being delivered to people.

When we visited in August 2013 we saw that only the daily notes were now being kept in the kitchen area. Staff files and care plan files were now stored in filing cabinets in an office on the ground floor. These were lockable and provided secure storage for personal documents. Policies and procedures were now kept in the kitchen to ensure they were accessible to staff. The manager explained that when paperwork required archiving this would be moved to a secure area in an office on the upper floor and that the service had access to a shredder when the paperwork required secure destruction.

When we looked at care plan files we saw that all the files had been updated except for one. Care plans had been updated and risk assessments had been reviewed and rewritten. On the day of our inspection the manager had been working on the last care plan and set of risk assessments and had met with the person concerned to discuss any changes in needs or wishes. We saw that life histories had been completed in all files and that weight recording was up to date. This meant that documentation was reflective of people's current needs and that involvement in the updating of plans by the people

themselves and their families was evident. The manager stated that she would be reviewing these every six months, or sooner if needed and would record these checks within people's files so that it was clear when they had last been reviewed and updated.

We looked at staff files and saw that these had also been updated and several new sections had been completed including employment history, staff training records and records of staff supervision. Where any paperwork had been missing previously this had been located and included to ensure that documentation about staff was relevant and up to date.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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