

# Hallmark Healthcare (Holmewood) Limited

# Barnfield Manor Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Barnfield Manor Care Home is a residential care home providing personal and nursing care to up to 39 people. The service provides support to adults of all ages and people living with dementia. At the time of our inspection there were 15 people using the service.

Barnfield Manor Care Home accommodates people in one purpose-built building across 2 floors. The home has several communal areas and an accessible garden with outdoor seating.

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

Medicines were not always effectively managed. There were inconsistencies in the recording of medicines administered and the ordering system was not effective as still prescribed medicines were being disposed of creating unnecessary and costly waste.

The management team had a medicines action plan in place to make improvements in this area, however the areas identified required implementing and embedding to evidence sustained good practice

People were protected from the risk of abuse, safeguarding incidents had been correctly reported, recorded and investigated. Risks which affected people's daily lives, in relation to their mobility, skin integrity and weight were documented and known by staff.

We received mixed opinions from staff and relatives about the staffing level, we raised this with the provider who told us at busy times support was available from the management team, the provider also told us of the of their plans to make the manager more accessible.

Systems and processes were not always effective in monitoring and mitigating medicine risks in a timely and sustained way.

The provider had made improvements in the recording and managerial oversight of accidents and incidents and health and safety. The service had an improvement plan in place which was regularly reviewed and updated. People's care plans had been reviewed and updated following our previous inspection. We found these contained person centred information on people's preferences and choices.

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 and update

The last rating for this service was requires improvement (published 18 February 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced focused inspection of this service on 29 September 2021. 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. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barnfield Manor Care Home 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, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Barnfield Manor Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors. 1 of the inspectors specialised in medicines. An Expert by Experience also supported this inspection, 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

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

#### Registered Manager

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

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 2 months and was in the process of submitting their application to register. We are awaiting this application and will assess this once received.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 3 people who used the service and 12 members of staff including the regional director, the development and governance director, peripatetic manager, nurse, senior care assistants, care assistants and domestic staff. We also spoke with 10 relatives about their experience of the care provided. We reviewed a range of records. This included 2 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection, we found people were at risk of unsafe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 12.

Using medicines safely; Assessing risk, safety monitoring and management

- People received their medicines at the times they were prescribed or when they needed them, however we found medicine administration records did not consistently record the application site of a pain relieving patch for one person. We also found checks to ensure the patch was in place were not always recorded. This meant there was a risk the patch may not be applied in line with the prescribers instructions.
- The medicine ordering system was not effective in identifying current stock levels as medicines which were still prescribed, were being disposed of creating unnecessary and costly waste.
- Training and competency for medicine administration was overdue for some staff members. The provider's audit had identified this and an action plan was in place to address this.
- Staff did not identify that the fridge temperature for the medicines fridge was out of range and did not report this to management. We raised these issues with the provider who told us how they would rectify this.
- Stock levels of medicines corresponded with the records in place.
- People had personalised PRN protocols for 'when required' medicines that stated when they needed their medicines. Staff had access to policies and guidance to help them support people with their medicines in a safe way.
- Risks which affected people's daily lives, in relation to their mobility, skin integrity and weight were documented and known by staff. The management team monitored and regularly assessed these risks and took appropriate actions to ensure people received care in a safe and consistent way.

At our last inspection the provider had failed to protect people from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- Safeguarding incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.
- People and their relatives told us they felt the service was safe. One person told us "Staff come when I need them, I feel safe, I am happy with everything." A relative told us "It's very safe, no problems."

At our last inspection, the provider had failed to ensure enough staff were deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18.

#### Staffing and recruitment

- We received mixed opinions from staff and relatives about staffing levels. One staff member told us "We meet everyone's needs but it feels short staffed, we are constantly rushing around, the manager will help us if we ask." A relative told us "I think sometimes they are short-staffed. They don't have enough staff."
- We raised this with the provider who told us at busy times, care staff were supported by the manager and directors who regularly visited the home. During our inspection, we observed this taking place. The provider also told us of their plans to relocate the manager's office to a more accessible area of the home.
- We reviewed the dependency tool in place which was used to inform staffing levels. The provider and manager closely monitored and reviewed the dependency tool appropriately to ensure the staffing levels continued to reflect the needs of the people using the service.
- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

The provider ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.



### Learning lessons when things go wrong

- The provider and manager had made several improvements to the environment, care plans and safeguarding processes since our previous inspection and were continuing to work to action plans they had in place.
- Accidents and incidents were reviewed and investigated by the management team. We found appropriate actions had been taken to reduce the risk of re-occurrence.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has The rating for this key question has remained 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.

At our last inspection, systems were not robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Systems and processes were not always effective in monitoring and mitigating medicine risks in a timely and sustained way. Medicine audits were regularly completed, however they had not identified or actioned some of the issues we found during our inspection.
- The management team had a medicines action plan in place to make improvements in this area, however the areas identified required implementing and embedding to evidence sustained good practice.
- The provider had made improvements in the recording and managerial oversight of accidents and incidents and health and safety. We reviewed these audits and found appropriate actions had been taken when shortfalls were identified.
- The provider's systems produced regular reports on people's clinical risks, accidents, incidents and falls. This information was analysed by the manager and provider who used the information to drive improvements where required.

At our last inspection, the provider had failed to meet people's person-centred care needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 9.

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

- People's care plans had been reviewed and updated following our previous inspection. We found these contained person centred information on people's preferences and choices. For example, we found clear guidance in place for staff to follow in relation to how a person wished to be supported when they were

experiencing feelings of distress.

- The provider had recruited an activities coordinator since our previous inspection. The activities coordinator provided activities to people in a group and on a one to one basis. A relative told us "[Activities coordinator] goes to visit [person] and they do different things. They also talk with [person] about their life."
- Staff and relatives spoke positively about the management of the service. One relative told us "The manager is lovely. Whenever I go, we sit down with a cup of tea and discuss [relative]". A staff member told us "[Manager] is helpful, always available and deals with any issues we have."

Continuous learning and improving care; 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 service had an improvement plan in place which was regularly reviewed and updated. We discussed the plan with the provider who told us of the improvements that had been made in embedding quality systems and the recruitment of staff.
- Complaints about the service were well managed. We reviewed a complaint the service had received. We found this had been investigated and promptly resolved.
- The provider was knowledgeable about the duty of candour. We reviewed the records in place and found that the correct actions had been taken to meet this regulation.

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

- Staff meetings regularly took place. We reviewed the minutes of these meetings and found key information was shared such as updates to infection, prevention and control measures and risk assessment updates.
- The provider gathered feedback about the quality of the service through surveys. The provider analysed this information and had identified and actioned areas for improvements. For example, strategies were being implemented to improve communication by improving the shift handover process.
- Relatives told us they had opportunities to make suggestions about the service. When they had done this, they had been promptly actioned.
- The manager had introduced a keyworker system to improve communication. People had been assigned a staff member that acted as a point of contact for the person and their relatives.
- The manager had a plan in place to hold regular meetings with people to gather their views and suggestions.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's and speech and language therapists to support people to access healthcare when they needed it.