

# Tamaris Healthcare (England) Limited

# Barrington Lodge Care Home

## Inspection report

Berkshire Place  
Bishop Auckland  
County Durham  
DL14 6XX

Tel: 01388662322  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

Date of inspection visit:  
24 February 2021  
08 March 2021  
25 March 2021

Date of publication:  
30 April 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Barrington Lodge is a care home providing nursing and personal care for up to 70 people aged 65 and over. At the time of inspection, there were 58 people living at the home some of whom had a dementia.

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

We found that although there were systems and processes in place to support good infection prevention and control, there were occasions when PPE was not being worn correctly. The provider took immediate steps to address our concerns.

We have made a recommendation about the provider ensuring infection prevention control practices are consistent and understood by all staff.

People received safe care. There were systems in place to safeguard people from harm or abuse. Risk assessments were in place to support people to be as independent as possible. Staff were aware of their responsibility to keep people safe and were confident that any concerns raised would be acted upon by the manager.

Medicines were administered safely, and staff were knowledgeable about people's needs. Staff undertook training in the safe management of medicines and regularly had their competencies assessed to ensure they were following the correct practices.

There were enough staff to meet people's care needs. The service followed safe recruitment practices.

People and relatives told us they had no concerns about the service and any day to day issues they raised would be quickly resolved. Relatives had been kept informed of how their loved ones were when they had been unable to visit them in person.

Quality assurance systems were in place to monitor the quality of care and support people received. When people had accidents or incidents these were recorded, and actions taken to minimise the risk of recurrence.

Most staff we spoke with felt well supported in their roles. They told us they had clear guidance and the manager was available if they had any queries. Some, however, commented that communication with the management could be improved and they did not always know the outcome if they had raised an issue. The manager was taking steps to improve two-way feedback.

The service worked in partnership with other health and social care professionals to meet people's needs.

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.

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 this service was good (published 25 February 2020).

#### Why we inspected

We received concerns in relation to infection control, medicines and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barrington Lodge 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Barrington Lodge 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 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 team consisted of two inspectors.

#### Service and service type

Barrington Lodge 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 unannounced.

Inspection activity started on 24 February 2021 when we visited the home and we continued to receive information to inform our inspection until 25 March 2021.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with seven members of staff including the regional manager, registered manager, nurses, care workers and the kitchen staff. We observed interactions between people and staff to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at 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 reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke by telephone with two relatives and two care staff about their experience of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

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 somewhat assured that the provider was using PPE effectively and safely.

We found occasions when staff were not wearing the correct face masks. The provider took action to address this immediately. Systems and processes were in place around PPE use and the provider was making regular checks of this. Staff had been trained and were reminded of the importance of correct PPE use.

We recommend the provider ensures infection prevention control practices are consistent and understood by all staff.

- 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 have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to respond to safeguarding concerns. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- The service assessed and managed risks. People were supported to reduce the risk of avoidable harm by staff who understood their needs. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risk assessments were reviewed to ensure they reflected current needs.
- The home was well maintained and there was an on-going plan for refurbishment. Checks were in place to ensure the environment remained safe.

#### Staffing and recruitment

- Recruitment was safe. There were processes in place and recruitment checks were carried out before staff were appointed.
- There were enough staff to support people safely. Staff confirmed they felt there were enough staff to meet people's needs. We observed that staff had time to speak with people and did not appear hurried.

#### Using medicines safely

- People's medicines were managed safely. Medicines administration records showed people received their medicines as prescribed.
- Care staff received training and competency checks to ensure they were administering medicines safely.
- Staff were knowledgeable about which medicines people needed and how these should be given.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated to reduce the risk of them happening again in the future. There were processes in place to share learning with staff.

# 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 good. At this inspection this key question has remained the same. 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

- Quality assurance systems and governance arrangements were in place to identify areas for improvement and the actions needed to address them. The manager made daily checks on the service to monitor standards of care.
- Staff understood their roles and the provider's expectations of them. They received guidance in a variety of ways such as in daily meetings.
- Most staff told us communication and guidance from management was good, but some commented that they felt this could improve and they were not always sure what action had been taken if they raised an issue. The manager was taking steps to improve channels of communication, for example, they had planned appraisal meetings with all staff. These are one to one meetings where staff can raise issues and receive feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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 had a person-centred vision that was understood by staff. Staff treated people with dignity and respect and supported people to be as independent as possible.
- Care was delivered to meet people's needs and preferences. People told us they felt involved in how care was given.
- The registered manager understood their responsibilities around duty of candour and the need to submit the appropriate notifications to CQC. They were open and honest when incidents occurred.

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

- There were systems in place to gather feedback from relatives and people who used the service.
- People had been supported to maintain contact with their loved ones who were not able to visit the home. People had used video-calls and telephone calls to keep in touch with relatives.
- Relatives were given information about their loved ones. One relative told us, 'They [staff] are very good at keeping me informed, if anything happens, they let me know straight away.'
- The manager was committed to protecting people's rights with regard to equality and diversity.

Continuous learning and improving care

- The home was working to an action plan to drive continuous improvement.
- The manager shared learning from concerns. One staff member told us, "the manager does little training sessions on safeguarding, learning from incidents."

#### Working in partnership with others

- The service worked in partnership with other professionals, such as health professionals. One person told us, 'I walked on the stairs with the physio [physiotherapist] yesterday, it was marvellous.'
- People and relatives told us staff were proactive in contacting other agencies and organisations for support when this was needed.