

Barchester Healthcare Homes Limited

North Park

Inspection report

L'Anson Street
Darlington
County Durham
DL3 0SW

Tel: 01325356000
Website: www.barchester.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

North Park is a care home which provides residential care for up to 60 people. Care is primarily provided for older people, some of whom are living with dementia. At the time of our inspection there were 56 people using the service.

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

Staff were committed to delivering a service which was person-centred. The manager had been in post for three months and staff reported they had made a very positive impact on the service, staff morale and the quality of life people experienced. 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. The activities coordinator provided a range of opportunities for people to engage in meaningful activities.

Staff took steps to safeguard people and promoted their human rights. Incidents were dealt with appropriately and lessons were learnt, which helped to keep people safe. The manager and staff clearly showed people were valued and respected. Staff actively promoted equality and diversity within the home.

People's health and social care needs were assessed. The provider was in the process of reviewing the assessment tools, as staff supported people to manage their healthcare needs and promoted their wellbeing. When necessary, external professionals were involved in people's care. The cook had received a range of training around meeting people's nutritional needs. Staff supported people to eat varied appetizing meals. Medicine was administered in a safe manner.

Thorough checks were completed prior to staff being employed to work at the service. Staff had received appropriate training and supervision. The provider had enabled staff to access a varied and extensive range of condition specific training. The manager understood how to investigate and resolve complaints.

The service was well run. Systems were in place, which effectively monitored how the service operated and ensured staff delivered appropriate care and treatment.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection

Good (report published 3 May 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

North Park

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

One inspector completed this inspection.

Service and service type

North Park is a care home. People in care homes receive accommodation, nursing and 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 who was in the process of becoming 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 was an unannounced inspection.

What we did

We reviewed information we had received about the service, which included details about incidents the provider must notified us about, feedback from the local authority and professionals 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 helps support our inspections. We used all the information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and five relatives to ask about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the regional director, the manager, three senior carers, seven care staff, a cook, and the activities coordinator.

We reviewed a range of records. This included six people's care records, medication records and various records related to recruitment, staff training and supervision, and the management 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this area.
- People felt safe. A relative commented, "I have absolutely no concerns and find the staff always makes sure [person's name] is properly cared for and kept safe."

Assessing risk, safety monitoring and management; using medicines safely

- Since starting to work at the home, the manager had reviewed all aspects of the service and determined if and where improvements were needed.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the actions staff should follow to keep people safe.
- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed. Clear protocols were in place for the use of 'as required' medicines. Where people refused to take them, or they were no longer required, staff reviewed the continued need for them with their GP.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire.

Staffing and recruitment

- There were always enough staff on duty to meet people's needs. Two senior carers and seven care staff worked during the day and one senior carer plus four care staff were on duty overnight. The manager, deputy manager, activity coordinator and ancillary staff worked at the service across the week.
- The provider operated safe systems that ensured suitable staff were employed.

Preventing and controlling infection

- The home was clean, and people were protected from the risk of infection. Staff had received infection control training and said they had plenty of personal protective equipment such as gloves and aprons. One person commented, "The home is always immaculate and there is never a smell."

Learning lessons when things go wrong

- The manager critically reviewed all incidents and ensured staff considered how lessons could be learnt.
- Staff had a positive attitude to working with people, were motivated to prevent things going wrong and learned from what worked well.

Is the service effective?

Our findings

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

At the last comprehensive inspection in May 2017 this key question was rated as requires improvement. We had found that the top floor of the premises had few design features or adaptations to support people who were living with dementia.

At this inspection we found these issues were resolved. Therefore, this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The provider had assessment tools in place such as a 72-hour assessment, but not a process for regularly assessing how the service met people's needs. We found this had led to staff recording assessment information in the care plans. The provider was aware of this issue and we were told that new assessment tools were being developed.
- The manager ensured people's care was delivered in line with evidence-based guidance.
- Staff supported people to access healthcare services when appropriate and as agreed with the person concerned. Records showed when people had contact with other professionals including doctors and nurses. The records described the outcomes and if there had been any changes in people's needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take a particular decision and 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The manager ensured staff followed all the principles and guidance related to MCA and DoLS authorisations.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people. They received a comprehensive programme of training, which enabled them to work effectively with people.
- New recruits completed the Care Certificate, as a part of their induction and completed training plus shadowed experienced staff for their first few shifts.
- Staff felt supported. They told us they had regular supervision meetings and appraisals.

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

- Staff encouraged people who were under-weight to eat fortified foods. The cooks had completed a wide range of nutritional training, including how to prepare appetising adapted diets.
- People had access to healthy diets and ample portions of food at mealtimes. The cooks catered for people's cultural and religious needs. For example, people who were vegan, vegetarian and Sikh had meals that met their dietary requirements.
- People enjoyed their meals. One person commented, "Food is wonderful is really good, as tasty as that found in any restaurant."

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

- The service was decorated in line with best practice guidance for people living with dementia.
- People had been supported by staff to make their accommodation homely.

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.

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 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; respecting and promoting people's privacy, dignity and independence

- People were very complimentary about the care and support the staff delivered. A relative commented, "I think the staff are fantastic. They always check [person's name] is okay."
- Staff consistently displayed kindness and a caring attitude. The manager discussed how they had worked to ensure each person was valued. Staff understood every person and knew what was important to them. They knew people's preferences and how they preferred to spend their days.
- Staff demonstrated they were highly motivated and committed to respecting people's equality, diversity and human rights. Staff discussed the work they had completed researching people's life histories and cultural background. For example, one person had moved to England from India many years ago. Staff had found out from the person and their family about their specific first language, the Sikh religion and what they had been involved in during their life in England.

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

- Staff encouraged people to be involved in the design of their own care. Staff were constantly learning about people to understand individual's personal motivation to do something and past routines. A staff member said, "It is important that we get an in-depth understanding of people, so we can provide them with the best care possible."
- Staff showed they cared about people's views. Regular 'resident' and relative meetings were held. Relatives told us that they felt these meetings were useful and that suggestions made at the meetings were taken on board.
- Staff ensured, when needed, people received support from advocacy services.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was based on people's assessed needs and preferences. and was person-centred. Care plans helped people arrange their support, focusing on what is important to them.
- People's needs were identified, including those related to equality, and care plans created were detailed and individualised. Care plans contained detailed guidance for staff on how people's needs could be met. These plans were reviewed regularly and reflected people's current needs.

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

- Staff respected people's right to family life and avoid social isolation. Relatives were welcomed into the home. People were consistently asked to express their opinions about what was on offer and given choices.
- People were encouraged to enjoy meaningful activities and go out in the community. A new lead activities coordinator had been employed and was in the process of setting up sessions for evenings and weekends as well as during the day. They regularly ran events such as having an Elvis singer, arts and craft sessions and exercise groups.
- People and relatives told us care was delivered in the way they wanted and needed it. A relative commented, "Staff always let us know if there is a change or a concern."

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.

- Reasonable adjustments were made where appropriate and the service identified, recorded and shared information about the communication needs of people, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint. The manager outlined how they would thoroughly investigate any complaints and worked with complainants to resolve any issues.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and

respected people's religious beliefs and preferences.

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.

Planning and promoting person-centred, high-quality care and support with openness: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The manager's vision and values were imaginative and person-centred. They wanted people to always be at the heart of the service. They had reviewed the service and worked with staff to create an environment that promoted person-centred care.
- The provider maintained clear oversight of the service and ensured regional directors visited regularly. They had an engaged central team who always critically reviewed the service to determine how further improvements could be made.
- Staff were energised by their work. There was a positive culture in the home. Staff provided a happy yet calm atmosphere where people were empowered to participate in their care and make their own decisions.
- Staff felt listened to and said the manager was approachable. They understood the provider's vision for the service and they told us they now worked well as a team.
- The provider and manager positively encouraged feedback and acted on it to continuously improve the service. A relative commented, "We completed a survey recently and the feedback showed the changes that were to be made because of our comments."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements: 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 was well-run. Staff at all levels understood their roles, responsibilities and their accountability. They were held to account for their performance where required.
- The manager had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. These were regularly completed and reviewed.
- All appropriate reporting had been carried out to alert CQC and local authorities when incidents occurred.

Continuous learning and improving care; working in partnership with others

- The quality assurance system included lots of checks carried out by staff, the manager and the regional director. People felt listened to and integral to the service development.
- Staff worked in partnership with external agencies to deliver a high standard of care to people. One staff member said, "We have a good relationship with community nurses. If we have concerns, they will always visit."

