

Barons Park Nursing Home Limited

Barons Park Care

Inspection report

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Date of inspection visit: 21 July 2014

Date of publication: 05/01/2015

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



Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. Barons Park Care provides accommodation and nursing care for up to 46

people. The service is divided into three areas and provides care for younger and older people with complex, challenging and advanced forms of dementia and significant mental health care needs.

At the last inspection in May 2013 the service was found to be fully compliant with the regulations we looked at.

On the day of the inspection there were 46 people living at the home. There was a registered manager in post at the time of this inspection. A registered manager is a

Summary of findings

person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found the provider had acted in accordance with the DoLS legislation and had made appropriate applications to the supervisory body.

The service was taking action in recruiting permanent staff. Staff were deployed across the service and bank and agency staff used to cover shortfalls in the staffing levels.

We found people had care plans and risk assessments in place and these were reviewed on a regular basis. People were supported to attend health appointments and the provider worked well with health care professionals. Information about how to meet people's needs was person centred.

Throughout our inspection we observed staff to be caring and attentive to people's needs. Staff showed dignity and respect and demonstrated a good understanding of people's needs.

The provider made information available to people about how to make a complaint. Other useful and supportive information was available for people including information about advocacy services.

Activities were available and the staff and registered manager gave examples of how they intended to improve the activities available for people, this included a sensory room and reminisce work.

The provider had a range of quality audit systems in place that monitored the quality and safety of the service.

Summary of findings

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 safe.

People were protected from abuse because staff demonstrated an understanding of abuse and the need to report it.

The staffing levels were sufficient in meeting people's needs, and staff were deployed appropriately.

The provider adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good



Is the service effective?

The service was effective.

People were cared and supported by staff that had received an induction and ongoing training.

People had their health care needs regularly monitored and appropriate action was taken when changes were identified.

The provider worked with health and social care professionals in meeting people's needs.

Good



Is the service caring?

The service was caring.

Staff were observed to be caring, compassionate and treated people with respect and dignity.

The provider had ensured people who used the service and their relatives and representatives, had access to useful and supportive information.

Good



Is the service responsive?

The service was responsive.

Records showed that consent to care and treatment was sought.

People's needs had been assessed and planned for.

People received opportunities to engage in activities.

Good



Is the service well-led?

The service was well-led.

People, who used the service and staff, spoke positively about the leadership.

There was a culture of openness and transparency.

The provider had internal systems in place that monitored the quality and safety of the service.

Good



Barons Park Care

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

This inspection was completed by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We reviewed historical data that we had received from the provider. We also contacted Leicestershire County Council and the locality Clinical Commissioning Group (CCG) for feedback. These organisations had funding responsibility for people who were using the service. We also contacted some health and social care professionals who visited the service.

During our visit we spoke with two people who used the service and seven visiting relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, two nursing staff and four care staff. We also spoke with a housekeeper and cook. We looked at four people's care files and other documentation about how the home was managed. Some people chose to show us their bedrooms.

Is the service safe?

Our findings

A relative told us, “As soon as they [relative] came here, they liked it and was relaxed. I can go home not feeling guilty and know they are safe and well cared for.”

Safeguarding procedures were in place that protected people from the risk of harm or abuse. Staff told us that they had received training on safeguarding vulnerable adults. One staff member said, “I’ve had safeguarding training within the last three months and I know how to report any safeguarding issues.” We found staff were knowledgeable about their roles and responsibilities and the action required to protect people. Records confirmed that safeguarding training was included in the induction programme for new staff, and that staff had received refresher training.

We saw the service had a policy and procedure about the Mental Capacity Act 2005 (MCA), and records confirmed staff had attended training on MCA. Staff demonstrated they had a best interest approach to care delivery. Relatives told us they were involved in discussions and decisions. Comments included, “They [staff] never do anything without telling me.” We found some examples that people’s capacity to consent to care and treatment had been considered.

Some people had lasting power of attorney that gave other people such as relatives, the authority to make decisions on behalf of the person. This meant staff were aware of who had the legal responsibility to make decisions, this ensured people’s rights were protected.

The registered manager told us that they had applied for five authorisations under the Deprivation of Liberty Safeguards (DoLS), since our last inspection in 2013. We saw the supervisory body had approved four of these requests. This showed the provider had not unlawfully deprived a person of their liberties.

On the whole relatives felt the staffing levels were sufficient. Comments included, “I always find that staff are around, you can talk to anyone.” Some relatives felt that the lunchtime period was particularly busy and more staff were required at this time.

We saw the pre-assessment form completed before people transferred into the service determined the dependency needs of people. Records demonstrated people’s needs

were reviewed on a regular basis. The registered manager told us that staffing levels were adjusted as required. The staff roster showed that over an eight week period between 06 June 2014 and 02 August 2014, staffing levels on the whole were as described by the registered manager. Shortfalls were minimal and due to short notice sickness. On these occasions staff were redeployed across the service. The service also had bank staff and used an agency if required. This meant that the provider ensured sufficient staff were available to meet people’s needs and keep people safe.

Staff told us that the majority of the time the staffing levels were sufficient in keeping people safe, and that people’s assessed needs were met. The registered manager told us how the service was in the process of recruiting staff to fully complement the staff team.

We looked at a number of people’s risk assessments in relation to needs and risks associated with behaviours, health and environment. We found risk assessments were reviewed on a regular basis. Where people had needs with their mobility, we observed staff practiced safe moving and handling and in accordance with the person’s care plan and risk assessment. One person told us, “They [staff] always use two people when they lift or move me.” Another person said, “If I felt unsafe I would talk to [name of staff].”

Some people demonstrated challenging behaviour that put themselves or others at risk. We saw that staff responded quickly and appropriately to this behaviour and this minimised risk.

Staff employed at the service had relevant checks before they commenced work, to check on their suitability to work in this type of service.

There were arrangements in place to deal with foreseeable emergencies. We looked at the provider’s ‘business continuity plan’. We saw this advised staff of the procedure to follow in the event of an emergency affecting the service. We also saw the provider had completed personal fire evacuation plans. However, these required more detail to provide staff with specific information of how to meet individual needs. We discussed this with the registered manager who agreed to review these documents. Staff gave examples of what support people required to evacuate safely.

We saw records that demonstrated the premises and equipment were monitored. We found safety and

Is the service safe?

maintenance checks were completed appropriately. This showed that the provider carried out the appropriate checks to minimise the risk of harm from unsafe equipment.

Is the service effective?

Our findings

People told us that they felt their needs were well met. Comments included, “They [staff] look after us very well, the nurses are good but the doctor comes to see us if we are poorly. A relative said, “Action is taken quickly if there is anything wrong, I’m confident that my wife’s health needs are well taken care of.”

The provider was effective because people had their physical, mental and psychological health and welfare needs assessed. Care plans instructing staff of how to meet people’s needs were reviewed on a regular basis, this ensured they were up to date and reflected any changes. We observed people’s needs were met in accordance to their care plan.

From the sample of care files we looked at, we saw ‘health professional records’ showed health and social care professionals were involved in people’s care. For example, the doctor visited the service weekly and in addition if required. We also saw from records that the service worked with other health professionals such as dietitians, district nurses and psychiatrists.

Some people had specific needs that required that they had a soft or pureed diet. Additionally some people had been assessed as needing a fortified (high calorie) diet, and supplements to support safe eating and drinking. We saw supplements prescribed for people were available and food stocks met people’s individual needs. We saw throughout the day people were offered and supported

with drinks to maintain adequate hydration. Some people required their food and fluid intake to be recorded and their weight monitored. We saw records that confirmed staff were meeting people’s needs as stated.

The registered manager told us that guidance about how to avoid hospital admissions provided by the NHS, was used to determine the action required following an accident and incident. We saw from care records that a well-recognised assessment tool used in dementia care was also used. This demonstrated the service supported people to have better outcomes where hospital admissions were avoided wherever possible. People were cared for effectively within the service.

We looked at the provider’s staff handbook and induction programme for new staff. We saw staff received training and support opportunities at the start of their employment. This enabled them to understand, and develop the required knowledge, skills and experience of how to meet people’s needs.

Staff told us that they were happy with the training opportunities. Comments included, “The training is brilliant. If you want to do something specific you only have to ask.” Another staff member said, “The training is superb, we have both internal and external training. The quality is good.” The staff training plan looked at showed staff received training in a variety of areas that were relevant to the needs of people they cared for. Staff also told us they attended regular meetings with their line manager to discuss their training and development needs. This also included if staff had any issues or concerns. We looked at records that confirmed what we were told.

Is the service caring?

Our findings

Everyone we spoke with including people who used the service and relatives praised the quality of care. A person who used the service told us their privacy and dignity was respected they said, “They [staff] knock on my door, I say who is it and when they have told me I say ok and then they come in.”

Some people who used the service were not able to tell us their experience of the care they received. We carried out two short observations in one of the communal lounges. This gave us opportunities to assess the quality of staff interaction and levels of engagement and wellbeing for the people we observed. We found staff were attentive to people’s needs, positive engagement showed staff responded in a caring, patient and compassionate manner. Interactions observed included staff assisting people with drinks and checking people were comfortable. We saw how one person indicated they were hungry. Whilst it was not long until lunch was served, staff responded by giving the person a choice of a yogurt or mousse, including a choice of flavours. The person was then assisted to eat the yogurt they chose. This showed how staff worked together using a personalised approach to care and support.

We observed a meal time where staff acted in a very caring manner when assisting people. One staff member constantly asked whether the person was enjoying the meal and gently stroked his arm.

We asked staff about their work, one member of staff said, “I really do enjoy coming here, I always go home feeling like I’ve done a good job. The team work here is great.”

A range of useful and supportive information was available for people in the reception area. This included information about different organisations advising of health conditions and support and advocacy services. The provider was also a member of a particular advocacy service. This demonstrated people, including relatives and representatives had access to important information that informed them of their choices, rights and support available to them.

Staff told us they had received training on personalised care and dignity and equality. Throughout our observations we found staff to be attentive to people’s individual needs. We observed a person that had frequent periods of anxiety, all staff that engaged with this person showed calmness, patience and a reassuring manner.

The staff team consisted of new staff and staff that had worked at the service for an established time who had a lot of experience, skills and knowledge. We found staff showed commitment and dedication to their work. Comments received from staff included, “I’m happy working here, the staff are all lovely and supportive. I can’t fault anything. People we care for end up being a part of your family.

Is the service responsive?

Our findings

A person who used the service told us, “I am involved with my care plan. I would like to attend church but it is too far to walk so the priest comes to see me here.” Other comments included, “I’ve had conversations with the staff about what I like to eat and it’s been provided.”

Some people chose to show us their bedrooms, we saw these were personalised to people’s preferences and included items clearly important to the person. People had their photograph on their bedroom door this helped those people who were confused and disorientated, maintain their sense of identity and find their way around.

From the sample of care files we looked at, records demonstrated that people’s needs, preferences, routines and social history was recorded. This enabled care plans to be personalised and included information that was important to the person.

Staff were knowledgeable about people’s needs, preferences and routines. We observed staff respond to people’s needs in a timely manner ensuring people were comfortable and had their needs and wishes met.

Relatives we spoke with told us that they found communication with the service was good. They also said they had been involved in the development of care plans which they had been asked to sign to show they had agreed with them. One person told us “Its home from home, I feel my husband’s needs are very well met.”

Relatives also told us that they had been consulted in the development of care plans and were invited to attend review meetings. Comments included, “They [staff] never do anything without telling me.” Another relative said, “I am involved with her [relatives] care and I can come at any time.” However, we saw some care plans had not been signed to confirm this.

We saw some people had specific needs associated with their health condition. For example, some people required two or three staff to support them with particular areas of

care. In addition, some people showed behaviours that required monitoring. We saw people received the level of support they required, and systems were in place that monitored people’s needs. We saw care plans were evaluated monthly to ensure they reflected the person’s needs. This was completed by checking daily records and other information. From the sample of care records we looked at, we saw some examples of where the monthly evaluation was not an accurate reflection of changes that had occurred within the month. In the examples we saw this had not impacted on the health and well-being of people. We raised this with the registered manager who said they would take action to improve the evaluation system in place.

A person we spoke with told us they felt there were not many activities available, comments included, “I look at picture books and paint pictures.” On the whole relatives felt activities were provided. Comments included, “There are activities but my mum wouldn’t join in.” We saw on display the dates for the year of when outside entertainers were planned to visit the service. We were told by staff that music and movement activities were provided every other week and that a hairdresser visited the service. We were also told there were outside outings arranged to a nearby retail park so people could go shopping and to country parks. The service had their own transport to enable community activities to be provided. On the day of our inspection we saw staff encouraged and supported people to participate in arts and craft activities and table top activities.

The registered manager told us they were developing reminiscence boxes for people, and had plans to develop a sensory room that would benefit people with needs associated with dementia.

The provider had a complaints procedure that was accessible for people. Relatives we spoke with told us they had no reason to make a complaint, but felt confident if they did it would be responded to appropriately. The service had not received any complaints since our last inspection in 2013.

Is the service well-led?

Our findings

Staff demonstrated that they were aware of the vision and values of the service. The management team and staff showed a commitment to the people they cared for, and this included people's relatives and representatives. For example, relatives told us that they found staff to be supportive of them too. Comments included, "The service puts on cheese and wine evenings for relatives to meet and support each other." And, "From the mini bus driver to the cleaners, staff and managers they always stop and say hello and ask how are you."

The registered manager told us they had a support group for relatives' to seek advice and support, a forum and strong relationships with both the Alzheimer's Society and Parkinson's Disease Society. This demonstrated there was a commitment to offering people support and information.

The provider had communication systems in place such as notice boards and newsletters that kept people who used the service and relatives and representatives, informed of events and information in relation to the service.

Staff showed they were clear about the process to follow if they had any concerns and knew about the whistleblowing policy. Staff made positive comments about the leadership of the service. They said they felt well supported, communication was good and that they felt valued and listened to. Comments included, "The manager is always here and is easy to speak to and is supportive." And, "Staff are supported, there is an open door policy with the manager and director, any issues are dealt with and you get feedback which is really important."

Staff told us they received opportunities to participate in staff meetings and that communication was good and they felt involved in discussions and decisions. We saw records that confirmed what we were told. Comments included, "The manager is always here and is easy to speak to and supportive. We are consulted as a group on changes for example, a former resident left us some money and one of the directors thought we could use it to get a bird enclosure outside. This was decided together." Another example was, "We discussed using a new type of sling and we were asked our views and then we were given training."

We saw there was a clear 'hand over' system in place that meant people could be assured staff were aware of their daily and ongoing needs. This enabled consistency and continuity in care delivery.

Local health commissioners had assessed the quality of the service in March 2014. We saw the assessment report that showed the service had achieved 100 percent in all areas that were assessed. This included, care planning, safeguarding, clinical effectiveness and operations.

We saw the systems in place that showed the service had regular audits in place that monitored the quality and safety of the service. Accidents and incident records showed that events were analysed for any required action to reduce further risk.

The registered manager told us that additional support and training for staff was accessed through services funded by the local clinical commission group (CCG). We spoke with the head of nursing in the CCG who confirmed what we were told. By staff receiving this training and support it reduced the need for people to be admitted to hospital unnecessarily.

The provider enabled people who used the service and their relatives and representatives to share their views about the service. We saw the annual report for 2014 that showed the results of a survey conducted in May 2014. The purpose of the survey was to give people an opportunity to share their views about the service in a more formal way. The provider had analysed the findings and produced a report that stated the overall outcome was very positive. Whilst there were no themes or areas identified to improve the service, the provider had shared a few comments of suggestions made by people. This showed the provider respected and valued people's contributions and involved people in the development of the service.

We did a sample check of the controlled drugs and found the records and storage to be correct. The provider had a medication policy and procedure, and staff received training and refresher training on the safe administration of medicines. We saw a pharmacy report completed in 2014 that highlighted the need for additional recording. The registered manager had taken action to address this issue.