

R Smart and Dr M Smart

Hill Barn

Inspection report

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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

This inspection took place on 29 August 2018 and was unannounced.

Hill Barn provides, accommodation and personal care for up to 26 people, some who are living with dementia. At the time of this inspection 22 people were living in the home.

Hill Barn is a 'care home'. People in care homes receive accommodation and nursing or 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.

At our last inspection in April 2017, we found two breaches in regulation and rated the service as requires improvement. Not all areas of the building were sufficiently cleaned and this posed an increased risk of infection and some systems and processes to monitor the quality of the service were ineffective. After the comprehensive inspection, the provider wrote and told us what they would do to meet legal requirements in relation to the breaches. At this inspection, we found the service had made improvements under the questions is the service caring, responsive and well-led? The service is now rated as good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from the risk of harm. There were effective safeguarding procedures in place and staff had received safeguarding training.

There were sufficient numbers of staff deployed to meet people's needs. Safe recruitment practices were followed.

People were supported to eat a healthy and balanced diet to help maintain their wellbeing. People were assisted to access a range of healthcare professionals.

People were asked to consent to their care and support. The service operated within the principles of the Mental Capacity Act 2005 (MCA). Staff felt well supported and received training relevant to their roles.

People were comfortable and relaxed when engaging with staff and managers. Staff were positive about their work and the support provided. People were treated with dignity and respect.

Staff knew people they supported and provided a personalised service in a caring way. Care plans provided information to staff on how to meet people care needs. People were given opportunities to make choices about their daily lives. They were able to choose whether or not to participate in a range of activities within the service and received the support they needed to help them to do this.

The service had an open and inclusive culture and staff were positive about the support they received from staff and the registered manager.

Compliments were received about the service and complaints investigated, responded to and resolved where possible to the complainants' satisfaction. The registered manager and their staff team worked together with other organisations to ensure people's well-being.

Quality monitoring systems and processes were in place to help drive continual improvements. An action plan had been developed which recorded where action needed to be taken. Feedback was being sought to capture people views on the overall quality of the service.

Further information is in the detailed findings below.

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.

People were safeguarded from the risk of harm. Staff had received safeguarding training.

Sufficient staff were deployed to meet people's needs in a timely way.

People received their medicines regularly by staff who had been trained and had their competency checked.

Risks were assessed and actions put in place to reduce any identified risks.

There were effective infection control measures in place.

Is the service effective?

Good ●

The service was effective.

Staff members received training and supervision to enable them to care for people safely and effectively.

People were asked to consent to their care and the service worked within the principles of the Mental Capacity Act 2005.

People had choice over their meals and were being provided with a specialist diet if required.

People were supported to access the healthcare services they needed.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and patient staff who met their individual needs.

People and their relatives were involved in planning their care and staff showed people that they mattered. Visitors were

welcomed.

Staff respected people's privacy and dignity and encouraged people to be as independent as they were able to be.

Is the service responsive?

Good ●

The service was responsive.

Records relating to people gave staff sufficient information about people's individual care and support needs.

Activities were arranged and people benefitted from these by having regular social stimulation.

A complaints procedure was in place and complaints and concerns were investigated and resolved to the complainants' satisfaction where possible.

End of life care were discussed with people to ensure their wishes were known.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were in place which reviewed the quality and safety of people's care.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Hill Barn

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 August 2018 and was unannounced. The inspection was undertaken by two inspectors 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.

Prior to the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about.

We spoke with nine people living at the service who were able to give us their verbal views of the care and support they received. We also observed care throughout the inspection.

We spoke with eight staff; the registered manager; the owner, a senior care worker, three members of care staff and one ancillary staff. We spoke with three visitors/relatives. We also spoke with a visiting health professional.

We looked at care documentation for four people living at Hill Barn, medicines records, three staff files, staff training records and other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in April 2017 we found the service required improvement in relation to infection control. This was because some areas of the service had not been sufficiently cleaned.

At this inspection we found that improvements had been made in this area. There were effective infection control measures in place, which helped to ensure a clean environment for people. Domestic staff completed cleaning schedules which showed time and sequence of finished regular cleaning tasks. There was also a schedule for deep cleaning people's bedrooms which covered areas not covered by regular cleaning. Domestic staff and members of the care team confirmed they had completed training in infection prevention and control measures. They also told us there were adequate supplies of protective equipment such as disposable aprons and gloves. People we spoke with were very happy with the cleanliness. One person said, "They seem to keep everywhere clean." A relative told us, "It is very clean here and that was one of the things that attracted me to the home."

A staff member responsible for cleaning confirmed there was also training in the use of cleaning products that could be hazardous, and how to use these safely. Another staff member who carried out some catering duties told us they completed training in food safety and hygiene. These measures contributed to the prevention and control of the risk of infection.

People told us they felt safe living at Hill Barn. Relatives confirmed they had no concerns about their relative's safety. One relative told us, "It is such a relief to know [family member] is safe and there is always someone looking after them. It is such a weight off my mind." Another family member told us, "I don't have to worry about [family member]. There always seems to be someone around to help. A person told us, "The staff help me to take my medicines and they are very prompt."

Risks to people's health and welfare were assessed and identified. Risk management plans provided clear information for staff on how to deliver care safely and minimise risk such as skin breakdown, falls, malnutrition and choking. Staff told us that they felt they had enough information to guide them about promoting people's safety.

Premises and equipment was managed in a way that ensured people's safety. Records showed servicing of utilities and equipment had taken place on a regular basis to ensure they were safe.

Everyone we spoke with confirmed they were supported by sufficient numbers of suitably skilled and knowledgeable staff to meet their needs, in a relaxed and unhurried manner. The provider carried out checks such as a criminal record check and employment references to ensure new staff were suitable to work with people who were vulnerable. The registered manager used a dependency tool to measure people's needs and dependency level. This helped to determine the number of staff needed to meet people's assessed needs safely. Staff told us that they were very busy. They told us that there was sometimes an additional staff member on in the morning, from 8am to 1pm, in addition to the allocated senior and two care staff. They told us that, on those occasions, there were able to be more flexible to people's needs and to be less rushed. A visiting health professional told us that they felt sometimes staff

were rushed. However, they and members of the staff team, told us that they did not feel staffing levels ever presented a risk to people's safety. We noted that when an external door opened staff responded to the emergency alarm promptly. One person said, "If you press the bell someone comes." Another person told us, "I have used the call bell and [staff] come quite quickly."

Competent staff administered medicines to people safely. There were regular training updates to ensure practice was current and staff were working to pharmaceutical best practice guidance and legislation. Observations showed that staff administered medication with patience and gave people an explanation of what they were taking and why.

Medicines were stored appropriately and records showed that room and fridge temperatures were within the correct range to ensure safety and effectiveness. Medication administration records (MARs) had been completed appropriately. A member of staff who administered medicines, told us how they shared changes in people's medicines with members of the care team on shift. They also provided details in the persons care notes. They said that this helped staff be involved and to recognise if new dosages or medicines had adverse side effects on people, or improved their wellbeing so changes could be followed up.

Accidents and incidents were recorded by staff in people's care records. For example, if a person was having frequent falls, they may require advice from another professional (falls advice team). This meant that any patterns or trends would be recognised, addressed and the risk of reoccurrence could then be reduced. Staff confirmed that any learning as a result of incidents that occurred were discussed at the shift handover to reduce the risk of them occurring again.

Is the service effective?

Our findings

At the last inspection in April 2017 we found the service required improvement in relation to staffs understanding and knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

At this inspection we found that improvements had been made in this area. The MCA provides a legal framework for making particular 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 particular decisions, 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's capacity to make and understand decisions about their care were assessed and documented within their care records. Although we did note that some of these records lacked information about specific decisions. For example, whether the person was able to manage their finances. We discussed this with the registered manager who had started to address this during the inspection. Staff had received training on the requirements of the MCA and the associated DoLS. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people with input from family members and their GP who knew them well. The home had sent two staff to attend a mental capacity champion course, this has enabled them to have a better understanding of the MCA and DoLS and then support people to make decisions.

During the inspection we observed staff gaining consent from people both verbally and through observing their body language. Where people refused, we saw that their decisions were respected. Staff told us, "We would always come back later and offer assistance again, by which time they would usually accept the help."

People's needs had been assessed, including information in relation to their beliefs and preferences so that staff would know what was important to them. Staff were knowledgeable about the people they supported and their needs, and had the skills required to care for people who lived at Hill Barn. One relative told us, "There seems to be the same staff all the time which I think is really good." This helped provide people with consistent care from staff that know people well.

Staff had completed an induction when they started work at the service, and had ongoing training and development opportunities. The staff we spoke with told us they felt well supported by the registered manager and felt that the training provided gave them the skills they required to support people effectively.

The registered manager conducted a programme of regular supervision and team meetings. All supervisions

were recorded to help ensure they retained a record of supervision topics which were discussed. Staff felt supported and confirmed they received regular supervision.

Staff supported people to access healthcare professionals such as the GP, community nursing and speech and language therapists for ongoing healthcare support. The service worked together with more specific healthcare professionals such as Dementia Intensive Support Team and behavioural and emotional disorder specialist to support people with more complex healthcare needs.

The home's brochure confirmed that they could also make private arrangements for people to see a chiropodist, dentist, physiotherapist, and optician as well as for reflexology or aromatherapy. This was confirmed in people's daily care notes.

People were supported to eat and drink enough to maintain a nutritious and balanced diet. We observed people being offered a choice of food and drinks, along with a range of snacks throughout the day. One person said, "There are always plenty of drinks and biscuits." One relative told us, "There always seems to be plenty of food, I have seen it and it looks good. There is often cake in the afternoon." Another relative commented, "It seems that if there is anything in particular that a resident likes to eat they will do their best to get it for them."

Accommodation for people was all on one level so there were no steps to negotiate. Décor was in good condition and staff told us that there was a maintenance person who attended to repairs promptly. However, there was a lack of signage and colour to help orientate people living with dementia. We discussed this with the registered who was able to demonstrate this had been included in the service improvement plan.

Is the service caring?

Our findings

At the last inspection in April 2017 we found the service required improvement in relation to people's privacy and dignity being protected at all times.

At this inspection we found that improvements had been made in this area. Staff told us that their training covered aspects of people's dignity. We observed that they respected people's dignity and privacy when they assisted people with their personal care, such as bathing. Where another member of staff needed to speak with their colleagues who were assisting the person, they ensured they knocked on the bathroom door and waited. One person said, "Staff always knock on the door and they will often sit and have a chat with you."

People's assessments and plans of care were kept securely when they were not in use, so that their confidentiality was respected. Where staff needed to have direct access to records in people's own rooms, these were located discreetly behind doors and contained essential monitoring records rather than personal details.

People were supported to maintain their independence and care plans reflected their ability and the type and level of support they needed. One person said, "I am very tottery in the morning but I try to look after myself. I know they would help me if I needed it." This contributed to recognising the person's right to maintain their independence as far as possible.

People and their family/relatives were involved in the development and review of care plans. People told us the staff always talk about the care and support they required. One relative told us, "The registered manager always invites us to discuss [family member's] care plan, and they are reviewed frequently. We can always discuss things with staff in the meantime." A person told us, "I am always involved, they discuss our care all the time. They ask if I am happy and I always am. Its' such a lovely home. I am very happy here."

People were comfortable and relaxed in the company of staff and the registered manager. The atmosphere during our inspection was busy yet calm. People were reading, watching TV and chatting with staff. We observed staff sitting with people at various times during the day having a chat. One relative told us, "The staff have really got to know [family member] and they know their needs really well." Another relative told us, "Everyone here knows [family member] and know what they can and can't do. I don't think they would cope anywhere else." A third relative commented, "I do see the staff sitting and chatting with residents a lot."

Staff were positive about the support provided and their experiences of working at the service. One staff member told us, "We are one big happy family here. We know everyone really well. We all look out for each other."

We observed positive interactions between staff and people that used the service and found these to be caring and friendly. We observed members of staff responding to people promptly, using each person's preferred name. Staff listened to what people had to say and gave them time to respond.

Is the service responsive?

Our findings

At the last inspection in April 2017 we found the service required improvement in relation to lack of activities and social isolation.

At this inspection we found that improvements had been made in this area. Care records reflected people's past hobbies and interests to help staff engage with them and support them to pursue hobbies and participate in activities of interest. Notice boards around the home listed forthcoming activities. These included the forthcoming fete, church services and quizzes. Daily records showed that activities were consistently planned and completed. We observed people participating and enjoying an art session. One person said, "I like the activities, I think there is enough to keep me busy." Another person told us, "I like to sit and listen to my radio. I have been to the BBQ which was very good. We go out on trips which are very nice. We are going to Cromer on the 12th (September) and I am looking forward to that." A relative said, "Even though [family member] can't really do anything [staff] do try and include them and stimulate them. They were supposed to be decorating cakes the other day but they ate four of them before doing any decorating, not that any of the staff minded though."

The management team told us about suggestions people had made for outings they would enjoy and what had been arranged in response to these. Because of the suggestions, they were planning a trip to the seaside and some people had already had the opportunity to visit the Bure Valley Railway.

People received personalised care and support that was responsive to their individual needs. Care plans were detailed and included relevant information to guide staff on their preferences and how they liked to be supported. The registered manager and staff told us that people's needs were kept under regular review and care plans were revised to enable staff to continue to provide appropriate care. One person told us, "Staff are really kind and caring, they know what they are doing and they will always help you."

People living at the service were able to confirm they knew who to speak to if they were unhappy with any aspect of the service. The registered manager told us how they had used resident's meetings to encourage people to give feedback or raise any concerns. Everyone we spoke with felt if they needed to raise any concerns they would be happy to speak with the registered manager, deputy or a senior member of the team.

The registered manager followed the providers complaints policy and procedure to manage concerns and complaints that were raised. Records showed and the registered manager confirmed complaints were treated seriously, investigated and used to learn lessons and drive improvement. Four concerns had been raised since the last inspection, two related to missing clothing. In response a new labelling tool was purchased to label people's clothing to help to prevent further loss of clothing. We saw that the service had received many 'thank you' letters, cards and positive feedback which demonstrated people and their relatives were happy with the service they received.

Staff told us that some of them had completed training recently in supporting people at the end of their

lives. Two staff members were currently undertaking training in "Six Steps to Success." This is a nationally recognised training and aims to enhance end of life care provided by a care home. The two staff members will be the care homes champions who will have the knowledge, skills and access to current best practice to pass on to other staff members.

For some people work had started to compile information about their wishes, where they wanted to spend their last days and who they wanted informed. The assessments of people's needs also took into account their spirituality and how this might influence the arrangements staff should support them in making. In one we reviewed, we saw that the person had not specified in detail what they wanted to happen. However, their wish "...not to linger..." was recorded for the family member who had authority to make decisions about care and welfare, should the person lack the mental capacity to do this themselves.

Is the service well-led?

Our findings

At the last inspection in April 2017 we found the service required improvement in relation to auditing and monitoring of the service.

At this inspection we found that improvements had been made to the oversight and governance of the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider supported the registered manager and made regular visits to the service.

Systems were in place to monitor the quality and safety of the service and drive continuous improvement. The registered manager carried out monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider continued to visit the service and was fully aware of what was happening in the service. Areas for improvement had been noted by the registered manager and actions were underway to address these. For example, better signage to be purchased to better enable people to find their way around the home.

Staff spoken with said that they valued the approach of the registered manager. They told us that she had an "open door" policy and they felt able to seek advice or express concerns at any time. They also described how they felt they were listened to if they had ideas for change that would improve things. They told us that they had the opportunity to complete a questionnaire from time to time, so they could express their views, but could also do so at staff meetings. They described these as a two-way process rather than the discussions always being led by a member of the management team. One person said, "[Registered manager] is ok and I feel I can talk to them." A relative said, "[Registered Manager and the staff] have tried to make it really homely here."

Staff consistently described morale and teamwork as good and that staff working in different capacities worked well in supporting one another. They spoke enthusiastically about their work and described the home as having a "family" atmosphere." Some staff told us how they had worked at the home for a long while because of that atmosphere and enjoying what they did.

Those staff whom we asked, said that they felt the standard of care would be good enough for one of their family members, should they ever need to move into the home.

Records the CQC held about the service and reviewed during the inspection, confirmed that the provider had sent notifications to the CQC as legally required. A notification is information about important events that the provider is required by law to notify us about such as safeguarding concerns, deaths at the service and serious incidents. In addition, the provider was correctly displaying their previous inspection rating

conspicuously.

Staff at the service worked in partnership and shared information with other key organisations and agencies to provide joined up care to people who used the service. This included working with a variety of health and social care providers such as representatives from the local authority contracts and quality team to review contract compliance and to monitor the level of care provided in line with the local authority contract.