

Tamaris Healthcare (England) Limited

Barrington Lodge Care Home

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

About the service

Barrington Lodge is a residential care home providing accommodation and personal care to 49 older people at the time of the inspection. The service can support up to 70 people.

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

We received positive feedback from people, who told us they were happy living at Barrington Lodge. They told us they felt safe with the level of care and support available. Relatives were happy with the care and support their relatives were receiving.

People received person-centred support and staff knew people well. The care plans in place covered all aspects of people's care and support preferences to ensure a personalised experience. People were supported to maintain important personal relationships with friends and relatives.

There were systems in place for communicating with staff, people and their relatives to ensure they were informed.

People were supported to have their say and to exercise their rights and access to advocacy was available if required. Information could be made available for people in the correct format. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Healthcare professionals recommended the home and spoke positively of the registered manager and staff team and were included in people's care and support as and when needed. People who need specialist diets were supported.

The environment was clean, recently decorated and maintained to a good standard with personalised bedrooms. Audits and monitoring systems were used effectively to manage the service and to make improvements as and when required. There were enough staff to support people and staff were always visible. Staff received support and a variety of appropriate training to meet people's needs.

Medicines were managed well, safely administered and recorded accurately. Individualised risk assessments were in place. Staff were confident they would raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (9 January 2019) and there were multiple breaches of regulation. 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

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective finding below.

Good ●

Is the service caring?

The service was caring.

Details are in the caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in the responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in the well led findings below.

Good ●

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.

Inspection team

One inspector carried out the inspection along with 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.

Service and service type

Barrington Lodge is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that when registered 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.

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 and professionals who work with the service. The registered manager and provider were working closely with the local authority commissioners on improving the quality of the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time with people living at the service. We spoke with six people who used the service, five relatives, the registered manager, deputy manager, area manager, four care staff, the activities coordinator and kitchen staff.

We reviewed a range of records. These included four people's care records and five medicines records. A variety of records relating to the management of the service, including audits and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training, audits, reports from external professionals and policies.

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

At our last inspection we recommended the provider make improvements in recording whistleblowing information. The provider had made improvements.

- Staff had received safeguarding training and were able to appropriately raise any concerns.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.

Assessing risk, safety monitoring and management

- People had both general and personalised risk assessments, which were regularly reviewed. One relative told us, "Oh yes, I feel safe".
- Where risks were identified, care plans showed ways in which staff could reduce these risks.
- Fire safety practices were in place and regular checks of fire equipment took place. One person told us, "They have regular fire drills, they have just had one".
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe.

Preventing and controlling infection

- The premises were clean and tidy. However, on the first day of our inspection areas of the kitchen were not clean. This was brought to the area manager's attention who addressed it immediately by arranging a deep clean of the area. People told us the home was clean. One person told us, "Yes, they are in every day. Cleanliness is spot on".

Using medicines safely

- Medicine administration and managed safely.
- Records were clear and completed fully.
- People received their medicines as prescribed.

Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety.
- Staff were recruited using robust checking methods to ensure suitable people were employed.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual recording basis. The registered manager analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.

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 inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed meet peoples Nutritional and hydration needs. people were not always given adequate support to eat and drink. This was a breach of Regulation 14 HSCA RA Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- The staff were aware of people's dietary needs and people who required a specialist diet were supported well.
- People's eating and drinking needs were met by a varied and nutritionally balanced diet. People enjoyed a relaxed dining experience and could choose where they ate.
- People were offered drinks regularly and there were drinks set out for people to help themselves to.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to support Persons employed by not always providing appropriate support, training, professional development, supervision and appraisal as necessary to carry out their roles. This was a breach of Regulation 18 HSCA RA Regulations 2014 staffing. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staff who were appropriately trained and supported by regular supervisions. Staff told us they enjoyed the range of training on offer and that it was on line and face to face learning.
- New employees completed an induction and shadowed more experienced staff as part of their induction.

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

- The home was recently re-decorated. It was fully accessible with a range of adaptations and equipment to meet people's needs. One relative told us, "Overall this place has improved, it looks nicer, it had a revamp and things aren't just left any more. Like the garden its tidier".
- The outside garden area of the home was accessible with a summer house for activities and well used in good weather.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Outcomes for people, their preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and their relatives, and this was reflected in their care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked with external professionals, such as speech and language therapy and community nurses to support and maintain people's health.
- People had detailed care plans that covered healthcare needs. These shared important information with healthcare professionals.
- Timely referrals were made to other healthcare professionals where appropriate.

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

The Mental Capacity Act 2005 (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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care; they understood their role in making decisions in people's best interests. For example, receiving care and using safety equipment.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- People who could were asked to give consent to their care and treatment; we saw this was recorded in care files.

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 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

- People were supported to maintain personal relationships.
- Care plans included people's preferences for staff and these were respected. More was needed in initial assessments to collect equality and diversity information and the registered manager was aware and told us they were looking to address this.
- People and their relatives told us everyone was welcome at the home. One relative said, "We visit numerous times a week and it's a pleasure to visit, we are always welcomed, there is always a smile for us".

Respecting and promoting people's privacy, dignity and independence

- Staff were trained in dignity and respect. People were treated with the upmost kindness and respect at all times. One person told us, "You can't go wrong, that's my opinion. They (staff) ask permission. They don't just do it. They ask me".
- People were actively supported to achieve increased independence.
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully.

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

- People were encouraged and supported to have their say and they had access to independent advocates.
- People were supported to make plans and discuss any changes to their care and support. Relatives and partners were also included. One person told us, "They have tons of them (care plans). Yes, it is updated".
- Staff spent time listening, talking to people and giving choices.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people. They covered all aspects of people's care and support. They were personalised and reviewed regularly.
- The support people received was individual to their needs and was delivered in a person-centred way.

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.

- People were supported to follow their interests. One person told us, "In the Summer I do the garden here. I try to do as much as I can".
- The feedback regarding the activities was positive. We observed some activities taking place however, these were not always engaging for people. On the second day of our inspection the activities co-ordinators from the providers other homes met up to share ideas and discuss challenges and come up with engaging activities, including using more technology.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place that was followed by the registered manager and staff. One person told us, "Complain? I'd go straight to the top. But I've not had that experience".
- People and their relatives were supported to leave comments. Any issues from these were acted upon.

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.

- Information could be made available to people in different formats, including large print and audio where required.

End-of-life care and support

- People were supported to make end-of-life care plans expressing their 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 requires improvement. At this inspection this key question improved to good. 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

At our last inspection the provider had failed to assess and monitor to improve the quality and safety of the service. This was a breach of Regulation 17 HSCA RA Regulations 2014 Good Governance. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Policies, procedures and audits were current and in line with best practice. Audits highlighted areas for improvement and actions were followed up by the registered manager.
- The provider had contingency plans for people to ensure minimal disruption to care in case of an emergency.
- The provider had sent us notifications relating to significant events occurring within the service.

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

- The registered manager held staff meetings and daily meetings to discuss relevant information.
- Staff could approach the registered manager for support. One staff member told us, "There is an open-door policy. If I had any worries, I'd go straight to her. She is very supportive"
- People and relatives were asked for their views on the service and these were acted upon. Such as the redecoration.

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

- The culture at the home was to support people to practice their chosen religion if they wished and for staff to understand different cultural beliefs or preferences. The chef told us, "Yes we have supported people in the past with cultural diets and whatever is needed we would get".
- There was a good system of communication to keep staff, people and their families informed of what was happening. The registered manager told us that meetings were not well attended therefore they were going to explore other options.

Continuous learning and improving care

- The registered manager took on board opinions and views of the people who used the service and their relatives to make improvements.
- Opportunities for staff to meet up and share ideas and make improvements to the service were observed.
- People interacted positively with the registered manager. We observed people approaching the registered

manager and a positive rapport was noted.

Working in partnership with others

- The registered manager worked with health and social care professionals to ensure people received the care they needed.
- The Home had good links with the community especially local schools. One relative told us, "They had carol singers here. There was also a local event people went to".

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 registered manager understood their duty of candour responsibilities and their management style was open and transparent.