Barnham Manor Limited

Barnham Manor

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 14 June 2016 and was unannounced.

Barnham Manor is a nursing home registered to provide accommodation, nursing and personal care for up to 33 older persons. At the time of the inspection 32 people lived at the service.

There were 28 single bedrooms and three shared bedrooms. All bedrooms had an en suite wet- room bathroom. The home had a lounge - dining room which people were observed using. There were also areas where people and visitors could sit such as recess areas on the first floor. There was parking at the front of the building and well maintained gardens at the rear, which people used. A passenger lift was provided so people could access the first floor.

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.

The service was last inspected on 13 April 2015 when we identified a breach of Regulation because the care plans did not always accurately reflect people's care needs. A requirement was made for this and the provider sent an action plan to say how this was being addressed. At this inspection we found action had been taken to improve the care plans which now covered people's care needs.

At this inspection we found people's confidential records were not secure.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People said they received safe care.

Care records showed any risks to people were assessed and there was guidance of how those risks should be managed to prevent any risk of harm.

There were sufficient numbers of staff to meet people's needs and a registered nurse was on duty at all times. Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

People received their medicines safely.

Staff were trained in a number of areas and people reported they were well cared for by staff. The arrangements for supervising staff were not always clear.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty

Safeguards (DoLS) which applies to care homes. Staff were trained in the MCA and DoLS. The staff and registered manager were aware of the legislation and carried out assessments of the capacity of those not able to consent to their care and treatment. Applications to deprive people of their liberty for their own safety were made appropriately. People said they were consulted about their care.

There was a choice of food and people said they liked the food. People were supported to receive adequate nutrition and fluids.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular health checks from health care professionals.

Staff treated people with kindness and respect. People were able to exercise choice in how they spent their time. Arrangements were in place so people received care at the end of their life which reflected their wishes.

Each person's needs were assessed and care plans showed how people's needs were to be met and how staff should support people. Care was individualised to reflect people's preferences. Relatives and health care professionals said the staff provided a very good standard of care.

Staff supported people with activities and social events were organised based on what people wanted.

The complaints procedure was available to people and their relatives. People said they had opportunities to express their views or concerns, which were listened to and acted on.
There was a culture which reflected a service based on meeting people's individual needs and the provider and registered manager's commitment to the welfare of staff and people.
People's views about the service were sought as well as those of health and social care professionals.

A number of audits and checks were used to check on the effectiveness, safety and quality of the service which the provider used to make improvements.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were trained in a number of relevant areas and had access to nationally recognised qualifications in care. Staff were supervised and their work appraised but supervision was infrequent.

The service had arrangements to ensure the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were used appropriately.

People were supported to have a balanced and nutritious diet and there was a choice of food.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

The environment and décor was well maintained which promoted the dignity of people.

Is the service caring?

Good

The service was caring.

Staff had good understanding of people's needs and preferences. Staff treated people with kindness and respect.

Care was individualised and based each person's preferences.

Where people received care at the end of their life this was based on their preferences and choices.

Is the service responsive?

Good

The service was responsive.

People's needs were comprehensively assessed and reviewed. Care plans were individualised and reflected people's preferences.

A range of activities were provided based on what people wanted.

People knew what to do if they wished to raise a concern.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People's confidential care and treatment records were not secure.

The provider sought the views of people and health and social professionals to check if improvements needed to be made.

The culture of the service reflected a commitment by the registered manager and provider to investing in improvements to environment and the well- being of people and staff.

There were a number of systems for checking and auditing the safety and quality of the service.

Barnham Manor

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 was unannounced and took place on 14 June 2016 and was carried out 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 service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with seven people who lived at the home and five relatives. We spoke with five staff, which included a registered nurse. We also spoke with the registered manager and the provider of the service.

We spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for five people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for six staff were reviewed, which included checks on newly appointed staff and staff supervision records.

Good

Is the service safe?

Our findings

People and their relatives said care was safely provided. For example, one person said there were enough staff who responded to requests for assistance whenever they used the call point in their room. We observed people were safely supported when they needed the assistance of staff to move. Moving and handling equipment was used appropriately. People and a relative commented that staff helped them mobilise safely. People said they received their medicines safely.

The service had policies and procedures regarding the protection of people from harm and what to do in the event of someone experiencing neglect or harm. Staff knew their responsibilities to report any concerns of a safeguarding nature to their manager and knew they could also make contact with the local authority safeguarding team. Staff confirmed they received training in safeguarding procedures and had a good awareness of the different types of abuse, such as neglect or financial exploitation.

People's care records identified where there were risks to people's safety and their risk assessments included needs such as possible falls, mobility, use of bed rails and the risk of pressure damage to people's skin. Risks when moving and handling people were assessed using a score system which indicated the level of risk to the person. Care plans detailed how people's personal safety was ensured by staff. Where people experienced a fall or other similar incident the risk assessments and care plans were reviewed and updated to reduce the risk of any reoccurrence. There were corresponding care plans of the action staff needed to take to minimise risks and to keep people safe. Specialist equipment was also used to reduce the risk of pressure areas developing on people's skin such as pressure relieving mattresses.

The service provided sufficient staffing levels to meet people's needs. We based this judgement on observations of staff with people, what people, relatives and staff told us.

From 7am to 1 pm there were five care staff and one registered nurse on duty. From 1pm to 7pm there were four care staff and one registered nurse on duty. The hours worked by the registered manager were in addition to this. The service also employed a cook and two cleaning staff for seven days a week. Night time staffing consisted of two staff and a registered nurse on a 'waking' duty. Staffing arrangements were organised on the staff rota and these reflected the above care staff hours. Staff considered the staffing levels were sufficient to meet people's needs.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There were records to show staff were interviewed to check their suitability to work in a care setting. The provider checked nurses were registered with the Nursing and Midwifery Council (NMC). These checks ensured staff were safe to work with people.

We looked at how the service managed people's medicines. There were policies and procedures for the safe handling of medicines. Medicines were supplied to the service in a monitored dosage system which meant the medicines were easier to handle as they were organised in a pack for each time the person needed the

medicine. Staff completed a record each time they administered medicines to people. Stocks of medicines showed people received their medicines as prescribed. The previous inspection report recommended that where people had medicine which needed to be administered on an 'as required' basis, a record needed to be maintained of the signs and symptoms of when staff needed to administer this. At this inspection we found this had been addressed. Where people had a variable dose of medicine the correct procedures were followed. For example, records showed Warfarin medicine was administered according to the results of blood tests carried out by the local health services.

Checks were made by suitably qualified persons of equipment such as the passenger lift, gas heating, electrical wiring, hoists, wheelchairs, the call points, fire safety equipment and alarms and electrical appliances. Temperature controls were in place to prevent any possible scalding from hot water, and the temperature of water was also checked periodically. Risks and measures to prevent Legionella were in place. Radiators had covers on them to prevent any possible burns to people. Call points were installed in each person's room so they could summon help from staff.

The service was found to be clean and free from any offensive odours. One person said a relative chose the service because of the 'fresh, clean smell from the moment they entered the building.' There was cleaning schedule and staff made a record each time they cleaned people's rooms and other areas.

Good

Is the service effective?

Our findings

People and their relatives said staff provided effective care. For example, one relative said, "Amazing nursing care," and went on to explain how the staff had successfully treated wounds which had previously been resistant to heal. People also said staff had the right skills to support them. For example, one person said, "I'm very happy. Very comfortable. They look after me well."
People generally liked the food although one person said the food could be hotter and felt it could be improved. Another person said the food was good, with plentiful portions and always a choice. A relative described the food as "fabulous," adding that personal tastes and preferences were catered for.

Whilst staff received training and appraisal of their work in order that they had the skills and knowledge to look after people well, supervision of staff was inconsistent. The provider's staff supervision policy stated each staff member should receive supervision once every three months plus an annual appraisal, but actual frequency was less than this. For example, one staff member had a record of an annual appraisal for the years 2013, 2014 and 2015 but no records of supervision. A registered nurse had a record of a yearly appraisal but no supervision was recorded. Those staff who administered medicines to people were not formally observed and assessed to be competent in this as recommended by the Royal Pharmaceutical Society. We noted other staff did have records of supervision and staff told us they felt supported and said they could ask for advice and support. Staff also said there was a system of supervision whereby the registered nurses and care staff worked alongside each other where they were able to seek advice and learn from each other. The evidence showed staff performance was monitored and that staff had access to advice and support which ensured effective care for people, but that the current system of supervision needed was not clearly structured or recorded in line with their own policy.

Newly appointed staff received induction training to prepare them for work at the service and enrolled on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. A member of staff who recently started work at the service described how their induction consisted of working with experienced staff in a 'shadowing' role for three weeks to observe how to look after people, which prepared them for their role.

Staff were supported to attain the National Vocational Qualification (NVQ) in care or the Diploma in Health and Social Care. The provider confirmed three of the 14 care staff were qualified at NVQ level 3 and 6 staff at level 2. Further staff were undertaking the Diploma in Health and Social Care at levels 2, 3 and 4. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Staff completed training considered essential to their role such as moving and handling, infection control, safeguarding adults, care of those with diabetes and those living with dementia. The provider confirmed there was a training plan for staff. Additional training was provided such as pressure ulcer care, end of life care and syringe driver use. Staff said the training was of a good standard and that they were able to discuss their training needs and could suggest relevant courses to attend.

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 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 Deprivation of Liberty Safeguards (DoLS). Seven people at the home were subject to a DoLS and the appropriate authorisations had been obtained for this.

The service had policies and procedures regarding the MCA and DoLS and staff were trained in this. The staff assessed the capacity of people to consent to their care and treatment where this was appropriate. People said they were consulted about their care and treatment. However, we noted that where people's care plans had a section for them to complete to agree to their care and treatment that this was sometimes blank or was signed by a relative who did not have any lasting power of attorney for health and welfare. It was therefore not completely clear from the records whether people had always formally consented to their care and treatment.

The service had a menu plan which showed varied, nutritious and balanced meals. People were offered a choice of food and were asked in advance what they wanted to eat which was recorded for the kitchen staff to follow. We observed the lunch when it was noted people had different meals according to their choice. Where people wanted something different staff supplied this and people were offered additional portions if they wanted. We saw food stocks included fresh produce, such as fruit and vegetables. The cook said food was freshly prepared including biscuits, cakes and desserts.

People's nutritional needs were assessed using a malnutrition universal screening tool (MUST). This is an assessment tool which identifies if people are at risk of malnutrition and if a referral is needed for specialist assessment by a GP, dietician or speech and language therapist (SALT). Care records showed referrals were made where people had nutritional or swallowing needs and the advice of the SALT was recorded. For example, we saw there was a care plan for those who had difficulties in swallowing based on the assessment report by a SALT. The cook was aware which people needed soft or pureed food.

Care records showed people's health care needs were monitored by staff and arrangements made for health care checks and treatment. For example, people's blood sugar levels were monitored where people had diabetes. There were records of staff liaising with GPs, the diabetic nurse service and the eye clinic.

People's needs were met by the adaptation, design and decoration of the service. The service was decorated to a good standard which promoted the dignity of people. Bedrooms were well appointed and each one had an en- suite wet room. Doors were especially designed in order that they were wide enough so equipment such as hoists and wheelchairs could be moved. People and relatives commented on how much they liked the environment. There was a well maintained and planted garden which the living room overlooked; people were observed to enjoy looking out onto flower beds and water feature. The garden could be accessed by people via a gravel path with rubber matting to make it easier for those with wheelchairs.

Good

Is the service caring?

Our findings

People said the staff were skilled in making people feel they mattered. For example, one person said staff treated them with "total respect," and that they felt "very relaxed in their (the staff) company". Another person said of the staff, "They're all good. Jolly good. Polite and kind." People said they were able to exercise choice in how they spent their time such as times for getting up and going to bed, although one person felt the morning routines were a little inflexible but said they had got used to them. A relative commented to the provider during the inspection, "We couldn't have had better help."

We spent time observing staff with people in the dining room. Staff were observed to treat people politely and with respect. People needed varying degrees of support to eat their meal. Staff did this calmly and paid attention to people. Where people were reluctant to eat, staff were patient to ensure people got all possible assistance.

Staff were skilled in supporting people who were upset or confused. Training was provided to staff in 'Listening and responding to people who are worried or distressed.' Care plans gave details of people emotional needs. Staff said they tried to develop relationships with people so people felt comfortable talking to them.

The service operated a system whereby each person had a named nurse and care staff member assigned to them who took lead responsibility for coordinating their care. This also involved the completion of a document called 'Knowing me,' which had details about people's life and preferences.

Staff demonstrated values of compassion and treating people as individuals. For example, one staff member said it was important to provide individualised, person centred care and to provide choices for people. Other staff stressed the importance of treating people with dignity, of being patient, caring and understanding. Staff also said how they tried to help people maintain their independence.

The service used a document for each person called, 'Planning for Future Care-Wishes and Preferences for My Future Care.' This included details about any arrangements for future care including end of life care. However in the records it was not always clear whether the arrangements had been discussed and agreed with the person themselves. Staff were trained in care of those at the end of their life. The service had links with a local hospice regarding palliative care. Relatives gave positive feedback to the service regarding the care of those at the end of their lives. For example, one relative commented, 'We thank you all from the bottom of our heart for making mum's remaining years comfortable and happy.'

Information about the service was provided to people in the form of a document called 'Service User Guide,' which was in each person's bedroom as well as a newsletter. A notice board in the lounge displayed the day of the week, the date, the weather forecast and the menu for the day.

People's privacy was promoted by the staff. We observed staff knocking and waiting for an answer before entering people's bedrooms. People said staff ensured their privacy was promoted. Where people shared a

bedroom they agreed to this and curtains were used to allow for privacy.

People were supported with any spiritual or religious needs by a visiting priests or being taken by staff to a place of worship.

Good

Is the service responsive?

Our findings

The previous inspection report made a requirement regarding people's assessments of need, and, care plans not having sufficient information. The provider sent us an action plan to say how they were addressing this. At this inspection we found this requirement was met.
Each person's needs were assessed prior to their admission to the service in order to ascertain if the person's needs could be met. Corresponding care plans outlined how staff should provide care. These were comprehensive and covered different care needs as well as personal preferences and lifestyle. Where needed, monitoring charts were used to record how staff should support people with needs such as nutrition and skin care. Care plans and assessments were reviewed on a monthly basis. Staff completed a daily record of personal care tasks with each person which enabled a check to be made that these care needs were being met. Staff said the care plans contained the information they needed to provide the right care.
People said they received the care they needed. For example, one person said, "I'm looked after well. I'm consulted." Another person said, "The staff ask me how I want to be helped." One person we spoke to was not aware if they had a care plan but said they got the personal care they wanted. People said they liked the activities and outings. For example, one person said, "I like the activities. There's lots to do."

There were activities taking place at the time of the inspection whereby staff engaged people in a group card game. Staff said activities were planned in the morning based on what people wanted. The service had its own minibus which was used to take people on outings. Entertainment such as theatre performers and musicians visited the service as well as someone who provided gentle exercise classes. People told us they liked the events such as garden parties and events at Easter and Christmas.

People knew about the complaints procedure if they were dissatisfied with the standard of service they received. The complaints procedure was displayed in the service. People said they had daily access to the registered manager who they talked to and said they felt able to raise any issues they had, which were then addressed. No complaints had been made to the service. A record of compliments about the standard of care from relatives and people was available for us to see.

Requires Improvement

Is the service well-led?

Our findings

We identified that people's care records were not secure when not in use and could be easily accessed by visitors. This was consistent throughout the day of the inspection. This was discussed with the registered manager who acknowledged the records should have been stored more securely. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said the registered manager was approachable and communicated well with them.

Surveys were used to obtain the views of people about the service. These were analysed and summarised by the provider so that any themes could be identified and possible action taken. Results of the surveys showed people and their relatives considered the service was good. Comments included the following: 'extremely well managed,' 'high standards,' and, 'Barnham Manor is a brilliant home with wonderful staff.' Survey questionnaires had been completed by health and social care professionals and typical comments included the following: "A well run home, run by an effective matron who is very caring,' and the manager 'is an outstanding manageress.'

Residents' and relatives' meetings took place where people and staff could communicate on any developments or concerns. Minutes of these were maintained and the last meeting took place in November 2015. There was a facility in the hall where people, visitors or relatives could make complaints or suggestions for improvement.

Staff described the service as well led and highlighted how supportive and approachable the registered manager and provider were. For example, one staff member said the registered manager and provider were, "Brilliant. They care for the staff and the residents." Relatively new staff said they were impressed with the way the service ran, adding there was good communication between people and the staff and management team. This staff same staff member said care staff knew what to do in providing care and acted immediately in response to any events.
Staff said there were staff meetings which allowed them to discuss the care of people and any changes to the service's policies and procedures.

The culture of the service reflected a commitment to investing and valuing the staff and people. This showed in the attention to detail in maintaining the environment and décor and in providing personalised care to people.

The provider and registered manager checked on the quality and safety of the service in a number of ways. There was an audit of medicines and care plans. A comprehensive audit was carried out using a Registered Nursing Homes Association system of quality assurance. This highlighted what the service did well and where improvements were needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured service user's care records were secure . Regulation 17 (2) (c)