

Countrywide Care Homes (2) Limited

Barnes Court Care Home

Inspection report

Wycliffe Road
High Barnes
Sunderland
Tyne and Wear
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Tel: 01915202000

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20 February 2017

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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

Barnes Court Care Home is a purpose-built home with three floors. It provides care for people with complex physical and neurological needs on the ground floor, dementia care on the first floor and nursing care on the second floor. The home is registered for 89 places but only 66 places were available across the three units because the home no longer uses shared rooms. At the time of this inspection there were 57 people living at the home.

At the last inspection, on 8 October 2014, the service was rated Good. At that time we recommended the decoration was improved in one part of the building. During this inspection we found improvements had been made and were continuing in other parts of the home.

At this inspection we found the service remained Good.

People said they felt safe living at the home and were comfortable with the staff who supported them. Risks to people's well-being were managed and health and safety checks of the premises were carried out. There were sufficient staff to meet people's needs and they were vetted to make sure they were suitable. People were supported with their medicines in a safe way and a new electronic system was being introduced to reduce the chance of any mistakes.

Staff said they were well trained and supported in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received the right support with their nutritional and dietary needs. They were assisted to access health services when they needed them.

People and relatives told us all the staff were friendly, caring and helpful. They said staff treated them with dignity and respect. People told us staff protected their privacy when supporting them with personal care.

People received care that was individual to their needs and wherever possible they were involved in planning their own care. Staff were knowledgeable about people's needs and preferences. There was a range of activities for people to join in if they wanted.

At the time of this inspection the manager had been providing relief management cover for five months since the previous manager left. The manager was in the process of applying to the Care Quality Commission to be registered as manager.

People, relatives and staff felt there an open and friendly culture within the service. They were asked for their views about the home and these were used to improve the service. The provider had thorough quality assurance checks to make sure the service was safe for people.

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.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was Good.</p> <p>At the last inspection the accommodation on the top floor of the home was in need of redecoration. Since then that area had been decorated and further decoration was being carried out to the middle floor during this inspection.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not fully well-led.</p> <p>The was no registered manager at the home. The temporary manager had been asked to become permanent and so was in the process of applying to be the registered manager.</p>	<p>Requires Improvement ●</p>

Barnes Court Care Home

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 checked 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 was a comprehensive inspection which was carried out on 7 February 2017 and was unannounced. Short announced visits were made on 8 and 20 February 2017.

The first day of inspection was carried out by one adult social care inspector, a specialist advisor 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 information we held about the service including notifications about any incidents in the home. We asked commissioners from the local authority and health authority for their views of the service provided at this home. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with six people living at the home, six relatives and two visiting healthcare professionals. We also spoke with the manager, three nurses, a care practitioner, four care workers, a member of catering staff, a maintenance staff member, a quality assurance manager and an operations director.

We observed care and support in the communal areas and looked around the premises. We also observed a lunchtime meal to help us understand how well people were cared for. We viewed a range of records about people's care and how the home was managed. These included the care records of eight people, the recruitment records of three staff members, medicines records, training records and quality monitoring reports.

Is the service safe?

Our findings

People and relatives we spoke with felt the home was a safe place to live. One person told us, "All safety precautions are adhered to." Another person commented, "I feel safe."

A relative commented, "Everyone we've met has been great. We don't come in everyday as we know they're safe." Another visitor told us, "It's very safe, no problems. Bed rails and all equipment is used correctly, and (they're) never left."

Staff told us, and records confirmed, they had all completed safeguarding training. Staff said they felt able to speak up about any issues, including concerns and knew how to report these. There were posters around the home about how to report any safeguarding events. The safeguarding procedures were also on-line so staff could access this information at any time. Staff told us they had "no concerns" and felt people were "safe" and "well-cared for".

The manager kept a log of all incidents and concerns. These had been appropriately reported to the local authority and to the Care Quality Commission. In this way, the service followed safeguarding protocols and kept other agencies informed.

Risks to people's safety and health were assessed, managed and reviewed. Their assessments included risk of falls, risk of choking and skin integrity. The risk assessments were kept under monthly review unless people's needs changed more quickly. Risk assessment records included details of discussions with other professionals and relatives, and there were agreed actions to control or minimise the risks.

The manager carried out a monthly analysis of accidents and incidents, such as falls, to check for any trends so that these could be reduced. For example some people who were at higher risk of falls were provided with sensor mats so that staff could be alerted to their movement.

The provider employed a maintenance member of staff who carried out health and safety checks around the premises, for example fire safety checks. There were contingency arrangements in place for emergencies. There were also personal evacuation plans about how to support each person in the event of an emergency.

Most people and relatives felt there were enough staff to provide the right support for people. One person commented about staffing levels, "It's like anywhere else - probably better than anywhere else." A relative told us, "Seems to be no problems finding anyone and anytime there's any problems they've come straightaway." We saw staff were always present in the lounges, dining rooms or in the corridors. Call alarms were responded to quickly.

Some people felt there were occasions when staff were stretched, usually at mealtimes, or if a staff was off sick. We discussed with the manager the deployment of staff at mealtimes, particularly on the top floor as several people required one-to-one assistance with meals. The manager said they would review this. The

provider used a dependency tool to calculate how much support each person required and this was used to calculate the staffing levels. We saw from staff rotas that the staffing levels were in line with the dependency tool.

The provider used robust recruitment practices to make sure new staff were suitable to work in the care home. These included application forms, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the provider had checks in place to make sure staff were suitable to work at the home.

People's medicines were securely stored and managed in a safe way. There were medicines profiles for each person which contained an up to date photograph, their GP details and information about any allergies. There were specific protocols in place for each person's 'as and when required' medicines so staff had guidance about when people might need those. People's medicines were regularly reviewed by their GP or specialist practitioner.

All medicines were administered by nurses or care practitioners who were trained and checked for their competence to do this. People were helped and supervised with their medicines if they needed to be. We looked at the medicines administration records (MARs) for the people using the service and saw these had been completed in the right way. The service was about to start using an electronic prescribing and administration of medicines system. Staff were being trained in the new system which was intended to minimise the risk of medicine errors.

Is the service effective?

Our findings

People told us staff were skilled and knowledgeable in their jobs. One person described how staff had additional training to help with their specific needs. They told us, "I have a full range of physiotherapy to do and staff were trained up to help and are very supportive."

Relatives told us staff were "very well" trained and competent. One relative said, "They're very good and know their job well." Another relative commented, "They do look after them to the best of their ability."

All members of staff received regular training in essential health and safety subjects such as moving and assisting, fire safety and infection control. Care practitioners had completed training in minor health care tasks and medicines management so nurses could concentrate on complex nursing tasks. Nurses completed appropriate training in catheter care and using syringe drivers. Some people had complex needs and staff said they had good opportunities for training in those specific health needs.

Staff said they were satisfied with the level of training and felt equipped to carry out their roles. Staff told us, and records confirmed, they had regular supervision sessions with a manager. A new member of staff praised the induction programme they were undertaking and said they were enjoying their work at Barnes Court.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There had been 49 DoLS applications over the past year.

Staff understood and applied the principles of MCA. They explained to people how they intended to support them and sought consent from people before carrying out care tasks. There were capacity assessments in place where required. The assessments included people's capacity to make decisions about care planning, consent to sharing information and photographs, and using equipment. At this time all assessments were recorded on one mental capacity assessment form rather than being specific to each decision. The manager stated this was to be changed to decision-specific forms.

People said they were satisfied with the quality and choice of meals provided at the home. There were two main choices at meal times. The chef met people's requests for other alternatives such as scrambled eggs, omelettes or fish and chips. They explained that as long as they had the ingredients available they would provide these alternatives. The chef told us, "We're very flexible. They can have what they want if we've got it, and if not we'll run and get it."

People were provided with the right assistance at mealtimes to enjoy their meals in a safe way. For example, sitting upright in specialist chairs and receiving one-to-one support from staff. Some people required soft textured foods and other people had special diets for health needs. In discussions the catering and care staff were very aware of people's individual dietary requirements, including finger-foods for people who

could not tolerate sitting at tables for long. Some people required food to be provided via a stomach tube (called PEG-feeding) and staff were trained in supporting people with this. People's care records showed their nutritional well-being was assessed and kept under review.

People and relatives felt the staff were good at liaising with other health care professionals when people's health care needs changed. One person told us their health needs were "definitely met" and "(staff) make all the arrangements for hospital appointments". A relative felt their family member's health had improved since coming to live at the home. They told us, "They've come on a treat and I see a difference in [family member] every day. I took [family member] to the doctors today and the doctor can see a difference and is over the moon."

Since the last inspection there had been some additional decoration of the unit for people living with dementia so that there were more objects of tactile and sensory interest and better orientation signs. This meant people who were living with dementia had better visual clues about how to get around the unit independently. At the time of this inspection there were no picture version of the menus which would support people's communication.

The provider had a dementia strategy that included an assessment of the service at Barnes Court to check how further improvements could be made to the environment, staff training and activities of daily living to support people living with dementia. The assessment had only recently been carried out so an action plan from the results was being compiled for future development.

Is the service caring?

Our findings

People told us all the staff were friendly and helpful. One person commented, "Staff always come and talk to you, even the staff in the kitchen, and you always get a wave off them every morning." Another person told us, "They're polite and chat with me." Another person said they were "treated with respect" and that staff were "very supportive".

Relatives also felt staff were caring towards the people who lived there. One relative commented, "Just sitting watching (staff) you see they're lovely with them all." Another relative said, "When walking past other rooms I can hear (staff) are consistent with the way they talk with them. I've never heard anyone raise voices. My [family member] was more than happy to return here after a respite stay."

Relatives felt staff were helpful and accessible. One relative commented, "On the first day [my family member] needed toothpaste and the staff offered to go to the shops nearby. Where do you get staff like that these days?" An external care professional who visited the home frequently told us, "Care staff seem to go the extra mile to make sure people have good care. The staff are lovely and spot-on with people."

People felt they were involved in making decisions about their own daily routines. For example, one person told us, "I like a shower or bath after tea and the staff always arrange it." People and relatives felt the staff respected people's choices and decisions. One relative commented, "[My family member] is a fussy eater and not really eating. They will try to help as best they can whilst respecting (their) decision."

People felt they were treated with dignity and their privacy was respected by staff. For example, one person commented, "They're very respectful here so I'm able to get up early or lie-in, it's not a problem. (Staff) are very careful and I have privacy." Another person told us, "It's fine, they knock before entering." Relatives also felt people's privacy was upheld. One relative commented that when their family member needed to get changed the staff "always leave the room, have the doors closed and curtains shut".

Relatives felt people's personal appearance was respected and that their family members always looked "well cared for". One visitor commented, "They've always got (them) dressed tidy."

There was written information in the home about advocacy services for people although none of the people we spoke with needed this support.

Is the service responsive?

Our findings

People we spoke with felt they received an individualised service that met their needs. Outside each person's bedroom door there were photographs and a list of 'five things that are important to me'. People had been involved in compiling the lists of important things where capabilities allowed. One person said they chose not to have the list outside their door and this decision was respected. They told us, "I didn't want to have the five things about me and photograph on my door. I felt it was covered in my care plan already and the staff already know me."

Some people described how they had been involved in their own care planning. For some other people who were living with dementia their relatives had been involved. One relative commented, "We had a meeting and did their background, then re-evaluated that when my family member got here."

People's care plans were detailed and gave specific information about each person's needs. They were written in a personalised way and gave clear advice to staff about how people's care should be delivered. People also had a 'Me and My Life' booklet although this was not always filled in fully and often included one-word answers about the person's history. However, in discussions staff did have a good knowledge of each person and were familiar with their needs, health, daily living skills and preferences. An external care professional commented the staff were also good at supporting people who were living with dementia and were familiar with reading their behaviours. They told us, "(Staff) anticipate people's needs before they get upset."

At the time of this inspection the activities co-ordinator post was vacant. People were still enjoying activities with staff although they were looking forward to having a new activity staff member. People described a wide range of recent activities and social events at the home. These included arts and crafts, entertainers, puppet shows, pet therapy, zoo animals, bingo, quizzes, church services and Macmillan's Big Coffee Morning.

People and relatives said staff encouraged them to be involved in activities and meetings to discuss their activity suggestions. One person told us, "We're asked to go along. Some things I like, others I don't - it's personal choice." Relatives confirmed there were activities and social events if people wanted to join in. One relative said, "My [family member] likes to play pool and dominoes, and there's a games room and cinema room." Another told us, "They have entertainment down in the lounge, it's displayed on the noticeboards."

There was written information in the home for people and visitors about how to make a complaint. All the people and relatives we spoke with said they would feel able to raise any concerns or comment if they were unhappy with the service. One person told us, "If I felt strongly about it I would feel comfortable (making a complaint)."

One relative said, "We would just ask. They're very receptive and if we needed anything and pointed it out they will try to help." Another relative commented, "Nothing to complain about, but if we felt we had to they would say 'tell us'."

The manager kept a record of complaints and how these had been dealt with. There had been three recorded complaints in the past year. These related to staffing levels, cold food and unkempt appearance of people. Records showed actions had been taken to address these matter. For example, ensuring the temperature of meals were checked with a thermometer before being served. The records showed that people were satisfied with the outcomes.

Is the service well-led?

Our findings

Since the last inspection there had been two changes to the management of this home. The last register manager left in Autumn 2016. Since then a manager from another service operated by the same organisation had been providing temporary cover and the provider had decided that they would remain at Barnes Court care home. At the time of this inspection the manager was applying to be the registered manager of Barnes Court care home.

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 and relatives said the new manager was approachable. Some people on the top floor said they would like to see more of the manager but also understood they were busy. One relative commented, "The (office) door is always open" and "they keep us well informed".

People were encouraged to give their suggestions and comments about the service at bi-monthly residents' meetings. The provider also had arrangements with an external organisation to carry out an impartial annual survey with people who lived at the home, called 'Your Care' rating. At the time of this inspection the results for 2016 had not yet been collated, but would be made available in the home and on the website. The results for 2015 from responses by 10 people living at the home were very positive in whether they felt they could have a say in the service.

A food survey was regularly used to get people's views about the quality and choice of meals. The head chef had a lot of interaction with people about what they would like on menus. One person was involved in planning their own four weekly menu as this was important to them. Some people had also been involved in interviewing potential new staff members.

People and relatives said all the staff were open and helpful and there was a friendly culture in the home. Staff stated that the culture at Barnes Court was a caring and positive one. They said they felt supported by the management and the organisation. There were regular meetings between staff at all levels of the organisation and staff told us they felt able to contribute their ideas and comments. The provider had reward schemes for its staff members including vouchers towards health care services such as opticians and dentists. The organisation also held annual national care awards and most recently the home's maintenance member of staff had won an award.

The provider had a quality assurance programme which included monthly visits by a quality assurance manager to check the quality of the service. We saw detailed reports of these visits and action plans and timescales for any areas for improvements. We saw the quality assurance manager checked that any actions had been completed at the next visit. In this way the quality assurance system was effective because it continuously identified and promoted any areas for improvement.

