A & R Care Limited

Barrington Lodge

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

Overall summary

We carried out this inspection on the 30 June and 8 July 2015. The aim of the inspection was to carry out a full comprehensive review of the service and to follow-up on the eight requirement actions made at the previous inspection on 28 and 29 October 2014. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements by the 29 May 2015. At this inspection we found the provider had followed their action plan and improvements had been made in the required areas.

Barrington Lodge is registered to provide residential and nursing care for up to 44 older people, some of who are living with dementia. There are 12 places in the service for people requiring rehabilitation. This intermediate care service provides people with additional support on discharge from hospital, before returning home; or sometimes as an alternative to a hospital admission. Accommodation is arranged over three floors and there is passenger lift access. There were 35 people using the service at the time of our inspection which included nine people staying for rehabilitation.

The home had a registered manager who was also one of the registered providers. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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 protected against the risks associated with the unsafe use and management of medicines. Improved arrangements were in place for the recording, safe keeping and administration of medicines. New audit systems had been introduced and regular checks were being carried out.

At this inspection we found improvements in care planning. Care plans were up to date and reflected the needs of people whose care we focused on. Individual plans were more personalised and detailed, meaning that staff knew what was important to people and how they preferred to receive their care and support. People's health, care and support needs were assessed and reviewed in a timely manner. External professionals were involved in people's care so that individuals' health and social care needs were monitored and met.

Staff recruitment practices had been strengthened and appropriate procedures were followed to make sure suitable staff were employed to work at the home.

More activities were provided for people that met their needs and choices. A new activities coordinator had been employed to facilitate this.

People spoke positively about the quality of the food and choices available and were provided with homemade, freshly cooked meals each day. Menus had improved and included visual prompts to assist people living with dementia in choosing meals.

At the last inspection the provider was not meeting the requirements of the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards (DoLS). This provides a legal framework to help ensure people's rights are protected. Staff had completed training about this and understood their responsibilities where people lacked capacity to consent or make decisions.

Action had been taken to make the complaints system more effective. The procedure had been updated and was prominently displayed in the reception area. Complaints had been investigated and there was monthly auditing to make sure that lessons could be learnt. People could therefore be assured that complaints would be investigated and acted on as necessary.

The provider had also strengthened the arrangements to monitor the quality of the service and involved the people using the service, their relatives and staff to make improvements. The provider listened and acted upon their feedback.

There was more openness and transparency in how the home was managed. People and their relatives were comfortable to raise any issues and felt they were listened to. Staff were clear about their roles and responsibilities and felt supported by management.

There were positive and caring relationships between staff and people who lived in the home and this extended to relatives and other visitors. Staff treated individuals and their guests with respect and courtesy and maintained people's privacy and dignity at all times.

The provider worked in partnership with key organisations to support care provision and service development. There was effective communication between the home and community intermediate care service team and the manager had been working with the local authority to enhance staff training.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Medicines were managed safely and there was better risk management in the home.

The staff recruitment process had been strengthened and people were supported by sufficient numbers of staff.

People in the service felt safe and able to raise any concerns. Safeguarding procedures were in place and staff had completed training and understood how to protect the people they supported from abuse.

Is the service effective?

Good

The service was effective. Staff were more effectively supervised and supported to carry out their role. People were supported by staff with the right experience and skills to meet their needs. There was an ongoing programme of training for staff to keep their knowledge and competence up to date.

The home was now meeting the requirements of the Mental Capacity Act 2005. The provider had taken the correct steps to protect people who were not able to make decisions about their safety and welfare. Staff understood the importance of gaining consent to care and giving people choice.

Improvements had been made with food provision. People were encouraged and supported to make meal choices that met their preferences. People received enough to eat and drink and were protected from the risk of malnutrition or dehydration.

People received the support and care they needed to maintain their health and wellbeing. They had access to appropriate health care professionals when required.

Is the service caring?

Good

The service was caring. People felt well cared for and were involved in planning and decision making about their care. Relatives spoke positively about the care their family members received.

Staff cared for people with a more person centred approach. They showed understanding, warmth and respect, and took into account people's privacy and dignity.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Is the service responsive?

Good

The service was responsive. People's care plans had been thoroughly reviewed and were more personalised to reflect their individual needs and choices. They were regularly updated to ensure that staff responded to changes in people's needs or circumstances.

The home provided more meaningful and stimulating activities that met people's needs and interests whilst reducing the risks of social isolation.

The provider had made improvements to the system for dealing with complaints. People and their relatives were confident to raise any concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led. The provider had introduced more effective systems to monitor the quality of the service. Where improvements were needed, these were being addressed and followed up to ensure continuous development.

People and their relatives were more involved in the way the home was run as there were arrangements for them to express their views and opinions about the services provided.

People and staff told us they had confidence in the management and felt significant improvements had been made.

Barrington Lodge

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 30 June and 8 July 2015 and was unannounced. The aim of the inspection was to carry out a full comprehensive review of the service and to follow-up on the compliance actions made at the previous inspection carried out on 28 and 29 October 2014.

The inspection team consisted of two adult social care inspectors, a pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 21 people living at the home and seven visiting relatives or representatives.

We met with the registered manager, provider, five members of care or nursing staff, the activities co-ordinator and the chef. We also spoke with four health professionals from the Community Intermediate Care Service (CICS) team. We reviewed care records for nine people using the service. We examined recruitment procedures and staff records for three staff members recruited in the past six months. The pharmacist inspector reviewed how medicines were managed and the records relating to this including the medicine administration records for all people using the service. We looked at documents relating to the overall management of the home. These included records about staff training and supervision, audits, meeting minutes, maintenance records and quality assurance reports.

Good

Is the service safe?

Our findings

At our previous inspection in October 2014 we found the management of medicines was not safe. At this inspection we found the provider had made improvements and people were receiving their medicines as prescribed.

Risk assessments had been written for people who self-administered their medicines, and this was monitored by staff via daily audits. For people on the intermediate care programme, all of the medicines had been removed from their rooms, as people were not storing their medicines in the lockable units provided. The manager explained that despite reminders for people, staff had found medicines left out and there was a risk of unauthorised access. As a result, these medicines were stored in separate boxes in the medicines trolley, and provided to people when they needed to take their medicines.

Since our last inspection everyone using the service had a completed medicines review. The GP surgeries had also been reminded to review peoples' medicines every 6 months, and we saw evidence of the requests. Where people were prescribed medicines covertly, their administration care plans had been reviewed and mental capacity assessments had been carried out. We saw they were up to date and recorded the current medicines people were taking. We noted the same mortar and pestle was used to crush tablets for everyone and asked the manager to obtain separate washable tablet crushers to avoid cross contamination. Following our inspection the manager confirmed this had been actioned.

All of the medicines administration records (MAR) were fully completed, there were no gaps. Allergy information was clearly recorded. Alongside the MAR, each person had a list of what the medicines were for and potential side-effects. There was also information about how people liked to take their medicines and whether they need prompting. Some people were prescribed sedating medicines and these were reviewed every 3 months by a consultant. We found that these medicines were not overused and staff had recorded on the back of the MAR when they needed to give a dose, and the reason. However, there were no protocols for administration where a person needed medication 'as required' or only in certain circumstances. This would give staff information about the circumstances and frequency of when these medicines should be administered. Following our inspection, the manager sent us an example protocol and confirmed these had been put in place.

Administration records for the use of topical medicines [medicines which are applied to the skin] were kept in people's rooms. These gave staff directions on how often to apply creams and allowed staff to record when cream had been applied. In one instance we noted a pain relieving gel was not being applied as often as prescribed. We therefore asked the manager to re-check creams in everyone's rooms. After our visit, the manager confirmed that they had audited the use of all topical medicines.

We were previously not assured that all medicines were disposed of safely. To reduce the risk of unsafe disposal, a policy was displayed in each area where medicines were stored. We found all medicines had been disposed of safely at this inspection. Similarly, medicines were stored safely. Controlled drugs were stored and recorded appropriately and there was a separate disposal kit available to ensure they were disposed of safely. The temperature of the areas where medicines were stored was checked daily, including those medicines requiring refrigeration. These records were maintained to make sure that medicines were stored at the correct temperature. We saw the temperature was consistently in range. Dates of opening were recorded appropriately on medicines such as eye drops to ensure they were not being used past their expiry date. The insulin was stored out of the fridge, in line with good practice, to avoid pain or irritation on injection.

Since our last inspection, regular checks were being carried out to identify and resolve any medicines discrepancies promptly. For example, staff completed daily recorded checks on balances, stock and administration of medicines. All medicines were checked and counted mid-month by the manager and deputy. The most recent stock check showed there had been no discrepancies. The supplying pharmacist had undertaken a medicines audit in February 2015. The audit report was thorough and we saw the home had made the improvements suggested.

The quantities of medicines received were recorded, including balances brought forward from the previous month. For all medicines which weren't supplied in blister-packs, the balance was checked and recorded every day, to check that medicines had been administered

Good

Is the service safe?

correctly. There was evidence that high-risk medicines were administered appropriately. For example some types of medicine must be given at particular times for them to be effective.

The previous issues with supplies of medicines had been resolved, and all prescribed medicines were available. Although the home had involvement with seven different GP practices, the manager told us people no longer experienced delays in receiving medicines. We saw records to support this. For example, on checking records for the current cycle and the previous cycle, there were no codes indicating out of stock or unavailable medicines. If there were problems with receiving prescriptions, an incident form was completed for each issue, so that the manager could monitor the service provided by the GPs.

At the previous inspection we found recruitment procedures were not robust and employment records held for staff could not confirm staff were fully vetted. During this inspection we looked at recruitment records for three new staff members, and spoke with them about their recruitment experiences. This showed that relevant checks had been completed before staff worked unsupervised at the service. Checks included taking up references regarding previous employment and undertaking Disclosure and Barring Service (DBS) identity checks, proof of identity and eligibility to work in the UK (where applicable). Application forms had been fully completed, two written references had been obtained and formal interviews arranged. Staff confirmed the procedure they went through and said the process was thorough. We saw that staff records were well organised and regularly audited. The manager used a recruitment checklist to support this.

People and their relatives told us that they felt safe living at the home and could talk to a member of staff or the registered manager if they had concerns about their safety. One person said, "It is perfectly safe here, there is CCTV, just press the buzzer and the staff are there." A relative told us, "The family can come in at any time to visit I feel that he is safe in here when we leave him."

Staff had been trained in safeguarding as part of their induction and later went on to have a more in depth course on abuse and safeguarding. At this inspection all the staff we spoke with were knowledgeable about different types of abuse and how to report any concerns. There were procedures for ensuring allegations of abuse or concerns about people's safety were properly reported. No safeguarding concerns had been raised since our last inspection.

People and relatives felt there were enough staff. One person told us, "Staff are attentive and answer the nurse call bells promptly which I find reassuring." Another person said, "Just push the buzzer someone comes immediately. Pretty good, even if they are dealing with someone else they came fairly quickly." A third person told us about an occasion where they felt unwell and said staff "came straight away" when they used their call bell. The person added that the staff were "very good and comforting" and asked if they wanted to see an on call doctor. Our observations supported what people told us. There were always staff in the communal areas who responded to people's needs and the call bells were answered promptly.

One relative who visited regularly told us, "During the day there is enough staff; during the night I am not sure as I am not here but I am sure that the levels meet the legal requirement." Two health professionals commented that staffing levels were appropriate to the needs of people using the service. Daytime staffing levels included two qualified nurses and six care staff with one nurse and three carers available during the night. Ancillary staff were employed including a cleaner, chef and activities co-ordinator. Additional therapeutic staff were available for periods of the day to work with people who were on the rehabilitation programme. The manager told us that she had allocated an additional carer at night. This was in response to previous feedback at our last inspection that some people experienced delayed responses to their call bells. The provider had also installed a new call bell system and monitoring audits to check how quickly staff attended to people.

Risks associated with people's care were well managed. We saw care records included risk assessments to manage risks of falling, developing pressure sores and risks associated with nutrition and hydration. The assessments identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. A number of people we spoke with were admitted from the hospital and had a history of falls. During their hospital stay it was identified they needed a rehabilitation programme to enable them regain stability and improve mobility. We saw that on admission risks were

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Is the service safe?

assessed and plans were in place to reduce risks. An occupational therapist and physiotherapist assessed and arranged for people to have the equipment they needed. A number of people spoke positively of their progress in the home, and of regaining their independent living skills before being discharged to their home. Two of the people we spoke with had discharge plans in place.

We saw that the provider had taken action to refurbish and redecorate some areas of the home. In response to our last inspection, the first floor bathroom had been fully refurbished and repairs undertaken in the treatment room and sluice room where there had been previous water damage. Doors were locked and cleaning materials were stored securely. New carpets had also been replaced in five bedrooms.

The home was clean and well maintained. People confirmed that the domestic staff came in daily to clean their rooms. Repairs were attended to promptly. During the inspection a water leak was located on the second floor, contractors were called immediately and repairs completed.

There were evacuation plans and policies in place to ensure people's safety in the event of a fire or other emergency at the home.

Good

Is the service effective?

Our findings

At our inspection in October 2014 we had concerns that staff did not receive adequate supervision and appraisal to enable them to fulfil their roles effectively. We found action had been taken to address this.

Records were available to show that each member of staff had received one to one supervision with dates set for further supervision sessions. These processes gave staff formal support from a senior colleague who reviewed their performance, identified training needs and areas for development. One staff member told us, "We have a lot more supervision" and added they felt supported by the manager. Other staff said they felt well supported and had regular and frequent supervision. They said there was good teamwork and staff cooperated with each other for the benefit of the people who lived at the home. A member of staff told us, "I enjoy my work and feel supported." Other opportunities for support were given through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues.

All new staff completed a full induction programme that ensured they were competent to carry out their role. One member of staff told us, "Although I have experience in care I found the induction good, it covered all aspects of care." Another staff member confirmed they shadowed a senior carer by working across all three floors which helped them get to know people and their needs.

The manager used an electronic training and development plan for the staff team to monitor training provision and identify any gaps. This was up to date and all staff had completed refresher training in key areas such as dementia care, food/fire safety, moving and handling and safeguarding since our last inspection. Staff told us they had been on training courses relevant to the needs of the people they supported. These included positive behaviour support, person centred care and dignity and respect in care.

Our discussions with staff showed they had knowledge and awareness about people's needs and how to support them. For example, individual staff members could describe relevant aspects of dementia care. One told us, "Explanation is important and to remind people about choice." Staff were observed putting their learning into practice such as following infection control procedures appropriately while undertaking their duties. One staff member accurately described aspects of pressure ulcer prevention which included the importance of using appropriate equipment, maintaining turning charts and involving the tissue viability nurse. A relative was complimentary about staff ability and their skills. They said, "Staff here are outstanding, my spouse can become difficult due to the dementia but staff here seem to manage this very well."

At the last inspection we found people's rights were not fully protected as the service was not meeting the requirements of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. The provider had made improvements and had introduced mental capacity assessments for people as part of the admission process. Care plans explained about when people could not give consent and what actions were needed to protect and maintain their rights. Relatives and representatives were involved in decision making processes where individuals lacked capacity. There was a system in place to ensure that people were not deprived of their liberty unlawfully and the appropriate referrals had been made to the local authority where this applied. Records were in place to demonstrate this.

Staff had been provided with further training in MCA and DoLS. They were aware of the legal requirements and how this applied in practice. For example, they understood the need to obtain consent and people's right to refuse. Staff said they always explained what they were going to do before support was provided. People's feedback confirmed this. One person told us, "Staff are very helpful and polite. They always ask if I want help to wash or a bath. When they help me to wash I wash my front and they help me with my back." Another person said, "I usually go to the lounge in the morning but I didn't feel well so today I am staying in my room and watching the tennis on TV. The staff always ask what you want to do nobody forces you do anything you don't want."

We observed staff asking people for permission before carrying out any required tasks for them. For example, people seated in wheelchairs were asked if they wanted

Good

Is the service effective?

help to move into the garden and staff checked with them that they were comfortable before they were moved. Those who wanted to remain in the lounge were asked if they could get them something to do.

The service had made improvements in menu planning and in keeping people who had problems communicating informed about the meals available. Menus had been redesigned and details of the day's menu were displayed in picture and text format on each of the dining room tables.

We observed how people were being supported and cared for at lunchtime. There was a member of staff available for each person who needed assistance with eating. The tables were decorated with the floral displays made previously as part of the activities programme. We saw individuals picking up the menus and discussing the main/ dessert courses with each other. One person who had communication difficulties used the picture menu to point out their food preferences to the staff.

We observed care interactions which were patient and sensitive. In contrast to our previous inspection, there was more social interaction and staff engagement with people. One carer sat beside one person and patiently supported them to eat, allowing them time to savour every mouthful. The carer was chatting and smiling throughout and took time to check with the person to see if they were enjoying the dinner and if they needed a drink. They assisted the person to drink by holding the glass together. People were allowed to eat independently and those who couldn't cut their meat were asked if they wanted it chopped up. We observed one person who was struggling to use their fork was able to use their fingers.

The food served looked and smelt appetising and was appropriately presented. One person had a pureed meal. Each of the items on the plate was pureed separately so the person could taste the different flavours. People were offered meal choices and their preferences were taken into account. One person who had been unwell during the night told us that they did not fancy a hot meal and had chosen to eat a sandwich for lunch which the cook prepared for them. Another person told us that meals were an item discussed at the residents meeting. They said, "I asked for additional vegetarian options. The cook did a delicious vegetable pie the next day." Another person said, "Cook is a lovely lady, good cook, preparing good family food. She comes in for a chat and asks for some recipes."

Other people spoke favourably about the food. Comments included, "Food OK. Its tasty no complaints. We have had curry /omelette just let the cook know and it joins the menu. Good portions and extras are always offered if you can find the room to eat it." After lunch we observed the cook speaking to people about their meals. Their feedback included, "that was lovely excellent", "Very very good cook" and "Really enjoyed it. Went down very well." Snacks were available to people throughout the day including freshly baked cake, fruit and various drinks. It was an extremely hot day and we saw people enjoying a welcome ice cream in the afternoon sun.

Staff made suitable provision for people's nutritional requirements and were competent at supporting them with these support needs. Care plans recorded individuals who had special dietary needs and how staff should support them at meal times. Risk assessments in relation to people's dietary and hydration needs were also in place. For example, there was information to ensure meals were of the right texture for people to eat safely where they were was a risk of choking. Where people required additional support to monitor their nutritional needs fluid and food record charts were used. This helped staff to monitor people's wellbeing and identify any changes.

People received effective support with their physical health care needs. One person commented, "The staff always encourage me to go out and about and keep as mobile as possible using my zimmer frame." Another person said, "If the nurse thinks it's necessary they get the doctor straight away, staff are very caring. My doctor changed my antibiotics recently this has helped me."

People told us they were registered with a GP surgery locally, subject to availability. Care plans addressed people's range of health needs and the care was delivered in line with identified needs. Visits were made by the GP each week and more often if required. Other professionals involved who provided care for people and advice for staff included physiotherapists, occupational therapists, the community nurse and a consultant geriatrician. The advice they gave was included in care plans and put into practice in the daily care. One of the health professionals spoke of seeing improvements in the service and that staff requested medical assistance appropriately. They said staff were more attentive to people's medical needs.

Care records showed that staff monitored people's health and wellbeing. Records of all health care appointments

Good

Is the service effective?

were kept in people's files. These records detailed the reason for the visit or contact and details of any treatment required and advice given. They also showed that staff had followed the guidance provided by health and social care professionals.

We had previous concerns about the lack of storage space in the home. Hoists and other mobility equipment were being kept in bathrooms which meant people had limited access to the facilities.

At this inspection we found the provider had taken action to address this by using a dedicated room for storage. One person told us, "They have been doing a lot of work, the top floor bathroom has been redone, our bedrooms get decorated regularly and they have made alterations to the front doorway so that it is easily to get in and out if you have a wheel chair." They also told us, "Last time my room was painted I choose what colours I wanted."

At our last inspection we found that areas of the home did not always meet the needs of people on the rehabilitation programme. Due to some of the room sizes, essential equipment such as hoists could not be used. The manager told us this had been addressed and relocation of more suitable rooms had taken place where possible. She said that the plan to dedicate an area for the intermediate care service was ongoing. This was because people staying for long term care did not want to change rooms.

Good

Is the service caring?

Our findings

At the last inspection we found that people were not involved in planning their care as much as they could be. At that time, the care provided to people was task orientated on occasions and staff did not always engage and spend time with people.

During this inspection, there was a friendly, welcoming atmosphere and we observed more engagement between staff and people. Individual staff chatted and joked with people whilst checking that they were comfortable. One person had some library books about war in Normandy and we saw a staff member took time to sit and chat with them about the event and the person's family involvement. They looked at the photographs together as the person was keen to see if the book included their photograph. Comments from people included, "The staff do anything for me", "Always someone there for you, staff always come in for a chat", "Staff are very good. I haven't seen any that aren't kind" and "There's not been one that's not been attentive."

We observed and heard staff interacting with people in a caring and patient way. Staff approached people in a sensitive way they did not rush people and supported them to do things that they wanted to do and in a way that took account of individual preference and needs. During lunch, one staff member maintained conversation and used eye contact to encourage interaction with a person who was unable to communicate verbally. We heard another staff supporting a person to have a shower and they frequently reassured them by saying, "Don't rush" and "take your time."

Staff were attentive and quick to recognise when people needed assistance or reassurance. For example, one person become quite anxious during our visit because their friend was not in the lounge, the staff took plenty of time to approach them and sit with them letting them know that their friend wasn't feeling well and was having a lie in. Throughout the morning staff patiently and sensitively kept reassuring the person that the friend would join them when they felt well enough.

On another occasion, one person complained that their legs were hurting. Staff knelt down in front of them, checked where the pain was and asked the person what they wanted to do. We observed that the staff gave sensitive support and when the person asked to go back to bed, the staff gently moved them into a wheelchair, explained what they were doing, at the same time checking with the person that they were comfortable.

People who used the service and their relatives consistently told us that staff were caring. Their comments included, "very good care", "they have been marvellous here, I'm very proud of my nurses" and "staff are very nice, it feels like a hotel." One person told us, "Staff are very caring. They always come to help me to wash every day. They always ask what they can do to help. I have good service."

People told us staff were attentive and responded to their needs in a kind way. One person explained that they always slept in the chair at night as they needed to be upright because of their breathing problems, "They gave me this recliner chair and I can adjust it to suit myself. Staff always look in when they walk past and will pop in and tuck me in when I ask them." Discussions with staff showed they knew people well and respected their preferences and routines. One told us, "Some people prefer to be ready before their breakfast and others after."

Observations in the lounge and garden area showed staff were consistently available. On the day of our inspection the weather was particularly warm. A large number of people used the garden and staff supported them safely with this, they ensured sunshades were in use and provided plenty of cold drinks and ice cream. People who chose to remain in their bedrooms told us staff "popped in frequently" to check on them. A relative also said, "Everyone pops in to see dad."

We saw that people in shared rooms were provided with curtains/screens to protect their privacy. One person told of staying in the home for a short period of rehabilitation, they said, "I like having the company of another in the shared room, I am not lonely and it makes the time pass quickly." People also told us they were always asked if they were happy to share a room.

People felt they were treated with respect and had their dignity protected. One person described how their personal care was provided and said, "It's respectful, I never feel uncomfortable." Records and staff actions were seen to support people in a respectful and dignified way. Staff responded to people's preferences that promoted individual dignity. Records directed staff to respond to

Good

Is the service caring?

people's needs specific to them that promoted their independence, including making sure they were supported to wear spectacles and hearing aids. Staff knocked on doors before entering and spoke with people respectfully. People were dressed according to their own wishes and preferred styles. Some of the men told us they liked to wear casual clothes that were suitable for hot weather, and this was respected. Women were dressed according to their wishes and tastes, with some wearing jewellery, whilst a younger female was happy in their casual trousers.

People's bedrooms varied in terms of the personal items on display, some rooms were full of individual memorabilia. It was evident that where people wanted to have personal items in their rooms, they were free to do so. Most rooms had photographs of family and/or older photographers of themselves at a younger age. This gave staff a point of reference for conversation and gave people a sense of identity.

The home was working towards accreditation in the 'Gold Standard Framework' which promotes good practice in end of life care. Staff members attended training in end of life care, and this was facilitated by the local hospice team, who also provided advice and support to the home about end of life care. We saw that people's wishes regarding the end of their lives were recorded in advance care planning documents. This recorded if they wished to stay in the home or be transferred to hospital. This meant that staff and their GPs were aware of how the person wanted to be treated and supported at the end of their life. Pain and symptom control were fully recorded and any nursing or caring interventions were fully recorded so that all staff were kept up to date with any changing needs.

Good

Is the service responsive?

Our findings

At the previous inspection in October 2014 we found care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. Care plans were not always updated when people's needs changed. We also found that the information about people's life histories and personal preferences was insufficient to plan people's care that met their individual social and recreational needs.

At this inspection we found significant improvements in the way people's care and support needs were assessed and recorded. Care records also reflected a more person centred approach to care and showed that people and their relatives were fully involved. This was supported by feedback comments we received. One person told us, "When I came in I was asked my likes and dislikes and what help I need when washing. I have asked to have a bath tomorrow." Another person said, "Just recently staff came and asked me questions about my early life ,what it was like, talked about my care plan, what activities I liked to do and my interests." A relative told us, "When [family member] first came in staff asked her what she liked to eat, what she was able to do when she was at home and if she had any interests. They also asked her about family."

People told us that they felt that staff knew what care they needed and that they had been involved in the decisions about what care they wanted. One person said, "I have a care plan, we discussed what I need and what I wanted help with. I have a wash every day and they help me to wash. I clean my teeth myself. " A relative told us, "When we came in they spoke with us and asked her what she liked to do every day and what help she needed with washing."

Records supported what people told us. Their files were clearly ordered and had sections on personal information, needs assessments, care plans, health, medicines, accidents and incidents records, monitoring charts and daily care notes. Details were written in a personalised way such as "what's important to me", "my routine" and "lifestyle preferences." Examples included, "[name of person] likes to have 2 pillows and a warm cup of tea before bed" and "likes to wear a skirt and top and sometimes earrings." Staff had information about the different ways people communicated. One example said, "[name of person] can't verbalise needs but staff know that she uses crying at times to tell staff something." The care plans showed they were being reviewed at least monthly or more frequently where a person's needs had changed. Keyworker staff also completed a report every month to check people received care and support as they wished or needed.

Staff held weekly meetings with health professionals to discuss individual's progress. A geriatrician came for weekly rounds to check how people were progressing on the intermediate care programme. One person said, "I feel I have recovered well after having a stroke, staff helped make sure I did all the exercises advised."

A health professional told us they were confident in the nursing care provided at the home. They said, "Overall the care is improving here with some more work to be done." Another health professional told us staff were responsive to the needs of the people they were involved with. They spoke of their confidence in the staff team as they further developed their skills. They spoke of the numerous occasions they had witnessed staff taking prompt and appropriate action in response to the changing needs of people in their care. One person told us they had come direct to the home after three weeks in hospital, they said, "The care here is excellent, they worked with me and have helped get me back on my feet, I hope to go home next week."

At this inspection we found that more was being done to meet people's social and recreational needs. An activities co-ordinator had been recruited and a varied activities programme had been put in place. This included memory land bingo, colouring, painting craft picture making, and balloon games, cupcake making. More outings and events outside the service were introduced.

For example, a library visit had been arranged as many people liked reading. Full details of the daily activities were displayed on the notice board in the front foyer. A weekly timetable of planned activities was also advertised in the lounge and there were photographs of recent activities people took part in. The activities coordinator maintained a daily record of what activities people took part in as well as recording those who had declined.

We spoke with the activities coordinator who told us they had previously worked in caring roles in other homes. They told us, "The manager has been very supportive and I have been able to spend money on lots of different activity materials. The residents love singing and I have got a

Good

Is the service responsive?

karaoke machine coming. Yesterday we played hangman using the white board we thought we would just have one game, but it was so successful we were asked to continue. I have spoken with everyone here and their relatives to find out what hobbies and interest they had."

We observed people in the lounge in the morning busy doing art and craft activities. People who chose not to participate enjoyed watching what was going on and were chatting and laughing with the activities co-ordinator. People were able to choose what they wanted to do. Several people chose to hold a soft toy. One person had brought along her favourite CD and we observed people singing out loud when they knew the words. Several people chose to colour pictures in colouring books, the activities coordinator told us that this was very popular.

People told us that they enjoyed the activities and there was more things to do. Comments included, "Activities have really improved. Now we have days out, recently we went out for a pub lunch, very successful and we had a glass of wine with our dinner. We had a very good Xmas party we are now planning a garden party", "There is a lot more activities now, I like art, we are always doing a lot of different things yesterday we played hangman out in the garden. It keeps the brain alive", We have some young people coming in soon to do some drama with us" and "I decorated this hat for the Easter fete. A singer came and sang to us and we had a raffle, it was a good day." One person who chose not to take part told us, "I am not really an activity person, I like sitting back and watching people and watching the antics of the activities lady when she is playing games. She makes me laugh."

At the last inspection in October 2014 we found the arrangements for managing complaints were insufficient and the procedure was not always accessible. At that time, a few relatives did not feel comfortable in raising concerns and complaints directly with the registered manager.

The provider had improved the facilities to enable people to contribute their views, for example, a complaints and suggestion box was placed at the entrance area, the contents of which were audited monthly. None of the people we spoke with had made a complaint about their care, but told us if they had a problem they would go straight to the manager. One person showed us an easy to follow complaint chart and told us, "If I have a complaint I would go straight to the manager." We noted other people had a copy of the complaints procedure in their bedrooms. A relative told us that they had made a complaint about a staff member. They said, "The manager dealt with it swiftly, they immediately treated it as serious and resolved it within a few days." Another relative told us they had raised a concern recently and felt they had been listened to and the matter was resolved. Another relative said if they had they would feel able to talk to senior staff if they had concerns about their relative's care. We looked at the complaints' records and found that complaints were investigated appropriately and in a timely manner.

Family meetings had been introduced and enabled relatives put forward their views on the services and quarterly meetings were held for people using the service. We looked at minutes of these meetings which showed that people were encouraged to give their feedback and opinions about aspects of the home, such as quality of care, catering, activities and the premises. At the most recent meeting, families commented that they liked the new menus and one relative suggested a new activity to bring in their pet dog for people to meet. This was welcomed by the home and showed that the provider took account of people's views.

Good

Is the service well-led?

Our findings

At our previous inspection, we found the provider did not have effective systems to regularly assess and monitor the quality of service that people received or drive improvement. People and relatives had limited opportunities to contribute to the running of the service. Since that time, the registered provider and manager had taken action to address the breaches in regulations.

Prior to this inspection the provider kept us updated on their progress to comply with the regulations by sending us a completed action plan. At this inspection we found that these actions had been followed through leading to improvements in the service. The registered owners showed an open and transparent approach in responding to our previous concerns. For example, they had shared an action plan with people and relatives following our last inspection. This was displayed in the reception area so that people could see how improvements were being addressed in the service. Staff also spoke about positive changes including better communication, increased activities and records about people's care. One told us, "I've done a lot more training and improved myself in knowing how to deal with residents, family and documentation."

New methods for monitoring and assessing the quality of service had been introduced. These included the engagement of an external consultant who had assisted the provider to develop an action plan following our last inspection. The consultant also monitored the quality of the service by completing audits every three months. They had completed a recent audit in May 2015 and their report evidenced sustained improvements in areas such as staff interaction with people, cleanliness, care planning and staff training/supervision. The few recommendations identified had been dealt with by the manager since this visit. For example, a fire safety risk assessment had been updated and found no issues.

The manager and designated staff members undertook more audit checks weekly or monthly. These covered a large variety of and areas including: health and safety, infection control, care files, falls, medicines and environmental audits, complaints and staff files. These audits and checks enabled the manager to evaluate what was working well and what needed improving in the home. It also showed that the quality of service was regularly checked. When improvements were needed, action plans were developed. Records supported that audits were effective and supported the provision of safe and appropriate care.

The provider also undertook a recent quality assurance survey with people using the service and their relatives. The results were very positive about the care and support provided at Barrington Lodge. One person said, "I remember filling a questionnaire last year about the home. We have recently been asked about the activities and always discussing things at the residents meeting." A relative confirmed they completed a survey and added, "Food has definitely improved." A visitor told us they were provided with a survey following their friend's admission to the home in January this year.

People and their relatives told us they were happy with how the service was being run and the registered manager's leadership. They also said the registered provider often visited and always made themselves available to talk to them. One relative said, "The manager is really caring; they take time to come in and chat to [family member]. I have found the manager always available to discuss how he is doing. They are very committed. It is a business but in a nice way, they want it to be the best." Another relative said, "It looks well managed, it's clean and tidy, the lounge is well used and the staff are always happy." Other comments from people included, "Manager is very good, she controls the staff properly. I was in management and know you have to have the right staff. They have got the right staff here", "very caring manager" and "she's very nice, often comes in here for a chat with everyone." We observed that the registered manager and provider engaged with people, relatives and staff throughout our inspection.

Staff's roles and responsibilities were clear. For example, all new staff worked alongside experienced senior care staff and staff had more opportunities to meet formally with the manager to discuss their practice. Meetings were held every six to eight weeks for the staff team. The minutes of these meetings were shared with staff for discussion and learning. Records showed that feedback from staff about how things were going and suggestions about meeting people's needs was encouraged. In a recent meeting staff were reminded about completing behaviour monitoring charts for a person at the request of a healthcare professional.

Good

Is the service well-led?

Staff felt supported and able to discuss any concerns. One staff member told us, “It’s well managed I can talk to [name of registered providers] if I have a problem.” One staff member told us that the increased ratio of staff at night had made a difference. They said, “We used to rush but can now spend more time with people.” Staff knew of the whistle blowing policy and said there was an expectation that they would report any poor practice.

At the last inspection accidents and incidents were recorded, but no audit of these had been carried out to check for themes or trends. At this inspection we found that accidents and incidents were checked monthly. By these means, the manager was able to identify which areas could be changed to improve the quality of the service. There was evidence that learning from incidents took place and appropriate changes were implemented. We checked some of the accident and incident reports and saw that changes were made to people’s care and support plans when necessary. For example, risk assessments were reviewed when a person experienced a fall.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Our records showed that since our last inspection the registered manager had notified us appropriately of any reportable events.