Barchester Healthcare Homes Limited

Paternoster House

Inspection report

Paternoster Hill
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Paternoster House is a care home with nursing. Many of the people living at Paternoster House are living with dementia. They also support younger people with complex nursing needs. At the time of our inspection 92 people were living in the home.

People's experience of using this service:
People living in the home received personalised care that focussed on the quality of their lived experience. Staff were kind and compassionate in their approach and we saw people were supported to maintain their identity, independence and to carry on with their interests. Visitors were welcomed into the home, which had a pleasant environment, with plenty of variety in the areas people could spend their time. The staff focussed on ensuring people had opportunities for engagement and a wide range of activities were offered that reflected people's individual tastes and needs.

People received care from suitable staff who were supported and developed by the provider. Staff felt valued by their managers and the registered manager recognised the contribution staff made to the home.

People were kept safe by the systems in place to mitigate risks. People were supported to take risks and make their own decisions. People were supported safely with their mobility and staff ensured people were informed about what was happening to make sure they felt secure. People were supported to take their medicines and confirmed staff offered them pain relief if they needed it. Healthcare professionals told us they had strong links with the home and this was reflected in people's experience of being able to access healthcare services easily and in a timely way.

The registered manager had developed a positive, person-centred culture in the home. Complaints and incidents were investigated in a robust way and duty of candour obligations were met. Quality assurance systems operated effectively to address issues with the quality and safety of care when these were identified.

Support for people approaching the last stages of their life was not as detailed or personalised as other aspects of care. We have made a recommendation about supporting people to prepare for the last stages of their life.

Rating at last inspection:
The service was rated Good in all areas in July 2016.

Why we inspected:
This was a scheduled inspection in line with our public commitment to return to services within certain timescales.

Follow up:
We will continue to monitor the service to ensure it maintains its good rating.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led section below.

Paternoster House

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was completed by two inspectors, an inspection manager, an assistant inspector, a directorate support coordinator and a specialist advisor with expertise in nursing and dementia care.

Service and service type:
Paternoster House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
Before the inspection we reviewed the information we held about the service which had been received in the form of notifications. Notifications are reports of incidents and events that providers are required by law to tell us about. We also reviewed information we had received from members of the public.

The provider had submitted a Provider Information Return. This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection we spoke with 17 people who lived in the home and four relatives. We spoke with five care workers, three nurses, the registered manager and regional trainer. We reviewed ten care files and medicines records throughout the home. We reviewed the recruitment records of three staff and supervision records for 20 staff across the home. We also reviewed other records, reports and documents relevant to the management of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff and that staff would protect them from harm. Due to the nature of some people's needs, there were occasions when people in distress caused others to be concerned for their safety. People told us they trusted staff to make sure everyone was safe.
- Staff were knowledgeable about the different types of abuse and harm people living in the home may be vulnerable to. Staff took appropriate action in response to concerns of abuse or harm and worked well with the safeguarding authority.

Assessing risk, safety monitoring and management

- People were supported to make their own decisions about the level of risk they were happy to take. Where people chose to refuse night time checks and this was respected by staff.
- Staff completed risk assessments for all areas of daily living and these were reviewed regularly. They contained clear instructions for staff about how to mitigate risks.
- People who needed equipment to support them to move and reposition safely had clear plans in place about how to do this safely. We saw staff explained maneuvers to people clearly and checked they felt safe throughout transfers.
- Some people were at risk of developing pressure wounds due to their health conditions and limited movement. There were clear plans in place to mitigate these risk and records confirmed the risk assessments were being followed.

Staffing and recruitment

- Staff were recruited in a safe way that ensured they were suitable to work in the service. The service carried out appropriate checks of staff background and employment. The interview and assessment processes in use were robust.
- The registered manger used the provider's dependency tool to calculate the staffing needs of the service. Dependency assessments were completed every six months and reviewed monthly. The provider used a separate tool to calculate the non-care staff needs of the service. These staff included activities staff, housekeeping, and maintenance staff. All staff working within the service had received training in providing basic support as part of the provider's whole home approach to staffing. This meant non-care staff were able to provide some support to people.
- Some people told us at busy times of the day, particularly in the mornings, they felt they had to wait for care, and it sometimes felt like staff were rushing. Records showed the staffing levels in the service were usually higher than the provider's dependency tools calculated were needed. The perception that staff may be rushing was discussed with the registered manager and provider who told us they will explore this with people and will continue to monitor staffing levels within the home.

●Some people were allocated one-to-one support due to the nature of their needs. We saw this as clearly allocated on shift plans and used in practice. Staff did not simply observe and supervise people, but engaged with them and supported them to be more purposeful in their activities.

Using medicines safely

● People were supported to take their medicines in a safe way. People told us staff supported them to take medicines and checked whether they needed additional pain relief or other 'as required' medicines during the day and night. One person said, "They check how my tummy is and give me [named medicine] if I need it."

● Medicines were stored in a safe way and staff maintained clear and accurate records of medicines offered and administered, including prescribed creams and topical ointments. Information about how to offer and administer medicines was clearly recorded.

● Staff completed regular audits of medicines stocks and audits. When issues were identified the actions to address concerns were effective and issues did not happen again.

Preventing and controlling infection

● The home was clean and while there was a malodor in two areas of the home at certain times, this did not last throughout the day. The registered manager showed us maintenance work was booked to address the infection control risks present where some communal bathrooms needed redecoration and repair.

● Domestic staff described safe infection prevention and control practice and were seen cleaning the home throughout the day.

● Staff completed regular audits of the cleanliness of the home, where issues were identified effective action was taken to ensure the issues were addressed.

Learning lessons when things go wrong

● Staff made clear records of incidents and accidents which showed they had taken appropriate action when things when wrong. Investigations were completed and where necessary changes to care plans, risk assessments or other aspects of care were made.

● Staff discussed incidents and accidents at daily meetings which ensured any changes needed were shared across the whole home making sure lessons were learned.

● We noted some minor injuries which had required treatment by nursing staff had not been notified to CQC as required. The registered manager immediately completed an audit, recognised the notifications had not been made and submitted them the next day. They sent us a record of the reflective supervision held with nursing staff which reiterated the requirements to notify CQC of incidents.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager and deputy manager completed needs assessments for people before they moved to the home. Staff told us these included all the information they needed to get to know people when they arrived, including details of their needs, preferences and lifestyle choices.
- People and their relatives were involved in the assessment process. The provider's dementia specific approach recognised the benefit in ensuring assessments captured details of people's pasts so they could support them appropriately. Where people had particular nursing needs, these were assessed in line with best practice. For example, where one person was at risk of choking their care plan reflected best practice guidance.
- Staff told us the assessments contained sufficient information that they could support people well from the moment they arrived at the home. This included details of people's preferences and cultural backgrounds.

Staff support: induction, training, skills and experience

- Staff told us they received the training and support they need to perform their roles.
- The provider had a robust system in place to monitor staff training and prompt the registered manager and individual staff to complete training required by the provider. The training matrix showed most staff had completed the training required by the provider. Where there were gaps in the training records it was clear these were individual staff and the training manager showed us the measures that were in place to ensure staff completed their training.
- Staff spoke highly of the specialist dementia programme the home was part of. The provider's dementia programme is called 10.60.06 to reflect the different elements of the programme. It involved in depth training for all staff on supporting people with dementia. Staff demonstrated they understood the impact dementia could have on people and their relatives. Staff spoke about engaging with people appropriately and we saw them doing this throughout the inspection.
- Staff were given the opportunity to take nationally recognised qualifications as well as the provider's core training. The commitment required to complete these additional qualifications was recognised by the provider who gave staff an incentive payment after they had completed the qualifications.
- The provider's audit in January had identified staff were not always receiving supervision as required by their policy. This had been addressed and we saw staff had received supervisions appropriate to their role and responsibility since this audit.

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

- People were offered choices at meal times and records showed people were supported to eat meals that reflected their preferences.

● The chef told us, and our observations confirmed, they prepared special meals for people who did not like the main choices on the menu. They described how one person was made a special dish each day even though they refused to eat it most times; the chef persisted in the hope one day the person would eat their meal. The menu was refreshed regularly and contained a range of options each day.
● Care plans contained details about people's dietary needs and preferences. This included preferences related to people's religious beliefs and cultural background. The chef explained they sourced meat in line with people's preferences.
● Some people were at risk of choking due to difficulties swallowing and had to have their food prepared to be a specific consistency. Staff demonstrated they were knowledgeable about people's swallowing needs and we saw people being supported to eat kindly and at a pace that suited them.
● Some people were at risk due to losing weight or not eating enough. Food was prepared to ensure it was calorific enough to meet their dietary needs. Where necessary staff recorded details of people's precise dietary intake and referred to dieticians for advice.

Staff working with other agencies to provide consistent, effective, timely care
● Visiting healthcare professionals told us they had strong working relationships with the service. They told us they received referrals in a timely way and were confident the service followed their recommendations.
● The service had developed a strong relationship with a local primary school. Children from the school visited each week and spent time reading with and talking to people who lived in the home. We saw people really enjoyed this time.

Adapting service, design, decoration to meet people's needs
● The service was purpose built as a care home and was suitable for people's needs. Corridors were wide and the atmosphere in the home was welcoming. There were different communal areas throughout the home, both smaller and larger spaces so people had a range of options for where and how to spend their time.
● As part of the provider's dementia programme the service had been able to access funds to redecorate areas of the home. They had created a café area which we saw was well used by people and their visitors throughout the day. People clearly benefitted from having a separate space that was neither a lounge or dining area to spend time with people. We saw refreshments were available and well received by people and their visitors.
● Dining areas were well presented, with menus and table decorations.
● The maintenance team took prompt action when issues with the maintenance of the building were identified and had a clear schedule of health and safety checks. Bedrooms were redecorated and refreshed before people moved in.
● People's bedrooms were decorated to their tastes and we saw people had personal possessions and photographs on display.

Supporting people to live healthier lives, access healthcare services and support
● People and relatives told us staff supported them to have their health needs met.
● Care files contained details of people's medical history and the support they needed to maintain their health. Changes to people's presentation were clearly recorded and escalated to healthcare professionals appropriately. For example, one person told us they had been suffering from pain and we could see this had been raised and they had a hospital appointment scheduled for the next week.
● Advice from healthcare professionals was clearly recorded along with appointment information which ensured information was shared effectively across the staff team who needed to know.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People who had capacity to do so had consented to their care. This was shown through signed consent records as well as our observations of staff asking permission before providing care.
- Where people lacked capacity to consent to aspects of their care the service applied the principles of the MCA. There were capacity assessments in files and we saw family members were involved in decision making where this was appropriate. It was clearly recorded where people had appointed decision makers.
- The service had made appropriate applications for DoLS and was following the principles of the least restrictive options for supporting people. We saw conditions attached to people's DoLS were being complied with.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People told us they thought staff were kind and treated them well.
- We saw staff supported people kindly and with compassion.
- Care files contained information about people's religious beliefs, cultural background, sexual and gender identity. This meant people's protected characteristics were identified and support was in place to ensure their identity was upheld.
- The home had celebrated cultural events as part of their activities programme to help promote understanding around equality and diversity. This had included a rainbow party for pride week.
- Information about how people wished to practice their faith was clearly recorded in their care files and people told us their religious beliefs were respected. Representatives of faith groups visited the home for people who wished to see them.

Supporting people to express their views and be involved in making decisions about their care
- People told us staff asked their views about their care. Care plans reflected people's individual choices and preferences. There was sufficient information about people, and their communication that their personalities were clear from the information in the records.
- People were supported in line with their expressed views, even when this was considered risky. Where risks were identified the service completed appropriate assessments and if it was clearly the person's wish to take these risks, this was supported.

Respecting and promoting people's privacy, dignity and independence
- People told us staff respected their dignity. We saw people in communal areas of the home were supported to ensure their appearance maintained their dignity. Where people behaved in ways that compromised their own dignity on occasions we saw staff took appropriate, swift action to support them.
- People and visitors told us they were given time alone together and their relationships were respected. We saw visitors interacted positively with staff of all grades across the home as they went to visit their family members.
- People were supported to maintain their independence and skills. People confirmed they were only supported with areas where they needed help, and were not over-supported. One person explained what aspects of care they could complete themselves and where staff supported them.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People told us they received care that met their needs and preferences. We saw people being supported in line with the preferences captured in their care plans. People's right to make choices, and to vary from their recorded preferences was recorded clearly within care plans. For example, it was noted that one person's faith stipulated they did not eat certain foods, but they would often choose to eat them anyway.

● Care plans were reviewed regularly and any changes were clearly documented. For example, following a recent review one person's mobility needs had changed and this had prompted an update to their moving and handling care plan. The registered manager showed us how they had improved the way reviews were documented by ensuring actions taken afterwards were clearly recorded by staff. This ensured people and their relatives could easily track changes in their needs.

● The home facilitated a wide range of activities which focussed on meaningful engagement for people living in the home. People were involved in choosing activities and staff ensured people were supported to do things they had done before moving into the home. For example, a keen cyclist had an exercise bike in the home, and another person was able to visit the local pub independently. A third person had been supported to visit an aeroplane museum as they spoke frequently about their experience flying planes in their younger days.

● We saw the home had lots of dementia specific resources including books, music and other games which they had received as part of the provider's dementia programme. These were well used and we saw them being used as shared activities and opportunities for engagement with the visiting children.

● Many people who lived in the home preferred one-to-one rather than group activities. These were supported as part of the seven day programme offered by staff. There was a clear focus on lifestyle preferences of each person.

● Staff maintained clear records of the support people received and reviewed care plans each month making changes where needed.

Improving care quality in response to complaints or concerns

● Before the inspection we had received some feedback that people did not always find it easy to complain. During the inspection while some people were unclear about how to make complaints, they could all name a member of staff they would tell if they had a problem.

● We saw the complaints policy was on display near on noticeboards throughout the home.

● We reviewed records of complaints that had been made and saw a robust investigation had been conducted in each case. Where necessary changes had been made to people's care and support and apologies made.

End of life care and support

● Some people living in the home were approaching the last stages of their life. Staff spoke about

supporting these people with kindness and compassion. Appropriate arrangements for medicines for pain relief were in place.

● Although care plans and assessments contained space for people to speak about their end of life wishes ahead of time, these did not reflect the level of detail and personalisation found in other aspects of the care files. Advanced care plans were task focussed and did not reflect the non-clinical aspects of death and dying. The registered manager told us that people and their families did not always wish to speak about their end of life wishes. However, they recognised this was an area for development for the home.

We recommend the service seeks and follows best practice guidance from a reputable source about supporting people to plan for the last stages of their life.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was open and honest about issues within the service. Records of complaints and incidents showed they were transparent in their conversations with family members when things went wrong, offering apologies where appropriate and assurances that incidents would not be repeated.
- The registered manager created a welcoming atmosphere in the home and demonstrated a passion for ensuring people living there received high quality care and support. We saw people, visitors and staff members were able to approach the registered manager easily throughout the inspection.
- The atmosphere and culture of the home meant people consistently received a high level of care with some outstanding aspects of personalised care.
- Meeting records showed the registered manager promoted the provider's values to ensure these were well understood by staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure within the home, with each community having a manager and a senior management team. Staff roles and responsibilities were clear and well understood by staff.
- There were a range of internal audits being completed within the home by staff of different grades. The registered manager had oversight of these and ensured the provider's systems were updated so the provider had up to date information about the home.
- The provider had a system of regional audits which provided independent oversight of the home. This had identified multiple issues of concern with the quality and safety of the service earlier in the year. The audit had led to a detailed action plan which had been effective as none of the issues identified by the audit were found on this inspection. This showed the audit systems were operating effectively.
- The registered manager had received awards from the provider for being a high performing manager. They attributed their success to the dedication and hard work of their staff team.

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

- The home held regular meetings for people and their relatives. These were used as opportunities for people to make decisions about things that happened within the home.
- The home completed a survey of people and their relatives to seek their feedback. This led to an action plan which included making changes to the menus, an increase in the number of engagement meetings and better information about the activities on offer being made available.

● There were regular staff meetings, including daily management meetings that ensured a smooth and accurate handover of information.
● Staff recruitment included ensuring that information about reasonable adjustments was requested so that staff could be supported in their role. Two member of staff explained how they had been supported to develop and progress in their role. It was clear they loved their job and had taken all the opportunities offered to them by the provider. Staff told us they felt involved in the management of the home, and the provider considered how wider circumstances might be affecting them.

Continuous learning and improving care
● There was a continuous home improvement plan in place. This included maintenance issues as well as improvements required in response to complaints.
● We had noted that the garden areas and courtyards were underutilised by the home. The registered manager showed us the garden areas had already been spoken about in residents and relatives meetings and plans were in place to involve people and their families in making the outside spaces a more pleasant, and engaging place to be.
● The registered manager shared developments in practice from the provider with the staff teams through meetings as well as in writing.

Working in partnership with others
● The provider had established and maintained strong working relationships with local healthcare services, and this was reflected in people's wellbeing and access to healthcare services.
● The links with the local primary school were also embedded and demonstrated the home was aware of the role they could play in the wider community.
● The registered manager told us they were making contact with local parent and baby groups to see if they may be able to set up additional activity sharing arrangements with younger children and babies.