

Barrock Court Care Home Limited

Barrock Court Nursing Home

Inspection report

Barrock Park
Low Heskett
CA4 0JS
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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

This inspection took place on the 26th June 2015 and was unannounced.

Barrock Court Nursing Home is located to the south of Carlisle near the village of High Heskett. The service provides support for up to 28 people who may require nursing care and may also be living with dementia.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had sufficient staff to meet people's needs.

The staff knew how to identify abuse and protect people from it.

The service had carried out risk assessments to ensure that they protected people from harm.

Medicines were ordered, stored, administered and disposed of correctly.

Summary of findings

Staff had been trained to an appropriate standard.

People enjoyed the food provided and were supported to take a good diet that was based on an assessment of their nutritional needs.

Staff had developed caring relationships with people who used the service.

Support plans were based on thorough assessments and were written using a person centred approach.

The registered manager provided good leadership. The provider had systems in place to ensure the delivery of good quality care.

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?

The service was safe.

Staff were aware of how to recognise and report concerns about vulnerable people.

There were sufficient staff to meet people's needs.

Staff were recruited appropriately and relevant checks on their background were carried out.

Good



Is the service effective?

The service was effective.

Staff had received sufficient training in health and social care.

Staff received supervision from their manager six times a year and appraisals had been completed for all staff.

People received appropriate nutritional support.

Good



Is the service caring?

The service was caring.

We observed staff interacting with people in a kind and caring manner.

We observed that staff treated people with dignity and respect.

People were not discriminated against.

Good



Is the service responsive?

The service was responsive.

Care plans were based on comprehensive assessments.

The service had gathered information about people's background and their personal histories.

People were able to raise issues with the service through discussing their concern with a member of the management or formally via a complaints process.

Good



Is the service well-led?

The service was well led.

The registered manager spent time with people who used the service and her staff to ensure that the service provided was of a satisfactory standard.

The registered manager was supported by the company's senior manager.

There was a quality assurance system in use.

Good



Barrock Court Nursing 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 inspection took place on the 26th June 2015 and was unannounced.

The inspection was conducted by the lead adult social care inspector.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with eight staff including the registered manager, the deputy manager and the area manager, six people who used the service and one visiting professional.

We looked at five written records of care and other policies and records that related to the service including quality monitoring documents.

We looked around all the communal areas of the home and with people's permission some bedrooms.

Is the service safe?

Our findings

People who used the service told us they felt safe, one person stated, “I feel very safe, no worries, nothing.” Another added, “Yes I feel safe!”

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. We spoke with two members of staff individually. Both members of staff were able to explain how to identify and report different kinds of abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

We saw that people who used the service had assessments in place that identified risks to their wellbeing and planned ways to reduce them. For example it had been identified that some people who used the service were at risk of developing pressure ulcers, also known as bed sores. Support plans had been put in place to ensure that people’s skin condition was regularly monitored to ensure they received the correct treatment in a timely manner.

We spoke with the registered manager and asked how she ensured that there were sufficient staff to meet people’s needs. The registered manager explained that the number

of staff was based on the identified needs of the people who used the service. The registered manager told us that they had recently reduced the amount of staff on duty at the home. However they found this approach to be unsuccessful and had increased staffing back to its original level. This demonstrated that the registered manager took a responsible attitude towards the staffing levels in the home. During our inspection we observed that staff met people’s needs in a timely, efficient manner. We also noted that communal areas always had a staff member present to ensure that people were safe.

We reviewed recruitment procedures in the service. The registered manager explained that they advertised in the press when there were job vacancies in the service. All potential candidates were interviewed with the registered manager present. If they were successful criminal records checks were carried out and references would be sought. The registered manager showed us evidence that all of the current staff in the service had up to date employment checks including whether they had a criminal record.

We looked at how the service managed medicines. Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

Is the service effective?

Our findings

We asked people if they thought staff were well trained and experienced enough to meet their needs. One person said, “Yes as far as I can see they know what they are doing.”

We looked at training records for the staff and saw that they had received training in various aspects of health and social care including moving and handling, medication and the management of diabetes. We saw the majority of staff were undertaking vocational qualifications in health and social care.

We spoke with the registered manager and asked about the supervision and appraisal of staff. Supervision is a meeting between staff and their line manager where issues relating to work can be discussed. Appraisal generally takes place annually and is a meeting between staff and their manager where performance is discussed. The registered manager told us that all staff had received supervision six times per year. This included the registered manager spending time observing the staff while they worked. Staff we spoke with confirmed this. We looked at appraisal records for the service and saw that they were up to date.

We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people’s best interests. We saw that the service worked closely with professionals from the local authority to ensure that people’s rights were upheld.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people’s best interests. The registered manager told us that a small number of

applications had been made to the local authority for deprivation of liberty safeguards to be put in place, but that nobody had yet been assessed as being deprived of their liberty.

We asked people what they thought about the food provided in the home, one person said, “The food is lovely, I couldn’t get better at Buckingham Palace.”

We looked at how staff supported people to take adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment. In addition to the service’s assessment professional advice from dietitians and speech and language therapists had also been obtained. People’s weight was monitored on a regular basis, this helped staff to ensure that they were not at risk of malnutrition.

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people’s care. This included GPs and other associated healthcare professionals. This supported people to maintain good health.

We looked at the environment and saw that areas of the home had been developed to enhance people’s life at Barrock Court Nursing Home. For example one room had been converted to look like a pub complete with bar and furnishings appropriate to the age group of people who used it. However other areas of the home required further investment to ensure it was adapted to people’s needs. For example access to open space to the courtyard was limited despite the fact that the home was located in a woodland setting with open countryside round about. There was also no shower available for people who lived in the unit that supported people who lived with dementia. The provider gave us written assurances that work to improve these areas would be undertaken and completed in the near future.

Is the service caring?

Our findings

We asked people if they felt well cared for at Barrock Court Nursing home. People told us that the staff were caring and looked after them. One person said, "It's fine, the staff are grand, it's like home." Someone else said, "I think we are well looked after, it's a great place to be in."

We observed staff caring for people in a relaxed, warm and friendly manner. Staff took time to speak with people who used the service. On occasion we saw that non care staff who worked in the home such as kitchen staff and the handyman took time to sit with people and chat.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. We saw that many people who lived in the home were capable of making their own decisions about the way they chose to live. We observed on several occasions people approaching the manager and staff and expressing their points of view. We were also approached by people who wished to discuss the service and were quite clear in their opinions.

Both people who used the service and their relatives were able to attend 'resident and relative' meetings if they wished to express their views in a slightly more formal manner.

We saw that people were able to access advocacy services if they required support to make their feelings known. The registered manager was aware of the need for these services and ensured people were informed of their rights relating to this.

People's privacy and dignity was upheld. We observed that staff took care to ensure people's doors were closed when they were receiving personal care. Staff we spoke with knew that maintaining people's privacy and dignity was important. When we looked at people's care plans we noted there were references to maintaining people's privacy and dignity throughout. We spoke with a member of staff who had been nominated as the dignity champion for the service. She was able to explain her role to us which included monitoring how other staff made sure that people were treated appropriately.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. Staff received training on equality. This meant that the service ensured that people were not discriminated against.

We saw that staff were trained how to provide appropriate end of life care for people who chose to remain in the home towards the end of their lives. The training included information on how best to support people with nutrition, hydration and medication to ensure their death was as comfortable as possible.

Is the service responsive?

Our findings

We asked people if they felt the service was responsive to their needs, “One person told us, “I’ve never regretted being in here.” Another person, “When I had chest pains the other day the staff quickly organised things and got me to hospital.”

A visiting healthcare professional we spoke with told us, “There are no problems in this home.”

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people’s needs. For example some assessments indicated that people needed support to mobilise. Plans were in place to ensure that people were supported to mobilise correctly and appropriate equipment had been purchased.

The standard of care plans was good and they were written in a clear and concise manner. The service had gathered information about people in order to ensure that care plans were person centred. For example information about people’s likes and dislikes were used to formulate care plans relating to people’s daily routine and their nutrition. The service had also made the effort to compile people’s personal histories, we saw one record of care that contained a family tree that went back five generations.

We looked at how information was handed over from shift to shift within the service. We saw that ‘handovers’ were thorough and contained relevant information to ensure that people were cared for consistently throughout the day and night.

Reviews of care plans were carried out regularly and involved the person receiving support. Where necessary their relatives and other health and social care professionals were invited to these reviews.

We looked at how people raised concerns within the home. We saw that people were able to express when they were feeling unhappy to staff. Relatives were able to approach the registered manager or staff informally if they had concerns.

In addition to this the service had a formal complaints policy and procedure which was provided to people who used the service. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. There was also a procedure to follow if the complainant was not satisfied with the outcome. The complaint procedure was in an easily accessible format and the use of advocacy services was encouraged. There were no outstanding complaints about the service at the time of our inspection.

Is the service well-led?

Our findings

We spoke with people who used the service and asked if they thought the service was well led. People told us the registered manager was 'hands on' and spent time with people. One person had recently seen her planting flowers outside their bedroom window, they told us, "I see a lot of the manager, she is really good for this place."

We spoke with staff and asked them if they thought they were well led. Staff told us they felt well supported by the registered manager,

During our inspection the registered manager demonstrated that they had a clear idea of how they wanted the service to develop. They were keen to access a diverse range of training for their staff in addition to the mandatory training provided. They were also developing the environment, having completed a hairdressing room and a pub they were now working on improving the décor in one of the dining rooms.

There was a clear management structure in place. The registered manager reported directly to the area manager who visited the home regularly and was in contact frequently. The registered manager had a deputy in place who was able to take over the day to day running of the home when required.

The service carried out regular customer satisfaction surveys which included questions about the standard of care. We noted that the registered manager, in conjunction with the provider, devised action plans based on the feedback from the surveys.

We looked at how the provider and the registered manager monitored the quality of the service provided at Barrock Court Nursing Home. We saw that the registered manager carried out regular audits and checks. These included training audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. This helped ensure that people were provided with a high quality service.