Bare Hall Home Limited

Bare Hall Residential Care Home

Inspection report

20 Bare Lane
Morecambe
Lancashire
LA4 6DF

Tel: 01524410906

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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

Bare Hall is situated in a residential area of the town and close to all local amenities. The home is a detached, grade 2 listed building that is registered to accommodate up to a maximum of 32 people. The majority of bedrooms are for single occupancy although there are a number of twin bedrooms for those who have made a positive choice to share. Some bedrooms are provided with en-suite facilities. There is sufficient communal space with two adjoining lounges, a conservatory and a dining room.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People who lived at the home told us they were happy with their care and liked the staff who looked after them. We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards people in their care.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems. A visiting healthcare professional told us they had no concerns about the care provided at the home.

We saw people who lived at the home were clean and well dressed. They looked relaxed and comfortable in the care of staff supporting them.

Staff knew people they supported and provided a personalised service. Care plans were organised and had identified the care and support people required. We found they were informative about care people had received.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We saw staff assisting people with mobility problems. They were kind and patient and assisted people safely.

The service had sufficient staffing levels in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. People who lived at the home told us staff were responsive to their needs.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. During the inspection we

observed ten staff members attending health and safety training.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The service had information details about advocacy services on display in the reception area for people and their families if this was required. This ensured people's interests would be represented by professionals outside of the service to act on their behalf if needed.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative surveys to seek their views about the service provided.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Bare Hall Residential Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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 visit took place on 09 May 2017 and was unannounced.

The inspection team consisted of an adult social care 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.' The expert- by-experience had a background dealing with older people and people in the early stages of dementia.

We spoke with a range of people about the service. They included nine people who lived at the home, two relatives, a visiting healthcare professional, the registered manager, office manager, care manager, four staff members and one person providing Health and Safety Awareness training for ten staff members. Prior to our inspection visit we contacted the commissioning department at Lancashire council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This

involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, staff training and supervision records of four staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People who lived at the home told us they had confidence in the staff who supported them and felt safe when they received their care. Comments received included, "Yes I feel safe here everyone is so friendly." And, "I am very happy here the staff are excellent. They are very kind and make sure I am safe."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. There had been no safeguarding incidents raised with the local authority regarding poor care or abusive practices at the home when our inspection visit took place.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded. For example we saw a pressure mat was in place in the bedroom of one person identified as being at risk of falling during the night.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. We saw a member of staff was in attendance in the communal areas to provide supervision and support for people who lived at the home and greet their visitors.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed. We observed two staff members administering medication during the lunch time round. The senior staff member remained with medication trolley whilst the other staff member attended each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

We looked around the home and found it was clean, tidy and maintained. The service employed designated staff for the cleaning of the premises who worked to cleaning schedules. Domestic audits were in place and the registered manager made regular checks to ensure cleaning schedules were completed. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

Good

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. We saw people visiting the home were made welcome by staff and where appropriate updated about their relative's welfare. Comments received from people who lived at the home included, "They couldn't do any better for me. This is the best care home around." And, "The staff cannot do enough for me. I am very happy here."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties.

We observed lunch in the dining room. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. We saw one person who had a healthcare condition had recently had a healthcare appointment to monitor their condition. A visiting healthcare professional told us staff were helpful when they visited and they had no concerns about care provided at the home.

We looked at the building and found it was appropriate for the care and support provided. The majority of bedrooms were single occupancy although there were a number of twin bedrooms for those who have made a positive choice to share. Some bedrooms were provided with en-suite facilities. There were bathroom/shower rooms and toilets on each floor. These rooms have thermostatically controlled bath taps to protect people from scalding. There were two chair lifts to service all floors to ensure people with mobility problems could access all parts of the building. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and

positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people who lived at the home.

Good

Is the service caring?

Our findings

People who lived at the home told us they were happy and well cared for. Two people visiting their relatives were also positive about the care being provided. One person who lived at the home said, "The staff are very kind and caring. They protect my dignity when helping me with my care."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "The staff are very polite and courteous towards me. I am very fond of them all."

We spoke with the manager about access to advocacy services should people require their guidance and support. The service had information details on display in the reception area for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

Good

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Three care plans we looked at were detailed and clear about support needs of people and how they wanted their care delivered. We saw where people had expressed their preferred gender to support them this had been documented.

The service had a complaints procedure which was made available to people on their admission to the home and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. When we undertook our inspection visit the service had not received any formal complaints. People who lived at the home told us they were happy and had nothing to complain about.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contain clear direction as to how to support a person and include information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication. The passport also provided information about whether the person had a do not resuscitate order (DNA) which is a legal form to withhold cardiopulmonary resuscitation (CPR).

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with members of the management team confirmed they were clear about their role and between them provided a well run and consistent service. Comments received from nine people supported by the service included, "They always listen to me when I have something to say." And, "The home is well managed. The manager is lovely."

We saw written records confirming departmental meetings were being held by the service for management, care, domestic and catering staff each month. We looked at the minutes of a recent care team meeting and saw topics relevant to the running of the service had been discussed. These included ensuring at least one staff member was in attendance in the lounge area to supervise people who lived at the home and deal with any visitors.

Relative surveys had recently been completed. We saw people said staff were approachable, friendly and always in attendance when they visited the home. Comments received included, 'The atmosphere and care is excellent. Very hard working staff and so good to the residents.' And, Very happy with the standard of care. Keep up the good work, we are very grateful for all you do.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, psychiatrist's and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.