

## Countrywide Care Homes (2) Limited

# Barnes Court Care Home

### Inspection report

Wycliffe Road  
High Barnes  
Sunderland  
Tyne and Wear  
SR4 7QG

Tel: 01915202000

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07 October 2019

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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

Barnes Court Care Home provides care and accommodation for people with complex physical and neurological needs, nursing care needs and people who are living with dementia. The home is registered for 89 places but only 66 places were available because the first floor was split into two units which meant additional communal rooms were created. The home also no longer use shared rooms. At the time of the inspection the service supported 52 people.

### People's experience of using this service and what we found

People were happy living in the home and felt safe. Risks were well managed. The provider learned from previous accidents and incidents to reduce future risks. The registered manager understood their responsibilities about safeguarding and staff received appropriate training. Arrangements were in place for the safe administration of medicines. Staff were recruited in a safe way and there were enough staff deployed to meet people's needs.

People's needs were assessed before they started using the service and on an ongoing basis. Staff were suitably trained and received regular supervisions. People were supported with their nutritional needs and to access a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff treated people with dignity and respect. Staff promoted and maintained people's independence by encouraging them to care for themselves, where possible. People were supported to access advocacy services.

Care plans were adequately detailed and person-centred. People's communication needs were detailed within care records and staff knew how to communicate with them effectively. People knew how to complain, and any complaints received were fully investigated and subsequent action was taken.

People, a relative and staff spoke highly of the registered manager and were complimentary about the service. An effective quality assurance process was in place. People and relatives were regularly consulted about the quality of the service through surveys and meetings. Staff were involved in the ongoing development and improvement of the service through regular meetings.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 September 2018).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Barnes Court Care Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team was made up of one 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.

#### Service and service type

Barnes Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection-

We spoke with nine people and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, the clinical lead, a care practitioner, a kitchen assistant, a care worker, the activities co-ordinator, a domestic worker and the administrator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also contacted the activities co-ordinator.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and a relative felt the service was safe. Comments included, "I've always felt safe and never insecure, the staff are very good and really look after me" and "My [family member] has been here for a few years now and I believe she is in a safe and secure environment; I cannot praise the staff enough."
- Staff were knowledgeable about people and felt confident protecting them from abuse. Staff received regular safeguarding training.
- Safeguarding alerts were raised with the local authority in a timely way, when required.
- A whistle blowing helpline was on display in the staff room and a member of staff told us, "All of our policies are available on every floor."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were assessed and managed. Staff understood potential risks and how to mitigate them.
- The premises were safe. There were environmental risk assessments in place. Regular checks and testing of the premises and equipment were carried out.
- Accidents and incidents were appropriately recorded and analysed to identify any trends or lessons learned.

Staffing and recruitment

- There were enough staff to meet people's needs. Comments included, "I definitely think there are enough staff in the home as I'm looked after really well" and "If I press the buzzer, they (staff) always seem to be around straight away to help me."
- Staffing levels were determined in line with people's needs. The registered manager, bank nurses and care workers covered staff absence. We observed staff present around the home and call bells were answered quickly.
- Staff were recruited in a safe way. All appropriate checks were carried out prior to members of staff commencing work for the service.

Using medicines safely

- Medicines were managed in a safe way. Comments included, "The nurse brings my tablets on a trolley and makes sure I take them" and "The staff keep my [family member]'s tablets under lock and key and make sure she gets them on time."
- Medicines were administered by trained and competent staff.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

## Preventing and controlling infection

- The premises were clean, fresh, tidy and welcoming.
- The service had an infection control policy in place. Staff had received appropriate training. They were aware of infection control measures. Staff used appropriate personal protective equipment (PPE) when supporting people such as gloves and aprons.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs were assessed prior to moving into the home and on an ongoing basis to ensure the service could effectively support them.
- People's choices were included in their assessments and associated care plans. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction. This included training and shadowing experienced staff.
- Staff received regular training to ensure they had the correct skills and knowledge to support people. They also received training specific to people's needs. One staff member said, "There's always training. We get plenty of opportunities."
- Staff told us they were supported in their roles and received regular supervisions as well as annual appraisals. One staff member said, "[Clinical lead] does my supervisions monthly. But I know I can go to [Clinical lead] or [Registered manager] anytime if I needed to speak with them. I feel well supported."

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

- People were supported with their nutritional requirements. One person said, "I always go the dining room and I enjoy all of the meals."
- People chose what to eat and drink and were encouraged to do so. One person told us, "I think the food is very good and there is always a good choice, I normally eat in my room and the staff bring my meals for me."
- People had eating and drinking care plans in place which included their preferences and any special dietary requirements. Staff knew people's needs and supported them to eat their meals in a gentle manner, at a pace comfortable for each individual.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. One person said, "If I need to see the doctor the staff arrange for them to come into the home."
- People were supported to access a range of health professionals. One person told us, "I see the chiropodist who comes into the home to see me every three months."
- Care records documented engagement with health professionals to ensure people received appropriate care and support to meet their needs.

Adapting service, design, decoration to meet people's needs

- The service was appropriately designed and adapted for people living there. Halls and doorways were wide and communal areas were spacious. There was pictorial signage displayed around the home.
- There were murals on walls of shop windows. There was also sensory lighting in one area and an indoor garden area.

#### 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions were assessed and best interest decisions were made on their behalf if they lacked capacity such as consent to photos in care plans and activity records.
- Care records included details of people's capacity and if they were subject to a DoLS authorisation.
- Staff understood the principles of MCA. They had received up to date training and encouraged people to make decisions for themselves where possible.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 and a relative felt staff were caring and they were respected. One person said, "The staff are very good and I feel that they actually talk to you and not at you. I've got no complaints at all, they are wonderful."
- People were supported to maintain relationships that were meaningful to them. We observed relatives visiting people in the home throughout the inspection.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the care planning process and care plan reviews. Comments included, "Both me and my daughter talk to the staff about my care, it's the best way to do it" and "I take responsibility for my [family member's] care needs, so I deal with the staff on a regular basis on their behalf. Everything seems to work fine."
- Staff knew people very well and understood how they communicated. One staff member said, "Because we work with them (people) all the time we know what they are trying to tell or ask us."
- People received support from advocacy services as and when required, including Independent Mental Capacity Advocacy (IMCA) services. An advocate helps people to access information and to be involved in decisions about their lives. Information about advocacy services was on display around the home.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect when receiving support from staff. One person said, "The girls are very caring and respectful especially when I need to bath or shower, as I need help, but they always make you feel as comfortable as possible." A relative told us, "If my [family member] needs any personal care like to go to the toilet, the staff are very respectful and close doors and curtains. I can definitely say they are very good."
- Staff approached people gently and supported them with patience. Staff knocked on people's doors prior to entering their rooms and explained what they were going to do. Staff gained people's permission prior to supporting them.
- Staff promoted people's independence when supporting them. One staff member said, "If they can manage then I let them do it, I won't take away their independence if they can do it themselves." One person told us, "The staff do encourage you to do as much as you possibly can to get about the home and the gardens." We observed staff encouraging people to do things for themselves and care plans reflected this approach.
- People's confidential information was stored securely in lockable filing cabinets and password protected

computers. Records could be located and were accessible to authorised staff when required. Staff had received General Data Protection Regulation (GDPR) training.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people that contained adequate detail regarding people's needs and were person centred. People's personal preferences and personal goals were also recorded in their care plans.
- People's plans of care were regularly reviewed and updated when their needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand and care plans described appropriate methods of communication such as using pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed and took part in a wide range of activities in the home. Comments included, "I go to most of the activities, I enjoy the games and the singing and (animals)" and "I get involved in all the activities, the donkey and the dogs go down really well, and I do like the arts and crafts especially."
- The service had a full time activities co-ordinator who was very passionate about their role and tailored activities to what people wanted. They told us "I ask in resident meetings what they want to do that month." They regularly played bingo and had movie afternoons but they also did kitchen activities. The activities co-ordinator said, "Every so often we'll turn our kitchen into a pizza restaurant and residents will come down, take orders (from other people) and make pizzas."
- Activities also catered for people who were unable to leave their beds. The activities co-ordinator told us, "If people want to bake, I'll do all the prep work and take all the bowls and spoons up to them on my trolley and they sit and mix the ingredients." People also enjoyed planting seeds and one to one Thai chi in their rooms.
- People regularly accessed the local community for appointments, socialising and exercise. One person told us, "I enjoy going out on the day trips in the bus, they are always really popular and we went to the Metro Centre recently" The activities co-ordinator said, "We go out on at least one trip a week, sometimes two. I like to try and take them to landmarks around Sunderland. I took them to the new northern spire bridge when that opened. It depends what my residents want to do."

Improving care quality in response to complaints or concerns

- People had no complaints about the service but knew how to raise concerns if needed. Comments included, "I have never had any reason to complain and my staff here have been wonderful to be honest. I would tell the staff if I wasn't happy", "I am well looked after here and the staff are really helpful, I've no complaints at all" and "The girls are great and neither myself or my [family member] have had any reason to complain but if we did, we would speak to the management."
- Complaints received had been investigated. The action and outcome were communicated to appropriate people.

#### End of life care and support

- Care records contained people's wishes in relation to their end of life care, including if they did not wish to discuss it at that point. People's spiritual faith was recorded in care plans as well as if there were appropriate emergency health care plan in place.
- At the time of the inspection no one received end of life care. The registered manager told us the service had previously supported people with end of life care needs.
- Staff had received training in end of life care and palliative care.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was open and approachable to all. They told us, "My door is always open. Staff and residents can come in anytime and they do." People's comments included, "Both (registered manager and deputy manager) are very approachable when you need them", "[Registered manager] is always very friendly" and "[Registered manager] is very, very nice, really polite and friendly."
- People and a relative were happy with the management of the service and believed it was well managed. They told us, "Everyone in the home is so friendly and helpful; the home is well run", "Staff seem happy and everyone gets along" and "Overall I would say yes (the home is well managed) because I have no concerns whatsoever as the girls do a great job looking after my [family member]."
- We received similar feedback from staff. Comments included, "[Registered manager's] door is always open. She's got the best open-door policy I've ever experienced from a manager" and "[Registered manager] is one of the best managers we've had. She gets on well with the staff and she'll muck in and get her hands dirty."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager conducted themselves in an open and honest way. They submitted statutory notifications in a timely manner for significant events that had occurred, such as safeguarding concerns.
- The registered manager and staff understood their roles and responsibilities.
- The provider and the registered manager monitored the quality of the service to make sure they delivered a high standard of care. This included the completion of regular audits. The registered manager said, "I do my audits (weekly and monthly). The regional quality inspector comes in monthly and the head of quality also does random inspections."
- Action plans were created following audits and disseminated to all appropriate staff for completion.

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

- People and relatives were asked for their views of the service through regular meetings and surveys. All feedback received was analysed and any identified actions were completed. Results and actions were fed back to people and relatives. People told us, "I go to all the meetings as it gives you a chance to have your say and I have filled survey forms in when they come", "I was at a meeting only yesterday when we talked

about things that affect the home like the food menu" and "I go to most of the resident meetings and there are quite a lot of us who do go."

- Staff were kept updated about the service and any improvements by attending regular meetings. One staff member said, "Staff meetings are usually every month. If there's anything serious [Registered manager] will address those first, then we hash out what needs to be discussed. We are all open and communicate well with each other. We all work as a team."

Working in partnership with others; Continuous learning and improving care

- Staff were working in partnership with key stakeholders to achieve positive outcomes for people.

- The service had developed good links with the local community. Children from a local primary school often visited people in the home to sing songs and exchange occasion cards. People had also visited the local primary school and enjoyed lunch with the children. A relative said, "I know that the home has close links with the local school, which means a lot to the residents and myself."

- External professionals regularly visited people. The activities co-ordinator said, "We work with the police cadets. They come in regularly and at Christmas they bring a shoebox in for each person that contains a Christmas present. They also come in to sit and chat with residents and make cups of tea."

- People were supported to attend specific activities in the local community. The activities co-ordinator told us, "I have an agreement with [local football club] because they do football for people with disabilities on a Thursday morning, so we sometimes go there. We've also got a local pool club membership as well where people go to play pool."

- Local community projects and organisations were regularly invited into the home to do activities with people such as an interactive journey through the history of Sunderland.