

Optima HCI Limited

Barham Care Centre

Inspection report

Church Lane
Barham
Ipswich
Suffolk
IP6 0PS

Tel: 01473830247

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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

Barham Care Centre provides accommodation, nursing and personal care for up to 44 people. There were 34 people living in the care home when we visited on 5 May 2021. The home is situated in Ipswich, Suffolk.

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

Staff knew how to safeguard people from the risk of harm and abuse. Staff were recruited safely, and they received appropriate training and support to equip them with the necessary skills to meet people's needs.

Staff were kind and caring and had good relationships with people. They understood people's needs and preferences and provided personalised care. People had a choice of meals and enjoyed a varied and balanced diet.

People made their own choices about where they spent their time and had the opportunity to participate in a range of recreational and social activities.

The service communicated well with relatives and friends and worked productively with other agencies and professionals.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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 support this practice.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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

Why we inspected

This was the first ratings inspection for this newly registered service following the sale to a new provider in September 2019.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 ●

Barham Care Centre

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors 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

Barham Care Centre 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, 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

We gave a very short notice period of 15 minutes to the service prior to our inspection visit. This was to ensure the safety of all involved and to assess any risks in respect of COVID-19

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to help plan our inspection.

During the inspection

We spoke with three people who lived at the service and 12 relatives about their experience of the care provided. We also had email contact with a further three relatives. We spoke with six members of staff during our visit and had email contact with a further six staff in order that they could provide their feedback.

We reviewed multiple people's care files, daily records of care and medication records. We also reviewed staff personnel files. We looked at a sample of the service's quality assurance systems, the provider's arrangements for managing medication, staff training and supervision records, and complaint and compliment records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received additional information and feedback from professionals who work in the local authority who were familiar with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the care was safe at Barham Care Centre. One relative said, "I have no concerns and I completely trust them; they are in a different league to other homes."
- Staff completed regular safeguarding training and were aware of how to report any safeguarding concerns or poor practice witnessed.
- The registered manager understood their responsibilities to protect people from harm and abuse and knew what to report to the Care Quality Commission (CQC) and the local authority safeguarding team.

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

- Staff were aware of the risks associated with people's care and knew how to support them safely.
- Risk assessments were up to date and regularly reviewed. They were person centred and provided guidance to staff to mitigate risks to people.
- The registered manager had systems in place to investigate and learn lessons when things went wrong. For example, they completed analysis of falls and accidents so any action needed to reduce the risk, or a reoccurrence could be taken.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe. One person told us, "There are plenty of staff." One person's relative told us, "I think there are enough staff and though they have had hard days [during the COVID-19 pandemic] the home has stayed in contact through [social media] postings, through phone calls and emails."
- The majority of staff we spoke with, who worked at Barham Care Centre, told us they felt there were enough staff to meet people's needs a timely manner. One staff member said, "I have no issues with the safety and welfare of the [people] living in the home and would happily place a member of my family here. The home is well staffed and use of agency staff is kept to a minimum."
- There was a largely consistent staff team at the service which meant people's care was delivered by staff who knew them well.
- Prior to commencing work, prospective staff had a Disclosure and Barring Service (DBS) check undertaken. The DBS helps to prevent unsuitable people from working with vulnerable people. The DBS check shows if potential new staff members had a criminal record or had been barred from working with adults.

Using medicines safely

- People received their medicines safely, as prescribed, and from staff who had received training and had an

observation of their practice to ensure they were competent. One person told us, '[My] medicines are given on time and not too close together. They're always right because I count them. I trust and like the staff.'

- Medicine records we reviewed were in good order. There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and at the point they moved into the service. This information was used to create individual plans of care.
- People and their relatives were involved in planning and reviewing their care which was personalised to meet their needs as individuals.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about the people living at the service and had the skills necessary to meet their needs. A person's relative told us, "Staff have got the right skills, they always know."
- Staff received appropriate training they required to meet people's needs.
- Staff were supported through one to one supervision, an annual appraisal and good communication. One member of staff told us, "I feel extremely well supported by both [registered manager] and their assistant. Their door is always open to us. I feel I receive adequate training in order to do my job well."

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

- People and their relatives were complimentary about the food at Barham Care Centre. One person's relative told us, "The food is amazing, the latest chef is good. I went today and saw the food is nice, people get their 'five a day', it looks tasty, smells delicious, looks like pub food. Last week they had a roast mid-week I saw amazing Yorkshire puddings all homemade, they have fabulous deserts too." Another relative said, "The quality of the food provided does need a special mention as it is exceptional."
- The dining experience was a pleasant and well organised occasion. People had a wide choice of food available and meals served were well presented.
- Care plans were in place in relation to people's nutritional needs and appropriate assessments such as the MUST (malnutrition universal screening tool) were used to determine if people were at risk nutritionally. For those people who required it, regular checks were undertaken of any weight loss.

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

- Where necessary, the staff team worked with other services to deliver effective care and support.
- People continued to have access to a range of community healthcare professionals when required. Advice given by health professionals was followed, documented and communicated for staff to follow.
- People's healthcare needs were monitored by staff to ensure any changes in their needs were responded to promptly and the appropriate advice and treatment was accessed.

- People's healthcare needs were supported. One person's relative said, "Staff called the doctor in and now [family member] has medication. Staff are keeping an eye on [family member], they are proactive."

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

- The premises were accessible and suitable for the needs of the people living there, with aids and adaptations available to assist people and to encourage independence.

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 care records contained information on how staff supported them to make day to day decisions.
- People were asked for their consent to care and support. We saw staff asked for consent from people in the most appropriate way for the individuals.
- Where restrictions were to be placed upon people in order to keep them safe, an application was made to the local authority DoLS team.

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff had developed caring relationships with people using the service.
- People's relatives were complimentary about the care their family members received at Barham Care Centre. One relative told us, "I do feel that the staff are caring, I have seen that not only with [family member] but with other [people] too." Another person's relative commented, "I can't speak highly enough of the staff, they are genuinely caring."
- People were cared for by a staff team who spoke passionately about the people they were caring for and their job roles. One member of staff commented, "The care [people] receive is excellent and I would have no problem recommending the home to anyone." Another member of staff told us, "We are a big family, staff and [people], and Barham is our 'home'. I feel the staff care for [people] as they would want their own family member to be cared for."

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

- Staff knew people's communication needs well and we saw people being encouraged to make decisions about their day. For example, what they had to eat or whether they wished to take part in an activity.
- People were encouraged to make their own day to day decisions about their care such as deciding what they wanted to do or what time they wanted to get up or go to bed.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person's relative commented, "Definitely [family member] is respected, I hear staff when they are in other bedrooms being really nice, giving genuine care, I would not want [family member] anywhere else."
- Staff knew people well including their preferences for how they liked their care and their personal life histories and their families.
- Records containing people's confidential information were being stored securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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; 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's care records were detailed and person-centred. Information in them described how people wished to be supported in all aspects of daily living and their personal preferences.
- From talking with staff and our observations, staff were very aware of people's care needs.
- People and their relatives were positive about the range of activities on offer and the opportunities for people to be involved in their interests. One relative told us, "They asked [family member] what [they] likes to do, and they listened. [Family member] likes gardening and they made [family member] a raised garden bed so that their wheelchair can go underneath. The handyman raised the bed and [family member] still does that as well as part of the main garden."

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.

- Information was available for people, if required, in easy read, larger print and also pictorial versions to help people make a decision about choice of meals for example.
- The registered manager told us about additional systems in place to promote effective communication such as the use of picture boards for people who did not communicate verbally. They also told us how staff could interpret in a wide variety of languages.
- People's care plans included detailed information and guidance for staff about the person's communication preferences and styles. The registered manager explained that each person had communication as part of their preadmission assessment and care planning.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. The registered manager informed us they spoke with people when they toured the service whenever they were on duty and hence this approach and support helped to resolve any matters quickly.
- Information about how to raise a complaint was given to people when they commenced using the service.

End of life care and support

- The staff were aware of good practice and guidance in end of life care, and respected people's beliefs and preferences. A relative told us of their comfort at knowing their family member would receive good end of

life care, "My [family member] feels loved and is often hugged, danced and [has their] handheld. I feel confident that my [family member], when the time comes, will die surrounded by genuine love and dignity."

- Staff had received training in supporting people at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, their relatives and staff were positive about the leadership of the registered manager that resulted in good outcomes for people. One relative told us, "It seems good since they had the new [registered] manager, they are online every day and they say what is going on in the home like music, that is an improvement." Another relative commented, "I think [registered manager] will now take the helm, they have been including family in regular updates and their passion and leadership will I'm sure be a force for positive change. From my experience, [registered manager] has excelled in fighting my [family member's] corner to ensure they receive the support they need."
- We found a friendly and welcoming atmosphere at the service. There was a lot of laughter between people and staff which relatives also commented on.
- Staff spoke very highly of the registered manager and their leadership. One staff member said, "[Registered manager] is by far the best manager I have worked with they always want the best for [people] and staff." Another staff member commented, "From experience, I feel as though [registered manager] is very caring of this care home, they want the best for it too. [registered manager] has been here for a very long time... always happy to teach everyone or give opportunities to everyone."
- Systems to monitor the quality of service, including reviewing care plans, checking medicines management, health and safety and the environment, were robust. Any shortfalls identified, resulted in action being taken to reduce the risk of reoccurrence and reflective learning sessions were held with staff.

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; Continuous learning and improving care

- The provider and registered manager understood their responsibilities under Duty of Candour. People's relatives told us the registered manager was approachable. A relative said, "Absolutely they are open and transparent."
- The management team were open and transparent during our inspection visit and in our further requests for information. They welcomed our feedback and were keen to make any improvements needed.
- Regular meetings with people using the service, relatives and staff were arranged by the registered manager. These were opportunities for everyone to comment and make suggestions about the day to day running of the service.
- The registered manager understood their legal requirements. Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their relatives in discussions about their care and we received mostly positive feedback about communication. One relative told us, "I am just very happy, got no complaints, the [registered] manager has been there a long time and has improved communication, gives regular emails, regular updates and I can ring, and they give answers." Another relative commented, "It is very good, particularly since they got the new [registered] manager... since she has been in charge it has changed and is now more homely, she keeps us more informed, got more activities, get regular emails and kept up to date."
- The service worked with community services, medical healthcare professionals and local authority social workers in order to achieve the best outcomes for people.
- Links with the local community were maintained to promote independence and wellbeing for people.