

R Smart and Dr M Smart Hill Barn

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Hill Barn provides accommodation and personal care for up to 26 older people including those living with dementia. Accommodation is located on one level. There were 21 people living in the home during this inspection.

This inspection was unannounced and took place on 21 April 2016.

The home did not have a registered manager in post. The previous registered manager left in December 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Some staff had yet to receive training in this subject and those spoken with during this inspection were able to demonstrate that they were aware of the principles of the MCA or DoLS and their obligations under this legislation.

Care plans did not contain all of the relevant information that staff required so that they knew how to meet people's current needs. We could not be confident that people always received the care and support that they needed. Whilst risk had been identified detailed information on how to reduce the risk had not been recorded.

The provider had a recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

People's privacy was respected at all times. Staff knocked on people's bedroom door and waited for a response before entering.

People were provided with a varied and balanced diet. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines in a timely manner. Although medicines were not always stored in a safe way.

The provider had a complaints process in place and people were confident that all complaints would be addressed.

The provider did not have effective quality assurance systems in place to identify areas for improvement. Therefore, they were not able to fully demonstrate how improvements were identified and acted upon.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You

can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risks to people were not always identified and acted on.

Medicines were not safely stored and a full audit of all medicines held in the home had not been fully completed.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good ●

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met. However, not all mealtime experiences were positive for some people.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose where they spent their time.

People were supported to see their relatives and friends.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care records were not detailed and did not always provide staff with sufficient guidance to provide consistent, individualised care to each person.

People were offered various activities, hobbies and interests.

Is the service well-led?

The service was not always well-led

The systems in place to monitor the quality of the service were not always effective.

There were opportunities for people and staff to express their views about the service.

Requires Improvement ●

Hill Barn

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 was planned to check 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 unannounced inspection took place on 19 April 2016. It was undertaken by 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.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid our planning of this inspection

During our inspection we spoke with 10 people and four relatives. We also spoke with the manager, team leader, two care staff and a visiting health professional. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at two people's care records. We also looked at records relating to the management of the service including staff training records, audits, and staff meeting minutes.

Is the service safe?

Our findings

People told us that they felt safe and relatives confirmed they had no concerns over their family member's safety. One person said, "I am safe and comfortable here." Another said, "I was moved here because my family weren't happy with the care home I was in. I agree no one cared, it was horrible. Hill Barn is so much better. No one shouts here." A relative said, "[Family member] is safe and secure here. There is a pad next to his bed and if he steps or falls out it alerts the staff." Another relative said, "This is a lovely safe place for [family member] to be."

Risk assessments had been completed and highlighted where a risk had been identified. It stated whether people were at high, medium or low risk. Where a medium to high risk had been identified a care plan had been created. For example a person at medium/high risk of falls had a care plan completed in relation to this., However the plan not provide details of how staff should manage the risk of fall. The plan stated 'person] to be correctly positioned in chair'. No information was written in relation to how the person should be positioned. Another risk assessment contained within the care plan was an 'environmental risk assessment'. This looked at activities for daily living which included but was not limited to sensory ability, communication and moving and handling. This showed a rating of one to four where one is low. Where areas had been highlighted as a four there was no information to show how the risk would be managed. The manager was unable to explain how these worked in practice and how staff were provided with the information on how to manage and minimise the risk identified. This put people at risk of harm as we could not be confident that they would be cared for in a safe way.

This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People we spoke with told us they got their medicines on time. One person said, "I get my medicine when I need it." Another person said, "I do my own medicine."

The provider had arrangements in place for managing people's medicines. Medicines were stored securely. However, medicines taken by mouth and topical creams had not been separated in the medicines cupboard. This meant that medicines could be contaminated. . We found that whilst the medicine storage temperature was being recorded it had been at and over the maximum limit since February 2016. This could affect the effectiveness of the medicine over time. When medicines were received in the home the amounts were not recorded. This meant that we could not be assured that amount of medicines in the home was correct'. Appropriate arrangements were in place to ensure unused medicines were returned to the pharmacy to be disposed of. The service used a Monitored Dosage System (MDS) whereby peoples medicines were delivered to the service from the pharmacy already dispensed into individual pods. Where people were self-medicating there was no detailed plan in place for how these were safely managed including storage arrangements.

We observed a member of staff supporting people to take their medicines. There were protocols for medicines that were prescribed to be administered when required, such as pain relief. The member of staff

was observed asking people if they required any pain relief. Staff told us they had received training in medicines administration and records showed that their competency was checked to ensure they were safely able to administer medicines.

This was a breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The atmosphere within the home was calm and relaxed throughout the inspection. We found that there were enough staff to support people in a timely way. People we spoke with felt that there were enough staff available to meet their needs. One person said, "If I ring my buzzer I know it won't be long before they get here. I've only had to wait 10 minutes but I expect they had a bit of a crisis on." Another person said, "Yes there are enough staff normally. I agree I have had to wait 10 minutes after ringing the buzzer but not normally. They are busy people (staff)." A third person said, "When I ring my buzzer the carers don't take long to get to me." One relative said, "I think there are enough staff. You do sometimes have to wait for attention but that's usually when there is a pressure point. The response to the bell is usually a couple of minutes, but no more than five (minutes)."

Staff told us that they were always very busy but they felt that staffing levels met people's needs. One member of staff said, "There's is enough staff to do the job and we even get time to talk to the residents." We found that during our inspection call bells were answered in a timely manner. Staff were seen to respond quickly when one of the fire doors was activated by mistake.

All the staff told us they had received training to safeguard people from harm or poor care. The staff showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff said, "I would always tell the manager if I had any concerns". Safeguarding information was available and accessible to staff and families in the main entrance to the home and included the telephone number of the local authority safeguarding team.

Staff confirmed that they did not start to work at the home until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start work at the home. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. We noted that records of the interview undertaken by the manager had been maintained.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are 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 were being met. The deputy manager and most staff we spoke with understood and were able to demonstrate that they knew about the principles of the MCA and DoLS. The staff confirmed that any decisions that could be made on behalf of people who lacked capacity was in line with the MCA code of practice. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights to make decisions were protected. There was no one being deprived of their liberty at the time of this inspection

People told us the staff met their needs. One person said, "The staff are always careful the way they handle you. They always ask permission before they do anything to help me." Another person told us that, "The carers are gentle. They know what they are doing. They always ask permission before they do anything even making the bed." One relative said, "New staff seem to have the correct approach so they must be getting good training."

Staff told us that the training they had received was, on the whole, good and had helped them to develop the skills they needed to carry out their role. Regular staff meetings were held and staff had the opportunity to attend.

Staff told us that since the new manager has been in post they had received regular supervision and support. This provided them the opportunity to discuss their support, development and training needs. Training records showed that staff had received training in a number of topics which included infection control, food safety, moving and handling and safeguarding people. Some staff had not received training in MCA and DoLS but this was being arranged. One member of staff said, "We get lots of training and have received regular supervision since January (2016)." Another member of staff said, "I have attended the staff meetings and we get the opportunity to add to the agenda."

People told us they were satisfied with the food and drink options that were made available to them. One person said, "I like my food and there is enough of it." Another person said, "The food is delicious. I like the choice and I know I can have something else if I don't like what's on the menu." A third person said, "The new cook is great. They [the cook] fill me up! There's plenty to eat if you want it. The dishes are tasty and

warm and you can choose something else if you don't like what's on the menu."

People said they always had a choice of two main meals or could choose from the 'something different' menu. The day's menu was on display on each dining table. Special diets, including soft food, were provided for people who needed them.

Mealtimes were calm and relaxed but some people did have to wait for a member of staff to assist them from the dining room when they had finished their meal. Staff made sure people were comfortable where they were sitting. The dining tables had been attractively set, with serviettes and condiments available. Staff did not rush people with their food and gently encouraged people to eat their meal. Staff who were assisting people sat with the person and we heard them asking if the person was ready for another mouthful or if they wanted a drink. Staff asked people if they had enjoyed their meal and checked whether the person wanted any more to eat or drink. Although we did note that eight people were still waiting to be assisted back to the lounges at 2 o'clock who had been at lunch since 12pm. This was because staff were busy supporting other people to eat or supporting them to meet the personal care. Only one person commented about this and said, "Is no one coming to take me to my room?"

During both the morning and the afternoon people were offered drinks and biscuits. People could also request additional drinks and jugs of juice were available in lounges for people to help themselves or ask staff to help.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as community nurses, GPs, dieticians and therapists. Visiting professionals we spoke with told us that people were referred to them by the service regarding their healthcare needs and that staff had followed their instructions and advice.

Is the service caring?

Our findings

People we spoke with were complimentary about the care that they received. One person said, "The staff are really kind. They try to make this a home from home. They are busy people but over time you build a relationship with them that makes things even better." Another person said, "The carers [staff] are marvellous. They make me feel special and so comfortable. They pop their heads around the door to check I'm OK. I can't grumble about anyone. They are such good workers. They tell me their troubles and treat me like a mother. One in particular confides in me and she is like my own daughter and I tell her, 'You're as good as gold.' All the staff feel like my family and it makes me feel like a mother hen." A third person said, "Staff are very nice. They call me by name and they will chat if they have a few seconds. I am a real person here. They do encourage me to do things for myself." Relatives we spoke with were equally satisfied. One said, "Staff are very kind, lovely in fact. They know each person so well and what their needs are. They will find time for a chat. The Seniors are very good at keeping us up to date with how things are." Another said, "Staff know the names of residents and families. There's lots of fun and jokes. Overall there is a lovely relationship going on." A third relative said, "They address residents in a pleasant, supportive manner. They know everyone's first name. They ask them how they are feeling. There is lots of humour. They encourage residents to do things for themselves and to do exercise."

Staff told us how they treated people with dignity and respect. They told us that they made sure that people's needs were met, they were treated as individuals and that they were involved in making choices. We saw that people were offered choices. We saw staff knock on people's doors before entering their room. Staff also said that they explained what they were going to do before undertaking personal care. One person said, "They talk to you as they are helping you get ready. They ask me who's been to see me and they are genuinely interested. I can't fault anyone- they are all as nice as each other."

Staff spoke with people in a caring and respectful manner and people were involved in decisions about how their care was delivered. We saw one of the care staff engaging people in conversation about what they would be doing during the day and whether they had had visitors at the weekend.

We observed one person who was unsure where they needed to be and were concerned they were in the way. However, a care worker sat down with the person, reassuring them and putting their arm around their shoulders and encouraged them to join in the singing. They continued to sit with them until they were happier and more settled. We observed that staff encouraged residents to be independent. For example, one person was encouraged to use their walking frame rather than the easier option of a wheelchair. The member of staff kept a supportive hand on the person's back for encouragement and reassurance.

Care records showed that people and their relatives had been involved in the planning of the person's care. Care plans were personalised and clearly showed areas in which the person wanted to remain independent. People had been encouraged to contribute their views about how they wanted their care delivered by the staff. Another member of staff was heard to say to a person who was walking with their frame, "Don't worry [person's name] you are doing really well. I'm behind you."

People's personal care records were kept securely in filing cabinets so that people's confidentiality was maintained. Staff only spoke in confidence about those people they cared for.

The manager was aware that local advocacy services were available to support people if they required assistance. However, the manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Is the service responsive?

Our findings

A relative told us, "I am involved in [family member's] care plan." Another relative said "We take [family member] out and the home are good at making sure that can be arranged to tie in with us." A third relative said, "Staff keep me informed about changes in [family member's] health, care and treatment." They commented, "The staff are really good, they know [name] very well and know what their likes and dislikes are."

Care plans that we looked at did not always provide detailed information on how people's care needs were to be met. One person's care plan stated that, "I have problems with my co-ordination" but it did not tell us how staff needed to support the person especially at mealtimes. On another plan we found that recommendations had been provided by a health care professional (contained at the back of the plan). These recommendations had not been incorporated into the care plan so that all staff were clear about the support the person needed especially around consistency of food to prevent choking. We found that some plans had been written but were not signed and dated by the author. It was therefore unclear if they were still in date. Where a person needed a topical skin cream to be applied the instruction stated 'as directed'. This was not clear how the cream should be applied and where. This put people at risk of receiving care that did not meet their care needs and support.

There was information throughout the home which showed the activities for the week which included 'Tea fit for a queen' to celebrate the Queen's 90th birthday. Other activities included a 'sing along' and a quiz. One person told us, "I have taken part in quizzes. I need someone to take me to where the action is but that is easily sorted. There's enough going on." Another person said, "There are games and quizzes and I take part." A relative told us, "Activities have started up since the new manager arrived."

People were being encouraged to be involved in activities that were specific to them. It was evident that attempts had been made to try to create a friendlier environment for people living with dementia. There was an area set in one of the lounges where there were a relatively small number of items to stimulate people's memories and provide things to touch and feel.

Information was available about religious services that were held in the home. People we spoke with confirmed that a religious service was held in the home twice a month and that they could choose to attend if they so wished.

The complaints procedure was available in various areas around the home. Everyone we spoke with felt confident speaking to the staff if they had any concerns. One person said "I am happy to tell them if something isn't quite right and they listen to me." Another person said "They listen to me and what I know I need."

There were a number of compliments that had been received at the home that were thanking staff for their care and support of their loved ones whilst they had been at Hill Barn.

Initiatives had been implemented to get people involved and have a say in the running of the home. There was a 'suggestions' box in the reception area. A summer fete committee was being formed from people who use the service, their friends/relatives and staff and ideas for this event were being sought.

Is the service well-led?

Our findings

There was a no registered manager in post at the time of this inspection. The registered manager left the home in December 2015. The manager at the time of this inspection had been in post since January 2016. They told us they would be applying to become the registered manager at Hill Barn.

People we spoke with said that they knew who the manager was. All people we spoke with told us they knew who the manager was and felt able to approach her if they needed to raise any issues. One person said, "The manager seems nice and she is approachable. I'd recommend the home to others as it is a comfortable, caring place - a good place to be." Another person said, "The manager is pleasant, she just gets on with it. They are trying to get things going I've attended a residents' meeting and said we should offer boiled eggs at breakfast and now they do."

Staff told us that the culture in the home was 'open' and that the manager was approachable. Staff spoken with told us that they were supported by the manager. They said that they had regular supervisions and appraisals. This was confirmed by the records we looked at.

A relative said, "The manager keeps us fully involved. They always think about [family members] care and they come first. We felt that it is the ideal place for them [the family member]."

Records showed that staff meetings happened and that they were an open forum where staff could raise any topics of concern they wished to discuss. Staff told us that they were encouraged to make any suggestions that they may have had to improve the service. Such as entertainment for the people using the service and additional resources. One relative said, "Improvements are down to the new manager." Another relative said, "If you go and see [manager], things will get done. They are helpful and will give advice. They are a breath of fresh air."

Audits and checks were in place which monitored safety and the quality of care people received. Although not all the checks were effective and had not identified our findings in medicines and care plans. Checks included areas such care planning, medication and health and safety. Although where action had been identified these were followed up and recorded when completed to ensure people's safety. We saw that where the need for improvement had been highlighted that action had been taken to improve systems such as redecoration of various areas of the home. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of the environment provided. The manager had agreed that care plans required additional work to ensure they were more person centred and ensured they provided staff with detailed information on the support and care that staff needed to provide to people who used the service. The infection control audit had identified action around the cleanliness of the home. This had been completed. One relative said, "On some days I used to feel the room is left a bit scruffy and untidy even after the cleaners have been in. I have a feeling things are a bit better now the new manager is in place."

A training record was maintained detailing the training completed by all staff. This allowed the manager to

monitor training to make arrangements to provide refresher training as necessary. Staff told us that the manager regularly 'worked alongside the staff in providing care. This ensured that staff were implementing their training and to ensure they were delivering good quality care to people. As a result of these checks staff knew what was expected of them.

Records, and our discussions with the manager, showed us that notifications had been sent to the Care Quality Commission as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the manager had an understanding of their role and responsibilities.

Staff told us that they felt supported by the manager. All staff we spoke with felt able to approach the manager about any issues or ideas they had. They all felt they would be listened to. Comments from staff included, "I love working here. I am well supported by both the manager and the people I work with and the residents are well cared for. "It's homely here and staff are kind. People get good care." And "I feel well supported."

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "I would have no hesitation in raising a concern if people were receiving poor care".

There were staff meetings for all staff during which they could discuss their roles, training and were provided with information in relation to peoples care. Staff we spoke with were happy about meetings. One member of staff said, "There are staff meetings that now take place since the new manager has been here."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Whilst risks had been identified information did not provide how the risk could be minimised. Regulation 12 (1)(2)(a)(b) People were not protected from the safe management of medicines. Regulation 12 (1)(2)(g)