

Barchester Healthcare Homes Limited

Juniper House

Inspection report

Candleford Close
Brackley
Northamptonshire
NN13 6JZ

Tel: 01280845570

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30 November 2017

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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

Juniper House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Juniper House provides accommodation and care for up to 60 older people, including people that need support because of their physical frailty and those who need professional nursing care because of their medical condition. Additionally the 'Memory Lane' section of the home specialises in supporting people living with dementia. Respite care and short breaks are part of the service provided at Juniper House. The home is purpose built and adapted throughout to meet the diverse care needs of the people in residence. There were 59 people in residence when we inspected the service on 24 and 30 November 2017.

At the last inspection on 21 August 2015 the service was rated 'Good'. At this unannounced inspection we found the service remained 'Good'.

A registered manager was in post. 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 2008 and associated regulations about how the service is run.

People were safe. People were protected by robust recruitment procedures that made sure people did not receive unsafe care from staff that were unsuited to the job. They were safeguarded from avoidable harm and poor practice by staff that knew what action they needed to take if they suspected this was happening.

People were cared for by sufficient numbers of professional nurses and care staff. People's needs had been assessed prior to admission and they each had an agreed care plan that was regularly reviewed to ensure they continued to receive the care and support they needed. They received care from staff that had received training and support to carry out their roles.

The premises and equipment used to provide people with the care they needed were appropriately maintained throughout to ensure their safety. Systems were in place to ensure the premises was kept clean and hygienic so that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People's capacity to make informed choices had been assessed and the provider and staff were aware of the Mental Capacity Act 2005 and the importance of seeking people's consent when receiving care and support.

People received care and support from staff that knew what was expected of them and they carried out their duties effectively and with compassion. They were treated equally and their individuality was respected by

staff.

Risks to people's safety were reviewed as their needs and dependencies changed. Care plans were personalised and reflected each person's individual needs and provided staff with the information and guidance they needed to manage risk and keep people safe.

People had access to community healthcare professionals and received timely medical attention when this was needed. There were appropriate arrangements in place for people to have regular healthcare check-ups. Medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration by the nurse in charge.

People enjoyed their meals and said they always had enough to eat and drink. Individuals who needed encouragement and support with eating a healthy diet received the help they required.

The provider and registered manager led staff by example and enabled the staff team to deliver individualised care that consistently achieved good outcomes for all people using the service. Staff had insight into people's capabilities and aspirations. People were encouraged and enabled to do things for themselves by friendly staff that were responsive and attentive. Their individual preferences for the way they liked to receive their care and support were respected.

The rating from our previous inspection was prominently displayed in the foyer of the home. The provider also ensured that this rating was appropriately displayed on their website.

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 remained safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

Juniper House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 24 and 30 November 2017 and was unannounced. This inspection was undertaken by one inspector.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home as well as 'Healthwatch' in Northamptonshire which is an independent consumer champion for people who use health and social care services.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We took this information into account when we inspected.

We undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We spoke with six people using the service and three visitors. We also spoke with five care staff, the registered manager, the deputy manager, and a senior nurse. We looked at the communal facilities throughout the home as well as three bedrooms when we spoke with people in their own rooms. We also looked at where medicines and foodstuff were stored as well as equipment and precautions in place to protect people against the risk of fire.

We looked at four people's care records and records in relation to staff training and recruitment. We also looked at other records related to the running of the home and the quality of the service provided. This included the provider quality assurance audits, maintenance schedules, training information for staff, and arrangements for managing complaints.

Is the service safe?

Our findings

People continued to receive care and support from staff in a way that maintained their safety. All the people we spoke with said they felt safe in the home. One person said, "They [staff] are very attentive and that really makes me feel I'm safe here." A visitor said, "I find the care that [relative] gets here reassures me. I'm never concerned about [relative's] safety. They [staff] all know what they're doing and as far as I'm concerned they do their job well."

The provider had ensured that there were sufficient numbers of experienced nurses and trained care staff on duty. The provider monitored staffing levels closely and we observed that there were sufficient numbers of staff working within the home to provide people's care and support.

The staff recruitment procedures ensured only suitable staff worked at the service. All staff had been checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties. In instances where agency staff were used to temporarily cover for staff vacancies, sickness, or holidays, checks were made to ensure agency staff had the necessary experience and were capable of competently providing people with safe care.

Staff knew how the service was to be provided to each person they supported. People's care plans provided staff with guidance and information they needed to know about people's personal care and nursing needs. Care plans were individualised and reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes to people's dependencies occurred. A range of risks were assessed for example, to guide staff on the safe management of medicines for people that required prompting and supervision when taking their medication.

People received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by the nurse-in-charge for each of the two floors. They were knowledgeable about the way in which people preferred their medicines to be administered.

Staff received training on safeguarding, one staff member said, "If I was at all worried about the way someone was being treated I would go to the manager or another senior member of staff immediately." Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The staff also confirmed they completed regular refresher safeguarding training to keep up to date with any changes in the safeguarding reporting procedures.

The premises was kept clean and hygienic so that people were protected by the prevention and control of

infection. Staff had access to protective clothing, such as gloves and aprons and these were worn when assisting people with their personal care. We saw that where areas required attention, actions were put into place and records confirmed this. Staff had completed training in infection control and food hygiene.

There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, or when accidents occurred, to improve safety across the service.

Staff knew what to do in the event of a fire or emergency. Emergency contingency plans were in place in case of evacuation and each person had an individualised Personal Emergency Evacuation Plan (PEEP) in place to assist in the event of the service having to be evacuated by the fire service. The fire detection and alarm system had been appropriately serviced and staff carried out regular checks and fire drills throughout the year. All appropriate servicing of equipment used throughout the home had been carried out in accordance with prescribed maintenance schedules.

Is the service effective?

Our findings

People were supported by staff that had the skills as well as the training they needed to care for people with a range of needs. People's needs were met by staff that were effectively supervised. There was a system of staff appraisal meetings in place, this ensured each member of staff had their performance, learning and development needs continually evaluated.

Newly recruited staff had received induction training that prepared them for their duties. A comprehensive induction training programme was used that covered topics such as promoting people's rights, choice, dignity and independence.

Staff also received refresher training in a timely way and they were supported to keep up-to-date with best practice. They had a good understanding of each person's diverse needs and the individual care and support they needed to enhance each person's quality of life.

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 be 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).

The registered manager and staff understood their roles and had received training in assessing people's capacity to make decisions and caring for those who lacked capacity to make some decisions. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. They said they were always asked to consent to their care and treatment.

Within Juniper House people living with dementia received care and support in a part of the home known as the 'memory lane community'. People with memory loss and perceptual problems arising from their dementia were helped to feel 'more at home' in small family sized units. One visitor said, "My [relative] is much more at ease in these surroundings." The living environment was welcoming, with lighting, signage, and use of colour designed to having a calming effect on the senses and help people orientate themselves.

Staff had received training and accreditation designed to enhance the dementia care environment within the home and to improve interpersonal interactions between staff, people living with dementia, their relatives and other healthcare professionals. Their training was designed to enhance both the dementia care environment within the home and to improve interpersonal interactions between staff, people living with dementia, their relatives and other healthcare professionals. Training focused on reducing people's distress, increasing their sense of well-being and improving their quality of life. We heard staff reassure people in a gentle tone of voice, patiently explain what they were doing to help them, and take time to find out what was upsetting them and establish what they needed to do to support the person.

Staff acted in accordance with people's best interests. Timely action had been taken by staff whenever, for example, there were concerns about a person's health. Action taken was in keeping with the person's best interest, with the appropriate external healthcare professionals involved as necessary. People's care plans contained information about the way in which they preferred to receive their care. The relatives we spoke with said they always felt informed and involved in decisions made about their family members' care and support needs.

People were supported to eat, drink and maintain a balanced diet. They said they enjoyed their meals, and had enough to eat and drink. Their diet was varied and the choice of meals was appetising and catered for a wide range of tastes. Where needed staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets. If a diet arising from cultural or religious needs was needed this would be highlighted when the person was admitted to the home. People were able to choose menu alternatives if they wished to. One person said, "The food's really tasty and there's plenty of it. I look forward to my meals." There were drinks and snacks available throughout the day.

People could choose where they ate their meals and staff supported those who needed some assistance. We saw that people with swallowing difficulties were referred to the speech and language therapy services for advice and support in meeting their dietary needs.

People's physical health was promoted and there was timely healthcare support from the local GP surgery and other healthcare professionals when required. We saw that the outcome of visits from other healthcare professionals were documented clearly in people's care files, as well as any required action that staff needed to take to ensure people's continued wellbeing.

Is the service caring?

Our findings

People were supported in a caring and inclusive way. They said were supported to do things at their own pace. They were treated with kindness and staff provided their support in an unhurried manner so that people were enabled to do things for themselves without feeling 'rushed'. People's support was discreetly managed by staff so that people were treated with compassion and in a dignified way. One person said, "They [staff] are all nice to me and ever so gentle when I struggle a bit and need their help." A visitor said, "[Relative] is always saying how kind they [staff] are and that nothing is too much trouble."

People were supported to maintain links with family and friends. Visitors said the staff made them welcome when they visited their relatives. One said, "I'm always asked if I fancy having a cup of tea when I pop in to see [relative]. That's a nice touch. Makes me feel I'm welcome."

Staff were mindful and considerate of people's wishes when asking if they could come into their room. People's privacy was respected, with staff knocking on bedroom doors and pausing to be invited in. People's 'personal space' was respected by staff. One person said, "If I choose to go back to my room to have a bit of a nap after my meals I can. I'm not just expected to sit in the lounge or join in with what's going on if I don't fancy that."

Staff respected people's individuality. They used people's preferred name when conversing with them and they were able to discuss how they facilitated people's choices in all aspects of their support. Staff responded promptly when people needed assistance or reassurance. They took time to explain what they were doing to assist the person they were attending to without taking for granted that the person understood what was happening around them.

When talking with people staff presented as friendly and used words of encouragement that people responded to positively. People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people. A visitor said, "They [staff] are ever so thoughtful and friendly. [Relative] likes a chat, it brightens the day."

Is the service responsive?

Our findings

People received individually personalised care and support. People's individual support needs had been assessed prior to their admission to the home. Comprehensive assessments were carried out to identify people's needs and plan how they were to be met. Care plans were developed with the involvement of people using the service and their relatives. The staff were able to describe in detail the care and support they provided for people. People consistently received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time. When people reached the end of their life their care plan reflected this as well as the action that needed to be taken by staff to ensure they were kept as comfortable as possible. A nurse we spoke with said, "We need to be sure that the appropriate medicines are readily available so that the person is not suffering unnecessary pain or distress." Another staff member said, "It's important that the family is kept fully informed so that they are able to say their 'goodbyes' to their loved one."

Care plans were regularly reviewed and updated information showed that people's individual needs and preferences had been taken into account and acted upon with the person's involvement. Care plans contained all the relevant information that was needed to provide staff with the guidance and insight they needed to enable them to consistently meet people's needs.

People were encouraged to make choices about their care and how they preferred to spend their time. All the people we spoke with felt they were treated as individuals by staff that knew and acted upon their likes and dislikes. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. Activities suited people's individual likes and dislikes and were tailored to their capabilities and motivation. The emphasis on activities was about responding to people's interests, stimulating the senses, and providing people with the social stimulation they enjoyed. Events were regularly organised throughout the year and coffee mornings where people met with visitors provided welcome stimulation. One visitor said, "[Relative] thoroughly enjoys all the chat that goes on. It's a real occasion and as bonus they get nice things to eat with their coffee and tea."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that the provider website provided easy access and comprehensive information about the services provided at Juniper House. The provider had specifically designed their website, for example, to ensure there was a good contrast of colour to assist people with visual problems and that text size could be altered by offering different viewing options. Within the home the signage was clear and legible and pictures were used where people had difficulties making sense of the printed word. Staff were aware of the communication needs of the people they supported from the information in the person's care plan.

The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. People's representatives were provided

with the verbal and written information they needed about what do and who they could speak with, if they had a complaint. A visitor said, "I did complain once, a good while back now and it wasn't anything serious, just a bit of a moan really, but they [the registered manager] listened and got it sorted. I was happy with that. You always worry about getting nowhere when you raise a grumble but I can honestly say that wasn't my experience." Other people we spoke with said they would be happy to speak to any of the staff if they had a complaint. Complaints and the action taken to resolve issues were reviewed by the registered manager to establish what lessons needed to be learned and if improvements to the service needed to be made.

Is the service well-led?

Our findings

A registered manager was in post when we inspected. They had the necessary knowledge and experience to motivate the staff team to do a good job. Staff said there was always an 'open door' if they needed guidance from the registered manager and other senior staff. They said the registered manager was very supportive and approachable. Staff also confirmed that there was a positive culture that inspired teamwork, that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the registered manager.

People's care records were appropriately kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Records relating to the day-to-day running and maintenance of the home were reflective of the home being appropriately managed. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required.

Quality assurance systems were in place to help drive improvements in the service throughout the year. People's experience of the service, including that of people's relatives, continued to be seen as being important to help drive the service forward and sustain a good quality of care and support. People received a service that was monitored for quality throughout the year using the systems put in place by the provider. The registered manager completed regular audits which reviewed the quality of care people received. They spoke with people, including visitors, about their experiences and regularly observed the staff going about their duties to check if they were working in line with good practice. Suggestions from visiting relatives were acted upon and discussed at team meetings. This contributed towards ensuring that the home was efficiently managed and that day-to-day care practices were reviewed and reflected upon by the staff team as a whole to see if things could be improved.

Staff had been provided with the information they needed about the whistleblowing procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's adult safeguarding team. The registered manager had built relationships with external professionals such as healthcare professionals and supported them to have access to the information they required to provide any additional specialist care people needed.

A copy of the last inspection report was available in the foyer and the rating was on display. The provider ensured the previous rating was on the website.