

Bare Hall Home Limited

Bare Hall Residential Care Home

Inspection report

20 Bare Lane
Morecambe
Lancashire
LA4 6DF

Tel: 01524410906

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Bare Hall is a care home registered for up to 32 people who require nursing or personal care. The majority of bedrooms are for single occupancy although there are a number of twin bedrooms for those who have made a positive choice to share. Some bedrooms are provided with en-suite facilities. There is sufficient communal space with two adjoining lounges, a conservatory and a dining room. At the time of our inspection visit there were 27 people who lived at the home.

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

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People told us staff were available when they needed them and they felt safe in their care. New staff were recruited safely. The environment was clean and maintained. People were safely supported to receive their medicines as prescribed.

People's needs were assessed, and care and support had been planned proactively and in partnership with them. People were provided with a nutritious and varied diet. Staff received regular training and supervision to support them to meet people's needs. 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.

People told us staff were kind, caring, attentive and treated them with respect. Staff respected people's right to privacy and dignity and encouraged people to be independent when it was safe to do so. The registered manager provided people with information about local advocacy services, to ensure they could access support to express their views if they needed to.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed and where support was required these had been met. People were entertained and stimulated by the activities provided for them. The registered manager managed people's concerns and complaints appropriately and people told us they felt listened to.

The registered manager worked in partnership with a variety of agencies to ensure people received coordinated care which met their needs. People were happy with how the service was managed. Staff felt well supported by the registered manager. The registered manager and provider completed regular audits and checks, which ensured appropriate levels of quality and safety were maintained at the home.

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

Rating at last inspection

The last rating for this service was good (published 03 June 2017).

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 ●

Bare Hall Residential 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 consisted of one inspector.

Service and service type

Bare Hall Residential 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

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service.

We checked to see if any information concerning the care and welfare of people supported by the service

had been received. We also sought feedback from professionals who worked with the service and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This helped us to gain a balanced overview of what people experienced using the service.

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.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with four people who used the service, one relative and two healthcare professionals about their experience of the care provided. We also spoke with seven staff members including the registered manager, two duty care managers, three care staff and the cook. 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 looked at care records of two people and spoke with staff about their recruitment, training and support they received from management. We also looked at arrangements for meal provision and records relating to the management of the home, and procedures for the administration of medicines. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

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 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 were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a very good understanding of what to do to make sure people were protected from harm.
- People told us they received safe care and had no concerns about their safety. One person said, "I have been very happy from the day I arrived and have always felt safe. The staff are very kind and I trust them completely."

Assessing risk, safety monitoring and management

The provider managed risk through effective procedures. Care plans confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their own self development.

- Each person had a risk assessment and risk was managed and addressed to ensure people were safe. Duty care managers kept these under review and updated where required to ensure staff had access to information to support people safely.
- Personal emergency evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff understood their role and were clear about the procedures to be followed for people needing to be evacuated from the building.

Staffing and recruitment

- The provider ensured suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way. People told us staff were available when they needed them. One person said, "Staff are always in attendance and available if you need them. The night staff respond very quickly if you call them. Makes me feel safe knowing they are there."
- Staff were visible to people in their care and provided the support and attention people required.
- Recruitment was safe and well managed. One recently recruited staff member confirmed appropriate checks had been made to ensure they were suitable for the role for which they had been employed.

Using medicines safely

- Medicines were managed safely and people received their medicines when they should. Medicines were clearly recorded within people's medication administration records and showed people had received their medicines as prescribed.
- We observed medicines being administered at lunch time and saw good practice was followed. People were sensitively assisted as required and medicines were signed for after they had been administered.

- The registered manager conducted regular audits of medicines to ensure any concerns were identified and addressed.

Preventing and controlling infection

- The provider had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.
- Staff received infection control training and regular audits were undertaken to ensure standards were maintained.

Learning lessons when things go wrong

- The provider had systems in place to record and review accidents and incidents. Accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

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 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

- Duty care managers completed assessments which were comprehensive to ensure people's needs could be met. Records were consistent and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them.
- The provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported staff to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Duty care managers regularly reviewed care and support and updated care plans where people's needs had changed. This ensured people received the level of care and support they required.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff confirmed they received training that was relevant to their role and enhanced their skills. New staff had received a thorough induction on their appointment to ensure they had the appropriate skills to support people with their care.
- Staff told us they felt well supported and had access to management when they needed them. One staff member said, "I have received regular supervision since I came to work here and feel really supported. The manager and duty care managers are very approachable and helpful if you need their support."

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

- People's nutritional needs were well managed to ensure they received a balanced diet and sufficient fluids to keep them hydrated. The duty care managers had assessed people's dietary needs and recorded guidance for staff to follow on support people required.
- People told us they were happy with the variety and choice of meals provided. One person said, "I love the meals, home cooked and plentiful. We are provided with a good variety and there is always an alternative if you don't like what is on offer."
- Lunch was organised, well managed and provided a relaxed and social occasion for people to enjoy their meal.

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 good health and had access to healthcare services when required. One person said, "They will get the doctor for you if you are feeling unwell. My doctor is coming to see me today."
- Two visiting healthcare professionals told us people's healthcare needs were well managed. They said

staff responded quickly if people required assistance with their healthcare needs. They told us staff were caring and competent and worked extremely well with them.

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

- Accommodation was accessible, safe, homely and suitable for people's needs. People told us they were happy with the standard of accommodation provided and were comfortable living at the home.
- Bathing and toilet facilities were available and accessible to meet people's needs and enable them to maintain their privacy and dignity.
- The service had internet access fitted allowing people with computers, smartphones, or other devices to connect and communicate with family and friends

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. There were no authorised DoLS in place, however a number of applications had been sent through to the local authority for approval.

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf. Staff observed during the inspection sought consent from people before providing their care.

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 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by caring and respectful staff. People told us staff were kind and attentive and our observations confirmed this. We saw they were polite, respectful and showed compassion to people in their care. One person said, "The staff are lovely caring people who really look after us. I sit here and watch them and you can tell they really care about us all." A visiting relative said, "I was really concerned about putting [relative] in care but this place is excellent. The manager and staff are so good it's a pleasure to visit."
- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were always treated with respect and their human rights were respected. One person said, "I couldn't receive better care anywhere. Staff are kind, helpful and polite."
- Staff respected people's wish to remain as independent as possible. One person told us, "I like to do as much for myself as possible and the staff respect that."

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

- The registered manager and staff team supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

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 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 files were person-centred and individualised documents reflecting each person's assessment of needs. They contained detailed information, providing staff with clear guidance about people's specific needs and how these were to be met. These included people's personal care needs including oral healthcare, nutritional support and social interests. Staff spoken with were able to describe people's individualised needs and how these were met.
- The registered manager and staff team provided care and support that was focused on individual needs, preferences and routines. People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care.

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's communication needs had been assessed and where support was required this had been met. Picture card aids were available which could be used in most situations. These included the delivery of personal care, participating in social activities and enabling people to pick the meal of their choice.

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 were empowered to have as much control and independence as possible. Care records highlighted the positive impact this service had on people and the support provided to enable them to pursue activities of their choice.
- People told us a varied range of social activities were organised to keep them entertained and stimulated. These included entertainers, playing bingo and competing in quizzes. People told us they were happy with the activities organised. One person said, "I enjoy the chair exercises we do. They are good fun."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using the service. People told us they knew how to raise concerns and were confident any complaints would be listened to and acted upon in an open and transparent way.

End of life care and support

- People's end of life wishes had been recorded including their cultural and spiritual needs so staff were aware of these. We saw people had been supported to remain at the home where possible as they headed towards end of life. This allowed them to remain comfortable in their familiar, homely surroundings, supported by staff known to them.
- At the time of this inspection the service was not supporting anyone with end of life 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 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 provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.

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

- The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability. People spoke positively about how the service was managed. They informed us the registered manager was visible and had a good understanding of their needs and backgrounds.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of people they supported. People were very positive about the quality of service they received.
- The registered manager demonstrated sound knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary. Discussion with staff confirmed they were clear about their role and between them and management provided a well run and consistent service.

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

- The registered manager provided an open culture and encouraged people to provide their views about how the service was run. The service had sought the views of people they support and family members through care plan reviews, surveys and meetings. People told us they felt consulted about the service they received and listened to.
- People received safe and coordinated care. There was good partnership working with relevant healthcare professionals and stakeholders to ensure the service provided good quality care for people.

- Two visiting healthcare professionals provided positive feedback about the home. They told us the registered manager and her staff provided a very good standard of care. They said Bare Hall was a good home which they had no concerns about.

Continuous learning and improving care

- The provider had systems in place to ensure the quality of service was regularly assessed and monitored. The service had a wide range of effective audits such as medication and care records. We saw evidence the service had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.