Baring Lodge Residential Home Limited

Baring Lodge Residential Home

Inspection report

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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

This unannounced inspection took place on 12 September 2018. Baring Lodge can accommodate up to six people. The service is situated in a large purpose built building with communal areas. People had their own bedrooms with shared bathroom facilities.

The service 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. At the time of this inspection four people with a mental health condition lived at the service.

This is the first inspection at Baring Lodge since they registered with the Care Quality Commission in October 2017.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Safeguarding policies and processes were in place to keep people safe. Staff followed safeguarding guidance to reduce the risks of harm and abuse. Staff completed safeguarding training which enabled them to manage an allegation of abuse effectively and to report this to the local authority for investigation.

Staff identified risks that affected people's health and wellbeing. Staff developed risk management plans to record the actions they would take to manage and reduce those identified risks.

The registered manager carried out pre-employment checks with newly employed staff before they began working at the service. Staff recruitment records contained documents relating to their previous employment, identification, job references and the right to work in the UK.

The registered manager arranged for sufficient numbers of staff to support people each day. The staffing levels were flexible enough to support people to attend appointments or activities outside of the home.

Medicines were managed safely. There were systems in place for the ordering, storage and management of people's medicines. Staff were assessed as safe to administer people's prescribed medicines.

Care records were person centred. Assessments detailed the care decisions people made including their opinions and views of their support. Each person had a care plan and an assessment of their health and care needs. People, relatives, health and social care professionals were involved and contributed to them. There were no people requiring palliative care or end of life care at the service. However, staff understood how they would support a person's wishes and views at this time.

There was an activities programme in place. People had an individual and a group programme of activities. Staff supported people to attend social activities of their choice in their local community. There was a wide range of activities that took place in the service which people also enjoyed.

There was a programme for staff that supported them in their role. Staff completed an induction programme, training and supervision. The registered manager had plans in place for an annual appraisal.

Staff understood the Mental Capacity Act 2005 (MCA) and protected people's rights. People gave staff their permission and consent to the care and support they received. People also provided their consent in a written format when required.

People had enough to eat and drink. Meals were cooked on site by staff and people decided what meals were to be on the menu. People told us they had enough to eat and drink as they wished.

People were supported by staff to access health care services. When people's needs changed, staff sought advice and support from health and social care professionals. Annual health care checks were arranged for people.

Staff were kind to people and showed them compassion. Staff provided assurance and support when people were upset or distressed. Privacy and dignity was promoted and respected.

The complaints systems in place supported people to make a complaint about the service. People said they knew staff would listen and act on their complaints if needed.

The registered manager understood the requirements of their registration with the Care Quality Commission (CQC). The registered manager referred incidents that occurred at the service to the CQC.

The registered manager routinely monitored and reviewed the service. Audits carried out reviewed the quality of the service, people's care and support and feedback from people using the service to ensure it maintained and improved standards.

Staff said they were supported by the registered manager. Staff enjoyed working at the service and said they were continually learning whilst working within the organisation.

Staff developed relationships with health and social care services. People benefited from the working relationships which helped them receive appropriate and co-ordinated care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood abuse and followed the safeguarding procedure to protect people from harm and abuse.

Staff identified risks to people's health and wellbeing. Risk management plans guided staff to manage and mitigate those risks.

The registered manager used safe recruitment processes. This ensured suitable staff were employed following completed pre-employment checks.

There were effective medicine management systems in place. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

There were plans in place for staff induction, supervision, training and an appraisal.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

Food and drink was made available to people. Meals met people's choices and preferences.

People's changing needs were assessed and support from health and social care services was available for them.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, respect and compassion.

People had the privacy they needed and staff carried out care and support to promote their dignity.

Is the service responsive?

Good

The service was responsive.

Assessments were person-centred and included people's needs, views and opinions on their care.

People attended activities they enjoyed in the home and out in their local community.

The complaints process in place supported people to make a complaint about their care.

Is the service well-led?

Good

The service was well-led.

Staff said the registered manager was supportive to them and staff enjoyed working at the service.

Systems in place were used to monitor, review and improve the service.

The registered manager sent notifications to the Care Quality Commission when important events occurred.

Baring Lodge Residential Home

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 12 September 2018. The inspection team included an inspector and one 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.

Before the inspection, the provider completed a provider information return (PIR). This is a form that is completed by the provider to give some key information about the service, including what the service does well and what improvements are required. We also viewed the information we held about the service, including statutory notifications received. A notification is information about important events which the service is required to send us by law.

General observations of the service, communal areas and staff interactions with people were completed. We spoke with two people using the service and received feedback from one relative. We spoke with the registered manager, a project coordinator and two members of staff.

During the inspection we looked at two care records, four staff recruitment files, staff rotas, training records and medicines records for all the people living at the service. We also looked at other records relating to the management and maintenance of the service. After the inspection we requested and received feedback from one health and social care professional.

Good

Is the service safe?

Our findings

People said that they felt safe living at the service. They told us that staff created an environment where they felt safe because staff managed any conflicts quickly and monitored the service to ensure people were safe. People's comments included, "We say to staff when we are going out, they write it down", "Yes it is very safe here" and "I feel safe living here, I have my own space."

Safeguarding procedures were in place and guided staff on how to protect people from harm and abuse. Staff knew how to protect people from abuse and training in safeguarding helped staff manage concerns about abuse safely. Allegations of abuse were referred to the local authority team for investigation promptly.

Staff assessed and identified risks to people's health and care needs. Risk assessments identified risks to people's health, social care, mobility and mental health needs. Each risk was assessed as a potential or current risk and a detailed management plan was in place to manage them.

The registered manager carried out regular safety checks at the service. Regular audits of fire safety equipment at the service took place. Fire safety equipment was checked and maintained regularly. Staff and people completed regular fire drills to ensure they were familiar with actions they would take to evacuate the building quickly and keep themselves safe in the event of a fire.

People lived in an environment that was clean. Each member of staff was responsible for checking and for keeping the service clean. People cleaned their bedrooms with the support of staff. Cleaning equipment was stored safely and people could access this with help from staff.

The registered manager followed the recruitment process to employ new staff. The recruitment process ensured suitably qualified and experienced staff were employed at the service. Thorough pre-employment checks were carried out. Staff records contained information regarding their right to work in the UK, identification and job references. The registered manager carried out checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.

There were enough staff on duty. The staff rota showed there were staff available during the day and night. People told us that there were enough staff available to support them. When people had health appointments additional staff were in place to support them. Staffing was arranged so that it was flexible to meet people's needs. One member of staff said, "There must be two staff in the day today there's three, because a resident is arriving today and they get one to one attention to settle them in." We observed staff supporting people to go to the local shops whilst other staff stayed at the service to support people at home.

Medicines were managed safely. There were systems in place for the administration, storage, ordering and disposal of people's medicines. Staff had their competency assessed in medicine management to ensure they were safe. Each person had their medicines dispensed in blister packs and these were delivered to the

service. Some medicines were collected by staff and people when this was required. We checked medicines stocks and these matched with what was recorded on people's medicine administration records (MARs). Each MAR was completed accurately.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs effectively. The registered manager supported staff that worked at the service. Staff had an induction, training, and supervision. There were plans for staff appraisals but they had not taken place yet. The induction programme provided staff with an insight into their new role and to understand the organisations policies and procedures. This also included training and preparation for the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This training gives employers the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe care and support.

The training programme equipped staff to care for people in an effective way. Records showed that staff had completed training in health and safety, safeguarding adults, medicine management, basic life support and infection control. Staff commented, "We deal with their care plans, know their capabilities and how to safeguard them", "I'm encouraged to do my NVQ level five, I'm [doing level] three at the moment" and "The training is very good I have done all my training since I worked here."

Each member of staff had regular supervision. Supervision provided staff and their manager with the opportunity to review their daily working practice, discuss any changes in the service and identify any training needs. Discussions at these meetings and the actions to be taken by staff and the manager were recorded.

There was a process for staff to have an appraisal. This reviewed staff performance over the past year. At the time of the inspection staff had not had an appraisal because this was a newly established and registered service but there was a plan for this in place.

Staff consulted with people in the development of the menu for the service. People discussed what meals they wanted to eat. People were supported to make their own breakfast and staff supported them to have lunch and evening meals. People had contributed to the menu which also contained meals that met their cultural needs. People commented, "They [staff] make food I like, they ask me and make it. I like corn beef, chicken, they make it." People were also supported to make meals themselves.

People consented to care and support before this was provided to them. Staff gave people enough information so they could make informed decisions. We observed staff giving people options and asking them for their consent. For example, one member of staff asked permission to support a person to contact their health care professional. People told us that staff provided them with enough information about their care and support so they could provide their consent.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their responsibilities in relation to the MCA. Staff developed their knowledge through training in MCA. Staff understood how to support people who did not have mental capacity and how to obtain appropriate support and assessment to support them. The registered manager supported people in a safe and effective way. This ensured people were not deprived of their liberty.

People received treatment from healthcare services when this was required. One person commented, "They make sure I know when my appointments are." Another person said, "Staff gave me information I needed regarding my appointments and staff took me to [an appointment] recently."

People had yearly check ups with their GP to review their health care needs and their medicines. Any changes with these were recorded and the care plan updated. People also had a review of their mental health condition. This ensured the current care and treatment remained relevant and met people's needs. Each person had a health action plan which detailed people's health care needs and the support required to meet them.

Good

Is the service caring?

Our findings

People said staff were kind and caring. People commented, "Staff understand my needs" "They are very good with me" and "The staff are very good here and kind when you need them to help they will." We observed that people and staff talked with each other in a friendly way and chatted about what people had done that day.

Staff knew people well and understood their needs. Staff recognised when people required time to talk, wanted privacy or were distressed. We observed staff speak to people in a calm manner when one person was distressed. The member of staff provided the person with the opportunity to tell them their concerns and gave reassurance to them which we observed reduced their anxiety.

People said staff were respectful and showed them kindness. Staff members interacted with people respectfully, by calling them by their preferred name, in a warm tone of voice, and staff listened to people when they spoke with them.

People were involved in the development of their care plan. Care plans provided staff with relevant information on how staff would meet people's needs safely. A member of staff said, "We deal with their care plans, know their capabilities." Care plans were completed and a copy kept in people's care records so staff had access to them. This ensured staff had accurate information about people's care needs.

Each care plan was regularly reviewed. Care plan reviews involved contributions from people, and their relatives. Staff reviewed all health care needs, mental health needs, emotional support, mobility and social care needs and the support people required. When changes in care were made care plans were updated to reflect them. This ensured people received the appropriate type and level of care to meet their needs and preferences.

People kept in touch with people that mattered to them. People were supported and encouraged to be independent. People went in and out of the service as they wished. People attended activities that they enjoyed and attended these by themselves or with staff support. Visitors, friends and relatives were welcomed at the service and visited people when they chose. People said, "I can have friends in for a while" and "When my [relatives] come they can stay. They come a long way." People said staff were aware when they left the service for the day. Staff completed regular checks of the service and were aware when a person had left the service for the day.

People attended monthly meetings arranged for them at the service. These meetings were attended by people using the service and staff. Staff and people developed an agenda for the meeting and the action points and minutes for the meeting were recorded. This meant that people who did not attend the meeting had access to the minutes and they could read what had been discussed. We saw people discussed meals, the service and staffing at these meetings and people were able to contribute their ideas and views.

People accessed advocacy services when this was required. The registered manager had details of services

that could provide advocacy support to people. We found people could make decisions for themselves or were supported by relatives, health professionals and staff when needed.

Good

Is the service responsive?

Our findings

Assessments were completed with people which helped staff decide whether people's needs could be met by the service. Senior staff completed assessments at the person's home or on the hospital ward. Assessments looked at the person's current needs including their health, life histories, mental health, care and treatment needs. People, their relatives and health and social care professionals were involved in the assessment. A decision was made by staff as to whether staff could provide the required level of care and support following the assessment. This assessment process also provided people with information about the service which helped them make the decision about whether they wanted to live there.

People's private information was documented in line with the Accessible Information Standard (AIS), for example; providing documents using large print books to ensure these were accessible. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand. People had further care needs assessments when they began living at the service. These assessments ensured staff continued reviewing the care and support people received to make sure it remained relevant and that the service continued to meet people's needs.

People attended activities that met their interests and helped them develop new hobbies. There was an activities programme in place for people which met their individual needs. People's activity programmes incorporated things they enjoyed doing and helped people build and develop life skills. Each day people could take part in activities at the service. This included playing games with each other and staff. Staff noted that a person did not like to take part in the activities in the home. Following discussions with the person, staff found out that they enjoyed playing chess. It was also identified that a member of staff enjoyed playing chess so staff bought a chess board and the person began engaging in this. The activity programme included, cooking lessons, coffee mornings, developing life skills and access to educational activities. People chose what activity they wanted to take part in and staff supported them with this.

People had access to a complaints procedure. The complaints policy was made available to people to use and a copy was on the noticeboard so people could access this information. All previous concerns and complaints had been dealt with by the registered manager. People were confident to make a complaint if they needed. They said that they felt able to speak with staff about their concerns or would speak with the registered manager.

Care records did not address end of life care. There were no people being supported who required palliative care. Staff understood end of life care and how to support a person if they needed specialist end of life care. Staff had contact details for each person's relative who would decide end of life arrangements.

Good

Is the service well-led?

Our findings

People said the service was managed well. People commented, "It's well organised. Letters are filed, they make sure I know when my appointments are", "Staff listen to me" and "The manager is always here and she knows me well."

Staff enjoyed working at the service. They told us that they liked working with people. One member of staff said, "I have worked here and I have seen this is a good place to work." Another said, "The manager is very supportive."

Staff were supported through regular team meetings. The registered manager arranged team meetings each month for staff. Meetings were used to share ideas and discuss developments within the service. These meetings were recorded and the minutes available for staff who were not able to attend them.

The registered manager met their registration requirements with the Care Quality Commission (CQC). Incidents were reported to the CQC that occurred at the service. We checked that the registered manager sent us notifications as required by law and found incidents were reported to us as required.

People and relatives gave feedback about the service. There were systems in place for people to provide written feedback about the care they received. Each person was supported to complete a questionnaire each year. The summary of the feedback showed people were happy living at the service and were positive about staff.

Quality assurance processes were in place at the service. Staff reviewed the activities for people on a regular basis to ensure people wanted to continue taking part in them. Care records were personalised and reviewed for their quality. Medicine audits reviewed medicine stocks, ordering and disposal. The quality of medicine administration records [MARs] were checked for their accuracy. Records showed there were no major concerns found and any issues found were resolved promptly.

Working relationships were developed between staff and health and social care professionals. People benefitted from the links made with the health and social care professionals because people could access relevant services for their needs. These working relationships enabled people to receive appropriate care and advice in a timely way. One health professional told us, "Staff at the service manage people's mental health conditions well and supported people so their health needs improved or were maintained."