Barchester Healthcare Homes Limited

Paternoster House

Inspection report

Paternoster Hill
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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 inspection took place on 25 May 2016 and was unannounced. Paternoster House provides nursing care to up to 108 people who may have physical illness or disability, or needs associated with dementia. There were 94 people living at the service when we visited.

There was a registered manager who is responsible for the home. 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 and associated Regulations about how the service is run. The registered manager had a good knowledge about the needs and preferences of the people who lived at the home. They were committed to ensuring people received the best possible care.

Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments connected to the running of the home, and these were reviewed regularly. Accidents and incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the number of occurrences.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

There were enough skilled, qualified staff to provide for people's needs. The necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. They received training to ensure that they had the necessary skills and were supported by way of supervisions and appraisals.

People's needs had been assessed before they moved into the home and they had been involved in determining their care needs and the way in which their care was to be delivered. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had a variety of nutritious food and drink available to them. There were freshly made, home cooked meals from a menu that had been devised using people's likes and dislikes. The chef made regular checks that people were happy with the meals and choices provided. Snacks and fruit were also available.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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

People told us they felt safe. Staff understood the need to ensure people were protected from risks of harm, abuse and unsafe care and treatment.

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Medicines were administered stored, administered and disposed of safely

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's individual needs. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to on-going healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People had their privacy and dignity respected and were supported to maintain their independence.

Wherever possible, people were involved in making decisions about their care and their families were appropriately involved. Staff respected and took account of people's individual needs and preferences.

Staff were compassionate, attentive and respectful in their

interactions with people

Is the service responsive?

Good

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People were encouraged and supported with their hobbies and interests and participated in a range of personalised meaningful activities which ensured their social needs were met.

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led

There was an open and transparent culture at the service. People told us the management team were approachable and a visible presence in the service.

Staff told us they were encouraged and supported by the manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service provided and used to plan on-going improvements.

Paternoster 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 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 inspection took place on 25 May 2016 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a specialist professional nurse advisor. The nursing advisor was used to check that people's health and care needs were met in a safe and effective way. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were 94 people living at Paternoster House. During the inspection we spoke with, 19 people who use the service, 14 visitors and 15 members of staff including the registered home manager.

Some people were able to tell us about their experiences of life at the home however, some people were living with dementia and found communication difficult. We therefore used our observations of care and our discussions with staff to help form our judgements.

Throughout the day, we observed administration of medicines as well as care practices and general interactions between people and staff. As some people were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

We looked at a sample of records relating to the running of the home, staffing and care of the people who lived there. These included the care records of 16 people who lived at the home. We also looked at records

relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "There is always somebody around if I need help, and that makes me feel safe." Another person said, "I feel perfectly safe here, I'm quite satisfied overall." A third person told us about a situation recently where they needed staff to respond urgently. The person told us, "I pressed my bell, and I couldn't believe how quickly they were here." They told us this had given them confidence for the future also.

Staff told us there were enough staff to help keep people safe. People did not have to wait long for staff assistance. For example call bells were answered promptly and staff responded quickly when people requested assistance with their personal care needs. People were supported in an unhurried and relaxed manner. The manager told us they adjusted staffing levels to meet the needs of people. For example if someone was unwell and required additional support then extra staff would be provided.

Most people we spoke with told us that their call bells were always positioned where they could reach them and that staff responded to these quickly and efficiently. However, one person told us that they did not have one, when we checked how they would call for help we were told the person did not have capacity to use the call bell and was checked hourly, these checks were documented. We also noted that people who used bedrails had bed rail safety checks in place and these were signed by staff hourly.

Staff told us that people's care records were regularly reviewed and updated to inform and guide them about changes to people's care. Individual assessments covered identified risks such as nutrition, moving and handling and pressure sores, with clear instructions for staff on how to meet people's needs safely. For example, people nursed in bed were on suitable airflow mattresses with repositioning charts used to ensure people were comfortable and to reduce the risk of pressure sores. One staff member told us, "I check people all the time, I make sure I use the right equipment when repositioning."

Staff demonstrated a good understanding of safe moving and handling when transferring people. Staff were observed using hoists to transfer people from wheelchairs to chairs and they communicated to people clearly. Care records contained guidance for staff on safe movement of each individual.

A record was kept of accidents and incidents. Staff completed an accident or incident form for each event which had occurred. Audits were carried out to identify any trends such as the time or area of the home. We saw where issues had been identified, measures were put in place to minimise the risks.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. We saw there was a whistleblowing [telling someone] policy in place and safeguarding policies and procedures to help guide staff. A member of staff we spoke with said, "Keeping people safe is at the

forefront of what we do." We saw the local authority's safeguarding procedure and contact details clearly displayed on noticeboards.

We found that systems were in place to ensure that the right staff were recruited to keep people safe. Staff told us, and the records confirmed they had had all the appropriate pre-employment checks including their Disclosure and Barring Service (DBS), references and qualifications before they started work. DBS checks include criminal record and barring list checks for people whose role is to provide any form of care or supervision.

People received the medicines they required. The medicines administration record (MAR) charts were completed properly, without gaps or errors which meant people had received their medicines when they needed them. Each MAR held a photograph of the person to ensure correct identification of people and there was information on any allergies and how a person liked to take their medicines. We observed the nurse in charge completing the medication round, the nurse administered medication safely and appropriately. There were appropriate facilities to store medicines that required specific storage. Medicines were safely stored and administered from lockable trolleys.

When people had medicines prescribed on an 'as required' basis, for example pain relief medicines, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine. The Nurse in Charge confirmed that there was a procedure to follow if a mistake was made and that staff felt safe in speaking up in circumstances where an error was made. Lessons learned were shared at senior staff meetings.

The management team carried out weekly quality monitoring audits on medicines procedures. Any errors or areas for improvement that were identified would be addressed through the supervision process and, where necessary, staff would receive additional training.

Good

Is the service effective?

Our findings

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

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. Staff understood the processes in place to assess people's capacity to make decisions.

Staff had received training in MCA and DoLS and were able to demonstrate an understanding of people who had the capacity to make specific day-to-day decisions. They understood the processes in place for people who did not have the capacity to make a certain decision to have a decision made in their best interests. One staff member told us, "Since the training I am now more aware of giving choice and to try and do things in a different way to give people an opportunity to get involved." The staff member then described showing people options about what they wanted to wear for the day.

People told us that the staff understood what care they needed. People and their relatives told us that they were well supported by staff who had received all the necessary training. People told us their health needs were met. One person told us that the nurse and doctor had given them advice about their health and diet and were doing regular blood tests. Whilst talking to them, a member of staff brought in a cup of coffee with a bowl of fruit slices. We also observed a small fruit bowl in their room, which the person told us staff kept topped up.

Another person told us, "They know me very well now, and they understand my condition. If I press my buzzer, even at night, they come very quickly." Despite the person wishing to return home, they commented that staff had worked well to help them gain a good level of independence and regain their mobility. They said that their health had improved in the last few months. Later that day we observed the person engaged with people over lunch in the dining room, and walking the length of the corridor whilst talking to people as they passed them.

Relatives we spoke with told us that they felt fully involved in their loved-ones' care, and that communication levels were very good. One relative told us, "I think the staff would notice immediately if [named] was not well, and they would ring us and the doctor straightaway if needed." They told us that this gave them peace of mind when they are at home, knowing that they would be kept fully informed of any

changes in their relative's condition.

Staff told us they felt equipped to carry out their role effectively because of the training they received. They all completed an induction when they started work at the home. Induction included shadowing experienced staff until they were competent to work independently. They also completed the Care Certificate which covers training in fundamental standards of care. They were introduced to people, their care plans, the homes policies and procedures and undertook all essential training. Most staff spoke positively about their induction. Staff had regular supervision and annual appraisals to ensure they were working effectively and felt supported in their role.

Staff told us they received regular training to carry out their roles effectively. Staff told us, "I like the face to face training as it gives you a chance to discuss with others and learn more". And, "We have a trainer he is very good and makes sure we know what we are doing." We spoke to the trainer who told us, "I really like my job here and am proud of the results of our training programme, our attendance statistics are very high and part of my role is to regularly check and report to Managers."

Training included first aid, the Mental Capacity Act 2005, safeguarding and dementia care. Nurses were required to maintain their professional registration and undertook refresher training to keep up to date with best practice. One nurse said her training was very good and she had regular supervision sessions. She also told us that group supervision also happened regularly in the daily senior staff meetings. This meeting was observed on the day of the inspection to be informative and supportive. For example it included discussions on strategy meeting feedback from the Home Manager, fluid to be offered to people at night, kitchen staff feedback on menus, activities coordinator on the day's events, best practice and experience of new dressings for pressure areas and new equipment required.

This demonstrated the service understood the importance of effective communication. A staff member told us, "When the teams meet at Handovers the information sharing is very important for continuity of care. It is useful to know for example if someone slept badly as that can affect how they feel later in the day."

People were generally pleased with the food at the home. One person said, "The scrambled egg and bacon I had this morning was lovely, I hadn't had it for years so it was much appreciated." Another person said, "We have lots of semolina, banana custard, mousses, all very soft and similar. I'd like a nice pie sometimes." A third person told us, "The food is tasty." A relative told us, "There is always a choice of menu and the food looks very nice, [named] is eating so much more so it must be nice."

People told us they were able to have breakfast when they wanted. There were plenty of drinks, both available for people to help themselves and offered and encouraged by staff. Every person seen had a drink nearby and staff were often seen to offer more. The dining room looked pleasant with tablecloths, and serviettes, and vases of flowers on each table. Menus were also placed at each table, which some people took great interest in. Choices were offered to people, and these were very specific including which vegetables people did or did not want, or whether they wanted lots of gravy for example. Aprons were offered to some people in a polite and friendly manner, but if people declined them staff respected that decision.

Some people ate independently, but where assistance was required this was provided in a friendly and natural manner. Staff were quick to notice if anybody struggled in any way. For example, one person had been brought some ice-cream in a sundae glass, but because they were sitting in a wheelchair this was causing them some difficulty. A member of staff quietly asked if they would prefer it in a bowl, and this was sorted very quickly. As a result this person was able to eat much easier, and ate the whole bowl of ice-cream.

Some dining rooms had support of a member of staff referred to as a host, who supported care and catering staff to serve teas and coffees, distributed menus, prepared dining areas and helped with service at meal times. Drinks, biscuits and small savoury snacks were offered mid-morning and afternoon, assisted by the Host. The 'Host' enjoyed interacting with people and staff. They told us that they liked their job very much." We spoke to the chef who had good knowledge of specialist diets, he told us that snacks are sent out mid-morning and mousses are sent out mid-afternoon.

The care records we saw also showed the service worked effectively with other health and social care services to ensure people's healthcare needs were met with people having regular access to the GP, optician, dentist, chiropodist and dietician as required.

In one unit for people living with dementia which was referred to as 'memory Lane' there were memory boxes outside people's bedrooms which were very individual, with different items in each one related to either people's past or interests. This supported people to recognise their own room. Textured wall hangings were on display that encouraged people to touch and feel the different textures available. Pictures displayed were of age appropriate subjects to stimulate conversation and interest, for example Marilyn Monroe and Charlie Chaplin. The corridors contained items that promoted reminiscence and interest, an item of furniture in the corridor was painted different colours and each drawer had a different coloured handle on it with sensory items hanging out of each drawer in people's line of vision. There were vases of different coloured fresh flowers on windowsills. The atmosphere and environment was calm, warm and welcoming.

Good

Is the service caring?

Our findings

We saw that staff were kind and caring towards people. People were called by their preferred names. A relative said, "Staff are all kind and caring". Another relative said, "I visit almost every week. When you see what care some of the people need I appreciate greatly that the staff are very calm and cheerful. I am happy they are here and I know they are looked after. The nurses are brilliant. They call me if there is something I need to know e.g. if they had a fall" A third relative told us, "We can't fault the care."

We observed staff having a laugh and joke with people with appropriate use of touch to comfort people and demonstrate affection. One person said, "They're very good, I have a laugh and a joke with them, and they'll cheer me up if I'm feeling a bit down. I've got no complaints with them." Another person told us, "The staff here are very friendly, there's a nice atmosphere here." They also told us, "The cleaning staff in particular are excellent, they always stop to talk to you, they're very friendly and chatty, and I look forward to them coming in." A third person told us, "They are ever so good to me."

Staff interacted and communicated with people and their relatives in a friendly, gentle and polite way. They knew how to approach each person and did so in an individual way, talking with them about subjects that they were familiar with. Staff undertook tasks in a person centred way, giving time and space for people to enjoy whatever activity they were involved in. For example whilst walking along a corridor we heard a conversation between a person in their room and a member of staff. They were discussing their favourite musicians, and it was clear that they had a very good rapport together. The staff member did not seem in any rush to leave, and it was delightful to hear them discussing and laughing together.

Staff understood people's needs well. Staff were able to tell us about people's choices, personal histories and interests. They told us how they communicated with and understood the needs of people who were less able to express themselves. When people required support this was provided with care and compassion and staff ensured people received the care they wanted in a way they wanted. One staff member said, "I speak up for the dementia clients to make sure they are not forgotten." Every care plan included a life history and information about people's interests, likes and dislikes and preferred routines.

During our visit a person was telling us about their family which made another person sitting nearby cry. Two members of staff immediately went to the person to provide comfort and reassurance. They later told us that the person regularly becomes upset when others speak about their families, as they do not see their own family. The staff members spoke very movingly about their concern for the person, telling us that they can minimise the person's distress by responding quickly

People were involved in decisions about their day to day care and support. People were able to spend their day as they chose. People spent their day in the lounge or in their bedrooms and we saw staff checked on them regularly ensuring they did not require support or company. One person told us, "They're happy for me to sit where I like, and they don't make me sit down." Another person told us, "I am happy in my room, staff let me talk and I can have visitors." A relative told us, "Every time we visit we get an update from the nurse in charge and we appreciate that greatly, we were consulted on the Do Not Attempt Resuscitation decision

and all the factors taken into account were explained."

People's dignity and privacy was respected. Staff spoke quietly to people when asking if they required assistance to the bathroom. We saw some people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished. One person told us, "Staff are very gentle, they washed my hair today."

Good

Is the service responsive?

Our findings

Where people were able they contributed to the assessment process. Relatives also said they had input and provided information to contribute to their family member's care plan. They were satisfied that their family member's individual needs were understood and that the service could meet those needs. Staff demonstrated a good understanding of people's needs and knew what was in their care plans. One relative told us, "We are involved when [Named] care plan is reviewed."

There was detailed information in the care plans that set out people's needs and how they preferred to have those needs met. Care staff were able to tell us about people's individual preferences as well as what support staff were to provide. One person's care file detailed that the person required 1-1 support and this was observed throughout the inspection. Another person's file contained information on pressure sores and explained the optimum bed positions and how chair cushions should be used. There were good observations recorded on the skin condition and prompts to offer drinks to keep good hydration were also evident in the person's bedroom

Care records had good personal background history of the person and recorded what was important for the individual, for example, one person liked gardening and had pot plants in their room. Another room was kitted out with the person's favourite football team's colours and memorabilia. In one care file a relative gave a clear life history of their loved one's occupation, their hobbies and the person's ability to always look at life 'with new eyes'. The relative expressed their sorrow and regret of not knowing how the person felt about their life now or what activities would best suit them due to their advanced condition, but the relative appreciated the opportunity to tell the staff the detail of the person's past.

Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort. Staff told us that although some people needed assistance with some tasks they did their best to enable people to keep their independence as long as possible.

We saw that activities were available for people to participate in. During our inspection, we saw that people had recently gone out for a pub lunch, one person told us referring to another person, "We sat next to each other at the pub lunch the other day and we got on well together." Another person told us, "I've been over the pub once which was really good. I get talked into playing dominoes sometimes, but I'd like some good challenging quiz nights – to make your brain work." Two people told us that the home did not arrange as many outings as they used to, due to the lack of staff capable of driving the minibus. One person told us, "We've got our own coach/bus, but it's not used much now. I'd like to go out more, but they don't have enough drivers." We fed back people's responses to the manager who told us that there were sufficient numbers of staff that were able to drive the mini-bus and a quiz night was in the process of being planned that also involved the local community.

One person told us that they had always been a keen gardener, and told us about a gardening club that is run at the home. They told us, "We planted some seeds and it's been lovely to see them grow. The

gardener's going to plant them out into the garden now." This person's room had wonderful views across the garden, and they told us how fortunate they were to be able to watch the varied wildlife, including a visiting deer. Most units had music playing and in one unit people were watching 'the sound of music'. In memory lane there were items available for people to use such as soft toys and rummage areas.

People were confident that staff would listen to their concerns. One person told us, "They're very good when things go wrong – the laundry ruined a top of mine once, and they came and apologised, took responsibility and replaced it immediately, I was very impressed with that." As well as being able to talk to staff or the management team, people had opportunities to discuss more general issues at group meetings.

We examined processes around concerns and complaints and found policies and procedures were followed. Any complaints or minor concerns were recorded, including the outcome of the concern and whether people were satisfied with any actions taken.

Good

Is the service well-led?

Our findings

People told us the manager and deputy manager were good and they could talk to them. One person told us, "If I had any concerns I'd talk to the deputy manager. He regularly comes out to see us all, and we have a laugh with him. He knows what's going on." Another person told us, "I get on well with the manager. If I get upset, I can go in the office and he'll have a chat with me."

Staff told us the manager was approachable and highly visible and were complimentary about the open culture of the service. They said that they could go to the manager or deputy manager when they needed support or if they needed to discuss anything. One member of staff said, "The manager and deputy are very approachable and visible on the floor." Another staff member said, "The manager is really supportive and also the nurses on the unit all of them, any problems then I tell the nurse."

During our visit to Paternoster we observed that the manager was visible in the service, they responded to people and knew each person by name and interacted with them. They regularly helped to move people into different areas of the unit or to speak to people that called to them. They showed clear compassion and care towards people using the service and people responded well to their support and attention.

The registered manager said they had a very good staff team who worked well together to meet people's needs. Care staff were honest and open and they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. Each staff member we spoke with said how much they liked working at the home. Comments included, "We have a good team here so me and my other trained colleagues look after our staff" "Although I have a family at home, when I come to work here I feel this is my other family" "Our unit here has a heart and as a team we all contribute our strengths" and "We are a very good team. We have different backgrounds but while at work here we act like brothers and sisters to support each other. That helps us get through the work, especially when we are busy."

Staff told us communication in the home was good. There were a variety of meetings for staff, such as supervision meetings, handover meetings, daily senior staff meetings and monthly nutrition meetings with the chef and general staff meetings. This ensured staff were kept up to date and had opportunities to discuss any issues.

Meetings with people who used the service and their relatives were held regularly. We looked at the minutes of the last three meetings; an action plan was generated as a result of people's feedback. The manager told us that as a result of one of the meetings changes had been made to the wording of menu's so people could understand them more easily.

Satisfaction surveys were undertaken to seek the views of people who used the service and their relatives. The last survey was conducted between August and October 2015, the survey was very detailed and published on the provider's website. In addition the home had a suggestions box `You say, we did' and reviewed complaints and compliments to develop the service. Compliments about the care and support provided by staff were kept. This enabled the home to monitor people's satisfaction with the service and

ensure any changes made were in line with people's wishes and needs.

There was a robust governance system in place to continually improve the service for people. The registered manager, supported by the staff which included the deputy manager, undertook audits which included care plans and risk assessments, food safety, health and safety of the premises and equipment, evacuation and fire drills on a weekly and monthly basis. Checks on the competency of staff to carry out their duties such as the administering of medicines and clinical competencies were completed by the deputy manager so that people were kept safe. A quality monitoring audit was carried out by the local authority in November 2015 and Paternoster received a 'good' rating.

The home's trainer also carried out regular assessments of staff competencies which we observed on the day of our visit. The registered manager measured and reviewed the delivery of care and used current guidance to inform good practice. A service action plan was monitored by the organisation and target dates were set using a traffic light system, if target dates were not met this automatically generated an alert that was received by the organisation.

The staff team, combined with robust records and quality assurance systems ensured that the service was well led and that improvements in the service were a continuous process. People could be confident that information discussed about them and held by the service was kept confidential. Care plans were available to the staff and were put away after use so that they were not left on display.