

The Henry Lonsdale Trust

Barn Close 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 30 September and 3 October 2016. We last inspected the service on 18 January 2014, it was meeting the regulations that were in force at that time.

Barn Close Residential Home is owned by The Henry Lonsdale Charitable Trust. The home is situated in a residential area of Carlisle and provides accommodation for up to 37 older people. At the time of our inspection there were 30 people living in the home. Barn Close is a period property that has been adapted and extended.

The service had 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.

The service was very responsive. The registered manager and her team continuously sought to improve and develop the service to ensure people were able to enjoy a wide range of activities based on their likes and preferences, which made a great impact on their lives and wellbeing. The service had a high level of community engagement which included participation in fundraising for both local and national charities. People enjoyed and were able to take part in activities in their local community.

Care plans were person centred and showed that individual preferences were taken into account. Care plans were subject to regular review to ensure they met people's changing needs. They were easy to read and based on assessment and reflected the needs of people. Risk assessments were carried out and plans were put in place to reduce risks to people's safety and welfare.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights.

The staff were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff. Staff were aware of how to identify and report abuse. There were policies in place that outlined what to do if staff had concerns about the practice of a colleague.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with the prescription. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

Staff had developed caring relationships with people and communicated in a kind and professional manner. They were aware of how to treat people with dignity and respect. Policies were in place that outlined

expected standards in this area.□

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns they had.

The home was well led by a registered manager who had a clear vision for the future of the service. A quality assurance system was in place that was utilised to improve 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.

Medicines were administered by appropriately trained staff.

Checks were carried out during the recruitment of staff to ensure they were of good character.

Staff knew how to identify and report potential abuse.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to provide the care people required.

The service worked in conjunction with other health and social care providers to try to ensure good outcomes for people who used the service.

People received adequate support with nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People told us they felt they were properly cared for.

Staff treated people in a dignified and respectful manner.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People enjoyed a wide range of activities based on their likes and preferences, which made a great impact on their lives and wellbeing.

People and their relatives knew how to raise concerns.
Complaints and concerns were dealt with quickly and efficiently.

Care plans were concise and reflected people's needs accurately.

Is the service well-led?

Good ●

The service was well-led.

The service had a robust quality assurance system in place.

The registered manager had a vision for the future of the service that was based on improving people's wellbeing.

People were asked for their views about the service.

Barn Close 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 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 inspection took place on the 30 September and 3 October 2016 and day one was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection 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 the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. In addition we spoke with representatives from adult social care. We planned the inspection using this information.

We spoke with five of the people who used the service and eleven members of staff including the registered manager, carer staff and auxiliary staff. We looked at questionnaires relatives and visiting professionals had completed.

We read four written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction and examined the training records and quality monitoring documents for the service. We observed staff throughout the inspection and looked around all the communal areas of the home and with people's permission some bedrooms.

Is the service safe?

Our findings

We spoke with people who used the service and asked if they felt safe at Barn Close Residential Home. One person told us, "I feel safe here." Another added, "Oh yes, it couldn't be better."

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw, where staff had concerns about a person's safety, both the staff and the registered manager had taken appropriate action.

There were sufficient staff on duty to meet people's needs. We observed staff carrying out their duties professionally and efficiently. People did not have to wait an unreasonable amount of time for support or assistance. We spoke with staff who told us though they were often 'busy' as they did not like to 'keep people waiting.'

We spoke with the registered manager about staffing levels. She told us the home was recruiting additional staff to maintain safety at night. People had personal evacuation plans which outlined how they would be kept safe in a fire. Some people in the home required two staff to help them mobilise. The additional staff would help continue to ensure that people could be safely evacuated from the home in the event of an incident at night.

Other potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about risks and the actions to take to minimise or eliminate them. For example some people were identified as being at risk of developing pressure ulcers, also known as bed sores. Plans were put in place to reduce this risk including making sure people did not remain in the same position for long periods of time.

The registered manager had risk assessed the environment as well as individuals. This risk assessment was detailed and included information about each room in the home, any risks present and the mitigation for the risk. The registered manager used this assessment to help inform her as to what areas of the home required refurbishment and why. For example the home had recently had part of the kitchen area refurbished to a high standard to ensure that infection control risks were minimised.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to

ensure that people were cared for by staff who followed appropriate infection control procedures.

There were contingency plans in place to deal with emergency situations such as fire or power cuts. For example the home kept an accessible supply of torches and batteries should they be required. The registered manager or a senior member of staff was always available to talk to out of hours via telephone and would attend the home if necessary.

We looked at the recruitment records for two staff members. All new staff obtained a Disclosure and Barring Service (DBS) disclosure to check they were not barred from working in with vulnerable people, this included the board of trustees. The registered provider had obtained evidence of their good character and conduct in previous employment. All DBS checks and references were scrutinised to ensure they were in order and factually accurate.

Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts) including those relating to topical creams. We noted that MAR charts had been filled in correctly. There were plans in place that outlined when to administer extra, or as required, medication. Risk assessments were in place for people who chose to administer their own medicines. There were procedures in place for the ordering and safe disposal of medicines.

Is the service effective?

Our findings

We spoke with people who used the service and asked them if they felt staff were able to provide appropriate support. One person told us, "They are well trained." Another commented, "We have a gentleman carer, he is very good!"

Staff told us that they had received induction training before working in the home. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care. For example caring for people with diabetes.

The registered manager and the registered provider had systems in place to record the training that care staff had completed and to identify when training needed to be repeated. As well as training the provider deemed mandatory additional training was available, for example vocational qualifications. Staff we spoke with confirmed they had completed training courses, this was reflected in their personnel files.

The registered manager ensured that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly. Staff told us they felt 'Well supported' by the registered manager.

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. We checked whether the service was working within the principles of the MCA.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that DoLS applications had been made to the local DoLS Authority and were being correctly implemented and monitored.

The majority of people who lived at Barn Close Residential Home had full capacity to make their own decisions. If people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's files including who had been involved and how the decisions had been made in the person's best interests. The service was aware that some family members had lasting powers of attorney and ensured that these were acted upon in relation to making decisions about people's care or to update family members about a person's welfare. Lasting powers of attorney give families or

guardians legal rights to be involved in either financial decisions or health and welfare decisions or both.

People we spoke with told us that they were always asked for their consent before staff supported them to do something. Staff told us that they would not provide any support without first asking for permission. Our observations confirmed this. Care plans in the home contained references to consent throughout.

We asked people if they enjoyed the food in the home. One person commented, "Sometimes it's excellent, the Sunday roasts are fantastic." Another said, "The food is certainly satisfactory."

Each person in the home had a nutritional needs assessment. In addition to the service's assessment, professional advice from dietitians and speech and language therapists had also been obtained. The kitchen staff were aware that some people required specialist diets and others required fortified food. People's weight was monitored on a regular basis and food and fluid intake was accurately documented. This helped staff to ensure that they were not at risk of malnutrition.

Individuals' care records included guidance for staff about in what circumstances they should contact relevant health care services if an individual was unwell. We found evidence to show people who used the service could be confident they would be supported to access appropriate health care services, for example a visit from a GP.

Is the service caring?

Our findings

We spoke with people who used the service and they told us that staff were kind and treated them well. One person said, "This is a good home." In a customer satisfaction questionnaire a relative had commented, "My Mother is extremely happy to be living at Barn Close."

Throughout our inspection we observed staff speaking with people in a caring and professional manner.

We looked at people's written records of care and saw that care plans were normally devised with the person who used the service or their relatives. This meant people were actively involved in making decisions about their care, treatment and support.

When we spoke with staff they appeared to know people well. They were able to tell us about people's preferences and what kind of support they required. They were also able to tell us about people's histories and family connections. This showed that staff worked to build strong relationships with the people they supported in order to build trust.

People told us that staff always spoke with them in a respectful manner. We noted that the service had policies in place that referred to upholding people's privacy and dignity. The service also had policies relating to equality and diversity which helped to ensure people were not discriminated against. We observed staff knocking on people's doors before entering and asking permission to enter people's rooms. When we spoke with people who used the service they told us they felt that staff were mindful of their dignity and ensured when delivering any intervention, this was done in the way they wanted and preferred.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager described what they would do to ensure that individual wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives and friends.

We spoke with staff about confidentiality and they were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with senior staff or other agencies in order to keep the person safe.

When we spoke with people who used the service they told us that an important element of receiving support was to maintain their independence and that staff promoted this wherever possible. Care plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence. For example care plans around personal care clearly stated what people were able to manage independently and what support staff would be required to provide. One plan stated, "[Name] can clean her own teeth and make her own clothing choices."

The service had policies, procedures and training in place to support people who required end of life care. The registered manager told us that senior staff had undertaken specific training for this. Staff were able to talk with us about how this would be delivered and the things that were important during this time in somebody's life. This included offering support to people's families as well as to the person themselves. The service worked alongside other external healthcare professionals to ensure that this care was carried out appropriately and effectively.

Is the service responsive?

Our findings

Barn Close Residential Home placed a great emphasis on enabling people to live as full a life as possible. The service consistently ensured people's engagement in activities, maintaining their social skills and ensuring their emotional wellbeing was recognised and promoted. People told us that they enjoyed living at the home and taking part in the meaningful activities available to them.

The registered manager and staff spoke with people to find out their likes and dislikes so they could be incorporated meaningfully into an activity for each person either individually or in groups.

On the day of our inspection people who used the service were taking part in a Macmillan coffee morning to raise money for the charity. The event was well attended by people who used the service and staff. The cook had baked cakes especially and furniture had been rearranged in one of the sitting rooms. This was a change of scenery for people and an opportunity to build new friendships or maintain old ones.

People often got involved in both local and national charity events. An article in the local paper had been displayed which showed people participating in a 'Pom Pom drive' for a local hospice. One of the people who lived at the home was a keen fundraiser for the hospice and had asked her fellow residents and the registered manager if they would like to take part. People had really enjoyed being involved in the 'pom pom circles' and had in fact contributed to breaking the world record for the longest line of pom poms in September 2016. Such opportunities had given people a sense of value and achievement.

The home held special events, one of which was the anniversary of the D-day landings. The registered manager had gathered a small group of people who wished to reminisce about this historical event, each of whom had special memories of their whereabouts at the time. Each person had told their story and the group had spent time reflecting on what they had experienced. The registered manager had then taken it upon herself to capture these stories and write them into an essay entitled 'memories from memories'. Each person really appreciated that the registered manager had taken time to listen to them and write down their stories, some of which had never been told before. We saw that the registered manager often wrote about events and these occasions were remembered by producing a monthly newsletter. People and families received the newsletter regularly to find out what was going on in the service. This provided people, their families and staff with great reminders and memories of the occasions of the wonderful times they had.

Other recent special events included an Ascot ladies day and a celebration of the Queen's birthday. For the Ascot ladies day staff and people who used the service went shopping together to charity and vintage shops searching for ladies hats. They had then spent time improving the hats in preparation for the event. Both the staff and people loved getting dressed up for this formal occasion and told us that they were served 'Pimms on the lawn'. They had the opportunity to socialise with other guests they had invited and, as an additional surprise, the registered manager and her deputy had arranged for two horses to be paraded through the gardens. People we spoke with were amazed that this had happened and clearly had fond memories of the day.

The registered manager was also keen to focus on people's health and well-being as part of their day to day lives. A spa treatment room had been set up within the home and staff had been specially trained to deliver foot and hand massages. People told us they really valued this additional free service. One person told us, "The hand massages are lovely." Staff told us they believed the massages soothed people's stiff joints, one staff member said, "I do massage, it really helps." In addition to the complementary service offered by the home people could purchase alternate therapies from visiting therapists such as 'Bio-energy healing'. People told us that they were pleased they were able to access spa treatments and therapies and took pleasure in them. One person said, "It is very posh you can have all sorts done, I've had my nails varnished." Another added, "I have had a hand massage, a pedicure and a foot massage, I really enjoyed it."

Recently the Care Home Education and Support Service (CHESS) had asked if the home could support people with anxiety by hosting planned Yoga sessions and relaxing aromatherapy treatments.

The service worked hard to deliver stimulating creative projects to people. This included furniture restoration which was enjoyed mainly by the gentlemen living at the home. We saw excellent examples of their work which they had donated to an auction for breast cancer awareness. There was a jewellery making group which created pieces to sell to raise money for their social activities funds. People were in the process of harvesting lavender from the Cumbria 'In Bloom' award winning gardens to bundle them and use in their rooms. One person enjoyed growing fruit and vegetables in their room. These activities meant that people had the opportunity to socialise and interact with a wide range of people.

We saw that a sensory garden had been created with scented flowers and plants. The home's gardening group had devised their own plans to grow and harvest cut flowers next year to place around the home. An area had been identified by them and the handy man was busy making sure it was made suitable for this purpose.

People were actively encouraged to access the community. They told us about cinema trips, trips out to local cafes and garden centres and even 'magical mystery tours' that were organised for them by the homes activity co-ordinator. The activity coordinator worked hard to ensure that people who required support to mobilise or wished to spend time in their rooms were visited on a regular basis and one to one activities, such as board or card games, were undertaken. People who used the service told us they enjoyed all aspects of the homes activity programme as there was, "Something for everyone."

The registered manager told us several people had expressed an interest in going on holiday abroad in 2017. Meetings had been held to discuss this and the registered manager was devising risk assessments to establish how this could be done without compromising people's care.

An assessment of people's needs was carried out. This included assessing their mobility and their physical and mental well-being. The information was then used to formulate care plans which we noted were clear, concise and easy to understand. Reviews of care plans were carried out regularly and involved the person receiving support or their relatives and health and social care professionals. The care plans gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

Staff made notes in relation to the support that had been delivered including details of any food or drink consumed and personal care. These records were written respectfully and factually, ensuring that it was clear what support had been given to the person.

When we spoke with people who used the service they confirmed that they had been part of the process to

formulate care plans and that these were regularly reviewed. They told us they had been able to express their wishes and preferences as part of the process and this was in line with what staff delivered.

People we spoke with were aware of who to contact if they had any issues about the service provided by Barn Close Residential Home. The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager explained that wherever possible they would attempt to resolve complaints informally. During our inspection one person raised an issue around the food in the home which was resolved promptly by the registered manager.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers and the commissioners of the service to ensure that there were clear lines of communication and responsibility in place.

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the service. It was clear that people knew the registered manager and senior staff well. One person said, "The manager is loved by everyone." The registered manager addressed all the people we spoke with by name and demonstrated knowledge of each person we spoke with them about. The staff told us they felt supported by the registered manager and said, "She's approachable and fair."

People told us that they valued the service provided and said the registered provider and registered manager were committed to providing a good service. They told us they were asked for their views about the support they received. We saw people had received quality monitoring questionnaires to share their experiences with the registered provider. The replies of the questionnaires were positive in nature. Where people had asked for changes to the support they received, they told us the service tried to accommodate the changes they requested. Relatives were sent a similar questionnaire as were visiting professionals. The registered manager used the information to help improve the service. For example people who used the service had identified an issue about pedestrian safety with the road outside as there was no pavement and a blind spot. The registered manager had written to the local authority asking for improvements to be made.

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. She was keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

All audits and checks were presented to the board of trustees by the registered manager in a quarterly report. The chairman of the board regularly visited the service and was in contact on a daily basis. The board considered all information presented to it and made improvements.

There were regular staff meetings held with members of staff so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We also saw that staff could visit the office and speak with senior staff whenever they needed to. Staff told us that they felt they were listened to and could influence the delivery of the service in order to improve people's experience of care and support.

The registered manager had created links with the local church, schools and university campus. For example local media students had used the home as a 'filming location' as part of their studies. This had given people who used the service an opportunity to observe film making 'behind the scenes'.

During the inspection the registered manager and senior staff were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

We spoke with the registered manager and asked how they saw the service developing in the future. She told us, "I see the future of older health care improving in Barn Close both physically and mentally as we continue to provide holistic treatments. We are promoting our daily living activities which are improving physical and mental health stimulation. We wish to empower residents to give them a vision of their future lives as healthier people, to change the ethos of people coming into care from one of having to be cared for due to illness, to one of being cared for to help them improve their lives."