Hallmark Healthcare (Holmewood) Limited BRAND Hillcare Group

Barnfield Manor Care Home

Inspection report

Barnfield Close
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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?	Requires improvement

Overall summary

This inspection was unannounced and took place on the 23 November 2015. .

Barnfield Manor provides accommodation, nursing and personal care for up to 39 older adults. This includes most people who are living with dementia at Barnfield Manor. There was a registered manager at this service. 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.

At our last inspection in October 2014 we found that people were not always protected from unsafe or inappropriate care and treatment or from receiving care without the consent of a relevant person. This was because people's health, mental capacity and medicines

Summary of findings

needs were not always properly accounted for or safely managed and staffing arrangements were not always sufficient. Also, the provider's arrangements for monitoring and improving the quality and safety of people's care, did not always ensure people's health, safety or welfare. These were respective breaches of Regulations 9, 11, 12, 18 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take to rectify the breaches. At this inspection we found that this was achieved as significant improvements had been made.

Further improvements were needed because the provider was not always proactive in determining or making service improvements, initiated by local authorities or interested parties outside the service.

People and their relatives were satisfied that people were safe in the home. The provider's arrangements helped to protect people them the risk of harm and abuse.

Staff recruitment and deployment procedures helped to make sure that staff were fit to work at the home and that staffing arrangements were safe and sufficient to meet people's needs.

People's medicines were safely managed and people received their medicines when they needed them.

The provider's emergency contingency planning and equipment arrangements helped to promote people's safety at the home.

Staff supported people safely and they understood risks to people's safety associated with their health conditions and the care actions required for this mitigation.

People received the care they needed and were supported to maintain and improve their health and nutrition.

People were supported to access external health and social care professionals when they needed to and staff followed their instructions for people's care when required.

The provider's arrangements helped to make sure that people received care from staff that were appropriately trained and supported.

Staff followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care.

Staff treated people with respect and kindness and promoted their dignity, privacy, choice and independence.

People and their relatives were appropriately involved and informed in the care provided and staff established supportive relationships with them.

Staff supported people to maintain their known daily living preferences and their personal routines interests and beliefs.

Staff supported people to interact and engage with others in a way that was meaningful to them.

The views of people using the service or with an interest there, together with concerns and complaints received, were used to inform and make service improvements.

People, relatives and staff found the registered and senior managers accessible and approachable and were positive about overall about the direction and improvement of the service.

Staff understood their roles and responsibilities for people's care. The provider's arrangements for the management and day to day running of the home and improvements in progress, helped to support staff performance and improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Risks to people's safety associated with their care needs and environment were accounted for and people were safely supported.

People were protected from the risk of harm or abuse and their medicines were safely managed.

Staffing recruitment and deployment arrangements were sufficient to meet people's needs and helped to make sure that staff, were fit to work at the home.

Good

Is the service effective?
The service was effective.

Staff mostly received the training they needed. Improvements were in progress to address staff training gaps and to further develop staff skills and knowledge.

People's health nutritional needs were being supported and met in consultation with relevant health professionals when required.

Staff followed the Mental Capacity Act 2005 to obtain consent or authorisation for people's care when required.

Good

Is the service caring?
The service was caring.

People were treated with respect, kindness and compassion by staff who were caring and who promoted their rights when they provided care.

People and their relatives were appropriately informed and involved in the care provided.

Good

Is the service responsive?
The service was responsive.

People received prompt assistance from staff when they needed support.

People's diverse needs and known preferences were taken into account in the planning and delivery of their care.

Concerns, complaints and people's views were encouraged and sought and used to inform improvements to people's care experience.

Good

Is the service well-led?
The service had not been consistently well led.

Requires improvement

Summary of findings

Significant service improvements were made to the quality and safety of people's care since our last inspection. However, the provider's arrangements for this did not always proactively determine improvements that needed to be made

Managers were accessible and approachable. Staff understood their roles and responsibilities for people's care and they were mostly supported to perform these. Further improvements were being made in relation to staff development and support to perform their role.

Barnfield Manor Care 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.

We visited the home on 23 November 2015. Our visit was unannounced and the inspection team consisted of two inspectors.

Before this inspection we looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. For example, a notification of a management changes.

During our inspection we spoke with three people who lived at the home and four people's relatives. We spoke with two nurses, including the registered manager and a senior manager, five care staff and one external visiting health professional. We also spoke with the company provider's registered person. We observed how staff provided people's care and support in communal areas and we looked at six people's care records and other records relating to how the home was managed. For example, medicines records, staff training records and checks of quality and safety.

As most people were living with moderate to severe dementia at Barnfield Manor, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection in October 2014, we found the provider's arrangements for staffing and also the management of people's medicines were not always sufficient to fully protect people from the risks of unsafe care and treatment. These were breaches of Regulations 18 and 12 of the HSCA 2008 (Regulated Activities Regulations) 2014. Following that inspection, the provider told us what action they were going to take to rectify the breaches and at this inspection we found that improvements were made.

At our visit, the provider's staffing arrangements were sufficient to meet people's needs. People using the service, relatives and staff felt that staffing levels were adequate for people's needs to be met. One person said, "Staff are there when I need them."

Planned staff rotas and related records confirmed there had been a recent review of staffing arrangements in response to people's changing needs and staff absence. Consistent agency nurse cover was secured and action was being taken to actively recruit to nurse vacancies. A staffing tool was used, to help determine staffing requirements. Managers also advised that action was being taken to recruit to vacant domestic and administrator posts and temporary interim cover was provided for the former. This meant that staffing was determined in a way that took account of people's needs, together with staff absence and recruitment requirements.

Recognised recruitment procedures were followed to check that staff were fit to work in the home before they commenced their employment. The professional registration status of nurses employed were also checked to confirm their fitness to practice, before their commencement and periodically when due. This helped to make sure that staffing arrangements were safe and sufficient to meet people's needs.

Throughout our inspection staff were visible and to hand and they provided people with assistance when they needed it. We observed that staff had time to chat and regularly engaged with people socially. We observed that unplanned staff absence on the day of our inspection was well managed and additional cover was secured by the nurse in charge. However, the time taken to address this caused a slight delay in some people receiving their medicines that were to be given at breakfast time by the nurse. We saw that the nurse noted the times of people's medicines that were delayed. The nurse subsequently made sure that the correct time intervals were observed before giving people the next dose of the same medicines. This helped to mitigate the risk of people receiving unsafe medicines treatment.

People's medicines were safely managed and people received their medicines when they needed them. People who were able to tell us said they received their medicines when they needed them.

Records kept of medicines received into the home and given to people mostly showed that they received their medicines in a safe and consistent way. However, records for the administration of people's topical medicines were not consistently recorded. Discussions with staff and a sample of stock checks indicated they were being given as prescribed. We discussed this with the senior and registered managers, who advised us of the action they are taking to address this.

We observed the nurse giving people their medicines safely and in a way that met with recognised practice. The nurse told us they had received medicines training, which included an assessment of their individual competency and periodic training updates. Staff training records reflected this. The provider's medicines policy was subject to a recent and periodic review. This provided key guidance for staff to follow for the management and administration of medicines. Additional procedural guidance had been developed for staff, following recent advice from local health commissioners. For example, reporting procedures in the event of any person experiencing an adverse medicines reaction. This helped to make sure that people's medicines were safely managed.

One person we spoke with told us they felt safe in the home and people's relatives also felt that people were safe there. They, along with staff, were confident to raise any concerns they may have about people's care or safety and knew how to do so. One person's relative said, "I am confident they are safe here."

Staff knew how to recognise and report abuse and told us they were provided with guidance and training, which the provider's training records showed. Since our last inspection, the registered manager had notified us of any

Good

Is the service safe?

alleged or suspected abuse of a person using the service and the action they were taking to protect people when required. This helped to protect people from the risk of harm and abuse.

Staff understood risks to people's safety associated with their health conditions and the care actions required for their mitigation, which were identified in people's care plans records. For example, we observed that staff supported people to mobilise and to eat and drink when required.

People were provided with the equipment they needed to ensure their safe support. For example, special seat cushions and bed mattresses to help to prevent skin sores and mobility equipment, which staff to use to help people to mobilise safely. Equipment used for people's care was regularly checked and serviced for safe use. This helped to make sure that people received safe care and treatment.

Emergency plans were in place for staff to follow in the event of any foreseeable emergency in the home. For example in the event of a fire alarm. Records showed that routine fire safety checks were being undertaken.

A senior manager and the provider's registered person advised they had followed recommendations made by Derbyshire Fire and Rescue service in November 2014, which included regular staff fire drills. They also advised that as a result of this, additional staff training was provided to help support people's safe evacuation from the home, if required in the event of an emergency. This showed that action was taken to help mitigate associated risks to people's safety.

Good

Is the service effective?

Our findings

At our last inspection in October 2014, we found that the provider's arrangements did not always protect people from receiving inappropriate care or ineffective care. This was because people's health needs and their mental capacity and related consent needs were not always fully accounted for. These were respective breaches of Regulations 9 and 11 of the HSCA 2008 (Regulated Activities Regulations) 2014. Following that inspection, the provider told us what action they were going to take to rectify the breaches and at this inspection improvements had been made.

People we spoke said they received the care they needed. One person told us about a particular aspect of their nursing care and said, "They (staff) know what to do." People's relatives were very complimentary about staff and the care provided and felt that people's health needs were addressed. Two relatives commented that staff were, "Alert to changes;" and "Always involve the GP if there are any medical concerns." One person's relative said, "Considerable improvements have been made; Another said, "I'm certainly happy with the care here."

People were supported to maintain and improve their health. Staff understood people's health needs and supported people's routine and specialist health screening when required. For example, eye checks and diabetic health screening. Staff consulted with external health professionals when needed and followed their instructions for people's care and treatment when required. For example, relating to people's dementia, skin and nutritional care needs.

Each person whose care we looked at had a range of care plans that identified their general and mental health needs and how they affected them. This included supporting information to assist staff to understand people's specific type of dementia, which staff said they found particularly helpful. People's care plans were regularly reviewed and checked by managers and provided a good level of detail about the care interventions required to address people's needs and preferences. For example, one person's care plan showed they may become frustrated and anxious because of their communication difficulties relating to their dementia condition. We saw that staff followed the person's care plan instructions to help them to communicate with and anticipate the person's needs.

Another person's care plan provided staff with instructions regarding the use and care of one person's specialist chair, which they followed. This helped to promote the person's posture and safety and their related comfort and support needs.

Staff understood and followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for people's care. The 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. Staff had received training about the MCA and recognised accessible written guidance was provided for their use.

The registered manager described how staff were restricting some people's freedom in a way that was necessary to keep them safe, following changes in their mental health condition. Formal authorisations for this action were either granted, or appropriate steps had been taken to obtain the authorisations for this from the relevant authority, which is known as a Deprivation of Liberty Safeguard (DoLS). This is required when a person's freedom is being restricted in this way. Staff told us about two people who were sometimes at risk of falls or injury because of their health conditions, and the care and equipment they sometimes needed to help keep them safe. Each person's care plan records showed that their care was planned to use the least restrictive option possible for their safety. Their care was also agreed in their best interests in consultation with their relatives and a relevant health professional where required. This showed that people were protected from the risks of receiving care without appropriate consent or authorisation.

Since our last inspection, staff had received training in relation to advanced care planning and decision making. Records showed that advanced decisions had been made about some people's care and treatment, which staff understood. For example, in the event of their sudden collapse or serious illness. People's care records showed that the decisions were made with their consent, or by obtaining appropriate authorisation if people were not able to make those decisions themselves. Records also showed that some people had appointed relatives who

Good

Is the service effective?

were legally authorised to make specified decisions on their behalf in relation to their finances or health and welfare. This helped to make sure that decisions were appropriately made when required.

People said they enjoyed the meals provided. One person said, "The food – nothing wrong with it; there's always choice and plenty to drink." People's relatives also felt that people were provided plenty of food and drinks to suit their requirements. A visiting professional said that staff promptly referred changes in people's nutritional status for their advice and followed this when required.

We observed that breakfast and lunch time meals were well organised. The atmosphere was relaxed, calm atmosphere. Food menus provided, showed a varied menu. People were offered a choice and alternatives to the menu choices were also provided for some people to suit their individual requests. People were also provided with regular drinks and snacks. Staff, were observant and took time to make sure people had sufficient food and drinks of their choice.

Many people had difficulties eating and drinking because of their health conditions. This included some people who had swallowing difficulties, which meant they may be at risk of choking. We observed that staff supported people to eat and drink safely when required. They served different types and consistencies of foods and drinks to people, that met with their dietary requirements. One person who was not able to eat and drink received their nutrition by an enteral device. This is the delivery of a nutritionally complete food directly into the stomach, through a surgically fitted device. The nurse responsible for administering the person's nutrition in this way told us they had received relevant training for this. Related care records showed this was being given as instructed. This helped to make sure the person's nutritional needs were being properly met.

Staff told us they mostly received the training they required and felt were supported to deliver the care people needed. Although there were some gaps in staff training updates, there was an action plan in place to address this. Staff knowledge and skills were being developed.

Staff training records showed that nurses employed had undertaken a range of extended role training. For example, taking bloods. Care staff were supported to achieve a recognised vocational qualification in Health and Social Care and plans were in place for new care staff to undertake the Care Certificate and to review existing care staff training against this. The Care Certificate identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. This helped to provide those staff with the same skills, knowledge and behaviours to provide compassionate, safe and high quality care.

Good

Is the service caring?

Our findings

People and their relatives said that staff were kind and caring and respectful of people's needs and abilities. One person said, "Staff are lovely; they are always kind." A relative told us, "The staff, are all very nice; they couldn't get better; they talk nicely with my relative and are caring".

Staff were able to describe what they felt was important for people's care. This included promoting people's rights by ensuring their dignity, privacy, choice and independence. They gave examples such as closing curtains and doors before providing care or making sure that people's staff gender preferences for their intimate personal care were upheld when requested.

We observed that staff took time to ensure people's dignity, privacy, choice and independence when they provided care. This included helping people to make choices about their care, what to eat and drink and where to spend their time. We observed that staff were patient, kind and they explained what they were going to do before they provided care and support to people. For example, when they needed to use the hoist to help one person to move, this was done in a discreet, caring manner. Staff also made sure, if people needed equipment such as walking frames, to help them to move independently, that this was placed within their easy reach. This showed that staff were respectful and promoted people's rights when they provided care.

We observed that staff treated people in a caring and compassionate manner throughout our inspection. For example, we saw that staff took time to position themselves at the same level when they spoke with people. Staff were gentle and often used positive gestures of touch, to reassure people who they were unable to communicate with verbally, if they became distressed or frustrated in relation to their dementia care needs.

There was a calm, happy and relaxed atmosphere in the home and we observed friendly, social and supportive interactions between staff and people receiving care and their relatives. People's relatives said they were appropriately involved in people's care and made welcome to visit the home at any time to suit the person they were visiting. One person's relative told us that staff supported them sensitively to care for the person's body after their death in the home, which met with their known wishes.

People's care plans showed their individual needs, choices and preferred daily living routines. They also showed people's involvement and the contact information of family or friends who were important to them. Information was displayed about a range of local support and care services, such as advocacy services if people needed someone to speak up about their care on their behalf.

Good

Is the service responsive?

Our findings

Throughout our inspection we observed that people received prompt assistance and support from staff when they needed it. People and relatives said that staff were helpful and responded promptly when people needed assistance. One person said, "Staff always come, when I need them; and when I ring my call bell." One person's relative told us, "I cannot praise the staff enough; the care is phenomenal; they have honoured my culture and respected my traditions; they treat her as an individual." Another relative told us that staff understood and responded to their relative, who was living with dementia, in a way that was helpful to them when they sometimes became worried or anxious. The relative said, "They understand her mood well; they know how to reassure her and help her to feel calmer."

Staff knew people's social, family and lifestyle histories and also their communication needs, which were recorded in people's care plans. For example, we saw that picture menus were used to assist one person at lunchtime, to choose an alternative to the meals on the main menu.

Staff understood people's personal preferences for their care and daily living routines and these were also recorded in people's individual care plans. For example, preferred times for rising and going to bed and preferred personal clothing and presentation. Staff also told us it was important to make sure that one person's bedside light was switched on at night to help them relax, as they did not like the dark. This showed that staff supported people in accordance with their known preferences for this care.

We saw that staff supported people to express themselves and to engage in activities that were relevant to their personal life experiences and preferences. For example, staff supported one person to wear attractive costume jewellery and another to write letters to their relative. We also found that staff were helping some people to develop 'life story' books. We observed staff chatting to one person about their life achievements and also their children's achievements, which they clearly enjoyed.

A range of both individual and group activities were regularly provided, which people could join as they chose. For example, this included crafts, reminiscence, films and a weekly coffee morning with gentle exercises. We observed that staff played a game of draughts with one person, and supported another person to look at their newspaper, which they particularly liked to do. Staff told us about one person living with dementia, whose previous lifestyle required them to be fit and active. We saw that staff supported the person to do some gentle exercises when they became restless, which they enjoyed and subsequently became more relaxed. People's spiritual needs were supported and entertainments were also regularly scheduled. For example, one person received regular visits from their priest. This showed that staff spent time with people and supported them to engage in daily life and with others in a way that was meaningful to them.

People we spoke with and their relatives knew who to speak with if they were unhappy or had any concerns about people's care. The provider's complaints procedure was visibly displayed and a central record was kept of all concerns and complaints received, together with the details of their investigation. People's views about their care were also sought through the provider's customer surveys in August 2015, with most returns completed by people's relatives who knew them well. A number of service changes and improvements were either made or in progress as a result of these. This included improvements in relation to staffing arrangements and areas of care practice, together with a review of the arrangements for people's personal laundry, meal menus and social activities. This showed that people's views, concerns and complaints were taken seriously and used to improve people's care experience.

Requires improvement

Is the service well-led?

Our findings

People, their relatives and staff said that the registered manager and senior management were accessible and approachable. All felt they were listened to and their voices were being heard. People's relatives and staff, who were in a position to comment, felt that the service had continued to improve. One person's relatives told us, "I am pleased with the direction being taken."

Since our last inspection, the provider had made significant improvements to quality and safety of people's care. This included their arrangements for people's health, medicines and consent and staffing arrangements at the service. However, we found the provider was not always pro-active in determining ongoing service improvements that may be required for people's care. This was because key improvements were often initiated or determined by other agencies or interested parties outside the service, concerned with people's care there. For example, local fire authority and care commissioners.

The provider usually sent the Care Quality Commission written notifications informing us of important events that had happened in the service. There was an unnecessary delay in sending one notification, which the provider did not send us until we asked them to. However, the notification showed they had otherwise taken appropriate action.

Staff felt they were respected by management and said they were often asked for their views about people's care, which was discussed with them. Since their recent appointment, the registered manager had held meetings with them and these were planned to take place at regular intervals. However, staff said they were not consistently provided with formal individual supervision. We discussed this with the registered manager who showed us their plan to address this.

The registered manager and an external manager told us that a revised system for the regular checks of the quality and safety of people's care had been introduced. Records showed they included a wide range of checks. This included checks of the environment, equipment, care plan records, medicines, infection control measures and environmental cleanliness and staffing arrangements. An action plan showed that a number of improvements were either being sought or were in progress. For example, staff training, communication and supervision systems and some environmental safety and record keeping improvements.

Regular checks were made of complaints, accidents and incidents, including clinical incidents such as pressure sores, infections and weight loss. The results were formally analysed by the provider to help identify any trends or patterns that may further inform improvements for people's care.

There were clear arrangements in place for the management and day to day running of the home. External management support was also provided. Nurses and senior care staff had delegated management responsibilities for people's day to day care. People and their relatives knew staff names and roles and we saw that a staff photograph board was visibly displayed to help people identify staff and their designated roles.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. Staff, were confident to raise any concerns about people's care. For example, reporting accidents, incidents and safeguarding concerns. Relevant policies and procedures were in place for staff to follow in these events. They included a whistle blowing procedure if serious concerns about people's care need to be reported to relevant outside bodies to protect people from harm or abuse. Whistle blowing is formally known as making a disclosure in the public interest. This showed the provider promoted an open and transparent culture.