

Care and Residential Homes Ltd

Barham House

Inspection report

Barham House Nursing Home
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09 July 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6 and 9 July 2018 and was unannounced.

Barham House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during the inspection. Barham House accommodates up to 23 people in one adapted building. The building is an historic older building providing large communal areas and extensive well kept gardens. At this inspection, 21 people were living at the service.

The registered manager worked at the service each day and was supported by a deputy manager. A registered manager is a person who has registered with CQC 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.

We last inspected Barham House in September 2017 when three continued breaches and two new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We issued requirement notices relating to a lack of robust safeguarding procedures, poorly managed dietary needs, a failure to adhere to the principles of the Mental Capacity Act (2005) and a lack of activities to meet people's needs. We also issued a warning notice in relation to insufficient staff on duty to meet people's needs.

At our last inspection, the service was rated 'Requires Improvement' overall and in each of the five key areas. This was because there continued to be shortfalls in the service that were identified in the previous inspection. At this inspection, although improvements had been made, there were two further breaches of Regulation and other areas identified that needed improvement. The breaches of Regulations related to failing to meet people's dietary support needs, some incomplete records and auditing procedures that were not wholly effective. Therefore, this is the third consecutive time the service has been rated Requires Improvement.

People were generally satisfied with the food provided, however, kitchen staff were not always notified of people's dietary needs. Food was not always prepared and plated in an appetising way and, where people needed adapted plates or cutlery to help them eat more independently and with dignity, this did not always happen.

Record keeping in care plans needed to improve to more clearly document people's current condition. In addition, control of records about the maintenance of equipment within the service and some checks required for some staff working at the service required more effective oversight. Auditing processes within the service were not sufficiently detailed or effective to identify and drive forward continuous and autonomous improvement.

Medicines were managed safely, there had been no errors in administration and people received their medicines when they needed them. Staff competency had been checked. However, staff needed to ensure disposal of all medicines were fully accounted for. This is an area for improvement.

People were protected from harm by staff who were trained to recognise signs of abuse. However, staff were not continuously aware of risks presenting the potential for unauthorised access to the service and for people using the service to leave unnoticed. This is an area for improvement.

Most people and visitors told us they knew how to complain if they needed to. However, providers are required to meet people's information and communication needs. Therefore, in settings supporting older people, including some with dementia, providers should develop complaints information to at least be available in larger bold print. Similarly, complaint and client survey tools may be more accessible to some people if, for example, they included facial expressions for, where possible, people to gauge their own level of satisfaction, rather than just a narrative and tick box. These are areas identified for improvement.

Pre-assessments for people moving to the service were comprehensive. Potential risks to people's health and welfare were identified and there was guidance for staff to follow.

Accidents and incidents were analysed and measures were in place to reduce the occurrence of repeated incidents. Staff were recruited safely, received appropriate training and worked with healthcare professionals to keep people as healthy as possible and deliver effective care.

People were supported to have maximum choice and control of their lives and in the least restrictive way possible. Policies and systems in the service supported this practice.

People told us that staff were kind and encouraged them to be as involved as possible in their care and, where people wanted to, they took part in a range of activities.

People were supported to express their end of life wishes. Staff were aware of people's religious beliefs and received training to support people at the end of their life and keep them comfortable.

The culture within the service was open and transparent. Staff meetings enabled discussion of care practice and how staff could work towards improvement.

The registered manager attended training and local forums and worked with the local commissioning group and safeguarding authority to ensure people received joined up care.

The building was adapted to meet people's needs. Staff completed checks on the environment and equipment, these helped to ensure people were safe.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This meant we could check that appropriate action had been taken. The manager was aware that they needed to inform CQC of important events in a timely manner and had done so.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the services can be informed of our judgements. The provider had conspicuously displayed the rating in the reception area of the service. The provider did not have a website to display the rating.

At this inspection two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. You can see what action we have asked the provider to take at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People's medicines were managed safely and people received them when they needed them; records of medicines disposed of needed to be improved.

Environment, equipment and fire safety checks had been regularly undertaken, however, recommendations for maintaining effectiveness of equipment were not quickly addressed.

Accident and incidents were recorded and investigated, however, although implemented, preventative measures to reduce risk of future occurrences were not always documented.

People were protected from abuse and discrimination, however, staff were not always mindful of unauthorised access to the service.

There were sufficient staff, who had been recruited safely, to meet people's needs.

People were protected from the risk of infection.□

Requires Improvement ●

Is the service effective?

The service was not always effective.

Pureed food was mixed together and adapted plates were not routinely provided when needed. Kitchen staff were not aware of each person's dietary requirements.

People's health was monitored and their needs effectively met, however, there was no best practice or uniform monitoring for people with common conditions.

Staff received regular training, supervision and appraisal.

The principles of the Mental Capacity Act (MCA) 2005 had been followed and Deprivation of Liberty safeguards (DoLS) applications were made when necessary.□

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service not was consistently caring.

Some staff practice did not always support people's dignity, independence or sense of self-worth.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People were enabled and supported to maintain relationships with families and friends.

Private information was kept confidential.

Is the service responsive?

The service was not always responsive.

Care plans were person-centred and documented individual needs; but did not always accurately reflect people's current condition and in one instance contained contradictory information.

Investigations and responses to complaints had been documented. However, improvement could be made in the accessibility of complaint information.

End of life care planning was in place to ensure all people's needs and wishes were respected.

Staff knew people very well and people had been involved in their care planning where possible.

People said they enjoyed the activities and entertainment provided.□

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Systems and processes used to assess and monitor the quality of service needed to be further strengthened to provide structure and ensure the progress made was sustained.

Care staff understood their responsibilities and all staff actively participated to bring about change and improvement within the service.

The service demonstrated a learning culture with staff given opportunity for progression and professional development.

Requires Improvement ●

The service worked effectively in partnership with other organisations and agencies.□□

Barham 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 6 and 9 July 2018 and the inspection was unannounced. The inspection team consisted of one inspector.

We met and spoke with 13 people who lived at the service, we observed some people's care, the lunchtime meal, some medicine administration and some activities. We spoke with three people's relatives. We inspected the environment, including the laundry, bathrooms and some people's bedrooms. We spoke with two care staff, one of the registered nurses, housekeeping and kitchen staff as well as the deputy manager, registered manager, the GP and a visiting reverend.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

During the inspection we reviewed other records. These included staff training and supervision records, five staff recruitment records, nursing staff registrations, medicine records, risk assessments, accidents and incident records, quality audits and policies and procedures.

We displayed a poster in the communal area of the service inviting feedback from people, relatives and staff. Following this inspection visit, we did not receive any additional feedback.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe. One person commented, "I have no concerns about staying here, I am safe and sound." Another person told us, "From my experience it is all good, I'm not worried about anything," and a visitor told us, "I have no concerns about mum staying here, from what I have seen she is looked after and safe."

At our last inspection, our concern continued about the level and deployment of staff; the lack of staff meant there was a risk that people's needs would not be met. Following that inspection, we served the provider with a Warning Notice about this.

At this inspection action had been taken to address our concerns and there were sufficient staff on duty. Staff were evident throughout the service and mindful of people who needed more frequent or specific support. Call bells were answered quickly, when people asked for support to use the toilet they told us staff responded promptly. Where people needed support to mobilise, the required number of staff, using the correct equipment, supported people safely. Discussion with the registered manager found they continuously reviewed staffing requirements against people's needs and provided examples where staffing levels had changed to reflect this. Rotas showed the number of staff on shift during and in the weeks before our inspection, met the levels assessed as necessary by the registered manager. The registered manager had recruited staff and reduced the number of agency staff used. The number of staff vacancies had decreased and the registered manager made sure people received care from staff who knew them well and worked with them often.

At our last inspection, processes for protecting people from possible abuse or neglect had not been robustly operated. This was because some incident and accident reports documented unexplained bruising. This had not been discussed or referred to the local safeguarding authority by the registered manager.

At this inspection, staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. They were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager now understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse. Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to bullying and harassment.

However, upon arrival at the service on the first day of our inspection, the pedestrian access gate was unlocked and the front door, despite a sign telling staff the door should be closed, was wide open. We walked into the service unchallenged and walked around the home until staff were located. Staff were not continuously aware that occasionally leaving the front door open with the main entrance gate unlocked presented a risk of unauthorised access to the service and the potential for people using the service to leave unnoticed. This was discussed with the registered manager who undertook to remind staff to lock the door. This is an area for improvement.

A system was in place for staff to report any accidents or incidents and staff confirmed they knew how to do this. The registered manager had oversight of these records but they were managed by nursing staff. Learning from incidents and accidents was shared with the staff team at staff meetings and at handover meetings. However, although preventative measures were in place and communicated to staff who implemented them, these mitigating measures were not always recorded. For example, a person had fallen from bed and while a floor mat and profiling bed now reduced the height of a potential fall. There was no record on the analysis of the incident to show this had been done. This was discussed with the registered manager and is an area for improvement.

People told us they received their medicines safely and on time. Medicines were securely stored at appropriate temperatures and administered by nurses who had received the necessary training and regular competency checks. We observed some medicine being given to people, staff ensured people received their medicines safely, on time and staff signed records to confirm it had been given. Medicine administration records (MAR) included a photograph of the person with a list of any known allergies and showed medicines had been administered as prescribed.

Guidance was clear on how to support people to take their medicines, including 'as required' (PRN) medicines, such as paracetamol and laxatives. There was a clear audit trail that showed action to be taken in the event of any errors, including medicines retraining and fresh competency tests. A policy and process was in place if people needed to receive their medicines covertly (disguised in food or drink). Other records confirmed when medicines were received at the service, the amount held in stock and when most unused or spoiled medicines were disposed of. However, we tracked the disposal of some medicine through this process and we nor the registered manager could locate complete records of disposal of one medicine. This was discussed with the registered manager and is an area for improvement.

Proper recruitment checks ensured the staff who worked at the service were suitable to work with vulnerable people. These included reference, identity and work history checks as well as completion of a disclosure and barring service (DBS) check. DBS checks information held on police national databases about any convictions, cautions, warnings or reprimands. This helps employers make safer recruitment decisions to help prevent unsuitable people from working with vulnerable groups. Registered nurses require a current professional registration to practice (Personal Identification Number), the registered manager did not routinely check to ensure the registrations were current; although when checked during the inspection, it was found they were. This is an area for improvement.

At our last inspection, the laundry room had painted brick walls which were chipped and the floor was uneven and worn in places. These surfaces were not easily washable and posed a risk of becoming contaminated through dirty and soiled items.

At this inspection the walls were fully painted and the floor dressed with a specialist paint. Although we saw the floor would soon require repainting, it was nevertheless an impermeable surface that could be mopped and cleaned.

At our last inspection further work was needed to ensure that known risks of moving and handling people were consistently minimised so that people were kept safe.

At this inspection staff supported people safely; appropriate equipment was safely used to help people mobilise. Staff ensured when pushing wheelchairs that people's feet were placed on the footplates, reducing the risk of injury.

People who lived with diabetes had a care plan detailing the symptoms and action to take in the event of hypoglycaemia (low blood sugar) and hyperglycaemia (high blood sugar). As well as setting out their safe blood sugar level range, it also ensured other concerns linked with diabetes were monitored, for example foot and eye care. However, for other conditions such as epilepsy, although guidance was in place about how to support people, best practice had not been developed in each case to ensure, no matter how infrequent, that any seizures were recorded. Accurate tracking would help with the management of the condition and inform medication reviews. This is an area for improvement.

Care plans contained risk assessments specific to health needs such as mobility, continence care, catheter care, falls prevention, nutrition, pressure damage and a person's overall dependency. Care plans detailed people's identified risks and included a plan of action and guidance for staff to promote safe care. For example, people identified as at risk from pressure damage to their skin had pressure relieving mattresses, advice was sought from specialist nurses and checks were in place to ensure mattresses operated correctly. Records of healed skin damage provided evidence of good wound management and ongoing prevention.

Professional contractors had undertaken safety checks on gas and electrical supplies, appliances and equipment. This included special baths, the lift and hoists which had been routinely serviced along with fire-fighting equipment and emergency lighting.

People were cared for in a clean, hygienic environment. The service and equipment were clean. There was an infection control policy and other related policies to guide staff in the prevention of cross infection. People and visitors told us that they felt the service was clean and well maintained. One person said, "It's always clean." Protective Personal Equipment (PPE) such as aprons and gloves were readily available and used appropriately during our inspection. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use.

Risks associated with the safety of the environment were identified and managed appropriately. Health and safety checks were undertaken to ensure safe management of utilities, food hygiene, hazardous substances and legionella. Maintenance and servicing of equipment such as the fire alarm, portable electrical appliance testing (PAT), lift, boiler and stair lifts were routinely undertaken.

Fire safety equipment such as extinguishers, emergency lighting and the fire alarm system had been routinely checked and maintained. All staff had received fire safety training and those we spoke with could point out fire exits and assembly points. Checks protected people against the risk of hot water scalding by ensuring hot water outlets remained within a safe temperature range.

There was a business continuity plan in place which contained details of how the service should respond in an emergency. Each person had a personal emergency evacuation plan (PEEP), these gave details of the person's physical and communication needs, to support them to be evacuated safely.

Is the service effective?

Our findings

People we spoke with told us they felt the service met their needs. Our observation of staff interaction with people who were unable or preferred not to speak with us mostly confirmed this. One person told us, "The staff always ask me before helping me, I suppose that makes their help my choice." Another person told us, "I think the staff do a good job, they seem to know what they are doing, they are always having training."

At our last inspection people received support or prompting to eat and drink but, due to staff shortages on the morning shift, not everyone received enough attention. In addition, people's individual nutritional needs were not always met appropriately and professional advice about people's diets was not consistently followed in practice. For example, one person had been assessed as needing a soft diet but they were observed eating biscuits given to them by kitchen staff. The lack of supervision and incorrect food meant people did not receive safe care and treatment.

At this inspection, while there were sufficient staff to support people to eat and they were given the right consistency of food, however, one person was provided with unappetising food and another person was not provided with an adapted plate. This would have enabled them to eat independently more successfully.

One person was pushing their food around the plate with a spoon, when we spoke with them they told us, "I suppose this is my lunch." The person needed to have softened food to make it easier for them to swallow and reduce the risk of choking. Although they were provided with a pureed meal, the person's meal of meat pie, potatoes and broccoli was all blended together. This had formed a soft brown paste which had been plated up and given to the person to eat. Discussion with kitchen staff found they were aware food should be blended to the correct consistency and presented individually, however, we were told all the person's food was blended together because they only had one blender and the food would be cold if they had blended each part separately. Kitchen staff were aware of the dietary needs for most people, although upon checking, we found the dietary needs of the four most recent people admitted to the service were not held by kitchen staff. This was because diet notification forms had not been passed to kitchen staff and kitchen staff had not sought this information.

The care plan for another person informed staff that a plate guard should be provided to help the person eat independently. A plate guard is designed to clip to the edge of a plate to enable a person to push food against it to help them load their fork or spoon enabling them to eat independently. However, during lunch on the second day of the inspection, the person was given their meal on a conventional plate. We observed them pulling their food toward them over the edge of their plate onto the lap table and then onto a napkin, which had been placed on their chest. After eating any food that had remained on the utensil, they scraped and ate food from their napkin and the table surface. At least one member of staff was always present throughout lunch service and did not once support the person or put a plate guard in place.

The meal time experience for people was subdued, no dining tables were used. Most people who chose to eat communally sat in wing-back day chairs and were given their meals on lap tables. This did not provide a social sense of occasion and did not meet with the convention that many people would have experienced

throughout their lives. A more conventional dining arrangement may help some people, particularly those with dementia, to more effectively orientate toward eating. It may also provide a more effective platform for staff to recognise if people needed support with their meals and any adaptations to help them eat.

The provider had failed to provide person centred care because care and treatment did not ensure people's needs were met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People could see a doctor when needed and had access to chiropodists and a dentist. People were referred by nurses to specialist healthcare professionals such as the dietician, speech and language therapists (SaLT) and mental health teams when required. Guidance from healthcare professionals was recorded and usually followed by staff to keep people as healthy as possible, for example, in relation to special diets, thickened drinks and supplement drinks. However, one person assessed by the SaLT team as requiring one to one support while eating was not directly supervised. The SaLT assessment described the person as distracted, eating too quickly and needing prompting to swallow between mouthfuls. Our observation and discussion with the registered manager found the person was focussed on eating, they ate at a rate contemporary with other people and were chewing and swallowing food without prompting. The registered manager told us they had used their professional judgement to allow the person to eat independently, but always with staff present in the room, this, however, had not been reflected in their care plan. This is an area for improvement.

People's care had been planned and delivered to ensure their needs were met. When people moved into the service the registered manager or a senior member of staff completed an assessment outlining the person's needs with them and people important to them. Tools such as Waterlow assessments (to assess the risk of people developing pressure wounds) and a malnutrition universal screening tool had been used to identify when people required more support. Some people were living with healthcare conditions such as diabetes or epilepsy and staff were aware of guidance in place.

Wound care management was robust and met with good practice guidelines. Care plans identified the dressings to be applied and when they must be changed. Care plans tracked the progress of pressure areas and pictures were taken of the wound when dressings were renewed. People had been appropriately identified and referred to the Tissue Viability Nurse (TVN) when needed, however, the TVN was not involved in direct wound care as these were dressed and cared for by the nursing team. There was evidence of good practice which had resulted in the reduced severity of pressure areas and evidence of good wound care where other skin conditions such as psoriasis, cellulitis and skin tears had healed or reduced in severity. Checks of air mattress pumps ensured they were correctly set and these settings corresponded with people's current weights. Where needed, repositioning records showed people were supported to move when they should have been to help relieve pressure on their skin. Any new pressure areas, deterioration, or skin conditions were reported to the registered manager immediately and a pressure area audit ensured they remained aware of and were able to track each person's condition.□

People's pain was assessed regularly and PRN medicines offered. Pain was assessed using the Abbey Pain Scale. Where people showed behaviour that could challenge, records of incidents helped staff and external professionals understand and develop strategies to better support people. Staff monitored people's physical and mental health and took prompt action when they noticed any changes by reporting changes to the nurse on duty. People told us staff reacted quickly if they were unwell and this view was shared by relatives and a visiting GP we spoke with.

People were supported to lead healthy and active lives whenever possible, and there were a range of

activities available to support people to remain both physically and mentally active. People enjoyed taking part in a keep fit session which took place during our inspection. Staff encouraged people to join in as much as they could and people smiled, laughed and sang during these activities, as well as some moving around.

Mandatory training such as infection control, safeguarding and moving and handling people had been delivered and was up to date. People received care from staff that knew them and had received training appropriate to their role. Staff completed an induction when they started working at the service. This included working with experienced staff to learn about people's choices and preferences. New staff were mentored and their competency in each area of their role was assessed and signed off by their mentor or the registered manager. We observed staff using equipment to move people safely and following guidelines set out in people's care plans.

There were specific training for nurses to complete, such as syringe driver and catheterisation. There was a nursing competency framework in place for nurses, which included key areas such as wound, catheter and pressure area care. Nurses were also competency assessed in medicine management. The registered manager recorded when each nurse had demonstrated they were competent.

All staff received regular supervision and an annual appraisal. They could give their feedback and reflect on their performance as well as receive comments from the registered manager. Staff told us they felt supported by the registered manager and people told us they had confidence in the staff who cared for them.

People's consent to care and treatment had been formally asked. Verbal consent was sought by staff for day-to-day matters, like asking permission to go into people's bedrooms or when giving people medicines. Some people lacked mental capacity to make some decisions and in these cases, a mental capacity assessment had been made. These are necessary to comply with the principles of the Mental Capacity Act 2005 (MCA).

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 much as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their interests and as least restrictive as possible. Some people had Lasting Power of Attorneys in place, and this was recorded in their care plan. Best interest decision discussions had been held involving people who knew the person well and recorded when people were unable to make their own decisions.

People can only be deprived of their liberty so that they can receive care and treatment when it is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to make sure 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. The registered manager had applied for DoLS when people's liberty was restricted. Some of these had been authorised, and any conditions on people's DoLS, such as seeking advice from the mental health team, had been adhered to.

Staff understood their responsibilities under the MCA. We observed staff asking people what they wanted to eat and drink and how they wanted to spend their time. Staff spoke confidently about how they promoted people's choice and how people should be treated as individuals.

Barham House Nursing Home is a large converted house with extensive gardens. The building had been

adapted to meet people's needs including the installation of a lift and specialist bathing equipment. There were areas where people could meet with their relatives privately and where activities could take place. People could access the garden and hand rails helped people to move around the building. The building was maintained and clean, signs were used to identify the toilets and other rooms to help people find their way around.

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. One person told us, "I think they are the best of the lot, I'm so glad I picked to stay here." Another person commented, "It's lovely here, I couldn't have pictured a better place" and a visiting relative told us, "I don't think you would get any better anywhere else."

However, providers are expected to be caring in the way they provide resources including providing person centred care and continuously monitoring the quality of the service provided. At our last inspection, the provider did not have effective oversight of the service and had not acted to meet some of the previous breaches of Regulations. At this inspection, while improvements had been made, further improvements were needed. For example, relating to food preparation and service as well as enabling people to eat independently, with dignity. The support provided around meal times, lack of adapted plates and presentation of some food did not demonstrate the values and behaviours of a caring service. Staff's mindfulness of people's value and worth in every day practice is an area identified for improvement.

Otherwise, there were caring relationships between people and staff. Staff appeared to be genuinely fond of the people they supported and were keen to improve their lives in any way possible. For example, a member of staff had helped a person research their genealogy and another member of staff sent a person a postcard when they were on holiday. Both people told us how much they appreciated this.

There was a relaxed atmosphere at the service and people were happy to laugh and joke with staff. Relatives told us the staff looked after them as well. One told us, "Whenever I visit I'm offered a drink and made to feel welcome." Another visitor told us, "Mum is always well turned out, they paint her nails and do her hair, that interaction and attention make all the difference." One person told us, "You can tell for a lot of the staff this is far more than just a job, it's something they want to do."

Staff knew people well and their backgrounds and could speak with them about their lives, people and events that were important to them. People told us staff supported them in the way they preferred and enabled them to be as independent as possible. People were supported to move around the service as independently as possible. We observed staff supporting people to walk around with mobility aids such as walking frames. Staff were patient with people and allowed them to go at their own pace. They talked with people as they walked and reassured them and reminded them to use their equipment.

Staff were aware of people's spiritual and cultural needs. The minister of the local church visited the people living at the service during the inspection. They were complimentary about the staff and care afforded to people living there. The service was in the process of establishing a seated memorial area within the grounds for people to reflect on their memories of loved ones.

People were encouraged to decorate their rooms with personal items such as photos and ornaments that were important to them. Relatives told us they visited whenever they wanted to and were always made to feel welcome.

People and their relatives told us they were involved in discussing their needs with staff so care was tailored to their personal preferences. We observed staff asking people how they felt. When one person said they were in pain, staff offered painkillers and asked if they would like to see a doctor. Another person was reassured when they became anxious and agitated. Relatives told us they were kept informed when their family member's health changed or if they were affected by an incident.

People told us and we saw and heard staff knocking on people's doors and waiting to be invited in before entering. People felt their dignity was maintained by staff when providing personal care because staff closed doors and curtains and partially covered them when washing to preserve their modesty. If people needed urgent or unexpected support in a communal area, screens were put in place to ensure people's privacy. Staff were discreet when supporting people to use the bathroom and we observed staff respond to these needs in a timely way.

Some people were unable to express their views about their care, so staff ensured that decisions were made involving people who were important to them including their family and friends. Some people had nominated a person to represent them, however, some people had not. When this was the case, staff knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People told us they could speak with relatives and meet with health and social care professionals in private if they wished to. Staff assisted people to keep in touch with their relatives by post and telephone and a small handheld whiteboard helped staff, visitors and people communicate with another person who found it difficult to hear.

The manager was aware of the General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Suitable arrangements were made to ensure private information was kept confidential. Written records containing private information were stored securely when not in use. Computer records were password protected and only available to those with a right to see them.

Is the service responsive?

Our findings

At our last inspection, the service was not consistently responsive to people's needs because activities on offer to people were very limited and did not provide sufficient stimulation or social interaction.

This inspection found improvement had been made, activities took place at least five days a week. This included external performers, visiting musicians and exercise and movement classes. People who could speak with us said they enjoyed activities on offer. One person said, "I like the quizzes and doing the crossword". Another person commented, "I have enough to keep me busy and try to join in". During the inspection a ball-throwing game was underway, which people seemed to really enjoy. Staff were activity focussed and planned activities to include family members and the local community. Plans were well advanced for a wartime experience, including period dress and music. In the lead up to this, activities focussed on making bunting and speaking with people about their experiences and what they wanted to see. Previous events included a recent strawberries, cream and tea afternoon. People told us staff encouraged them to make suggestions about what activities they would like and these were added to the activities on offer. These included bingo, skittles, movie afternoons, word search, quizzes, armchair exercise and arts and craft. People who spent time in their rooms, or preferred not to join in with group activities had one to one sessions, including hand massages, nail painting, reading, chatting about the things they enjoyed and their life before coming to live at the service.

Although people told us they felt the service was responsive to their needs, care files did not always contain some information about people's health and care needs, or it was contradictory. However, our discussion with staff and observation throughout the inspection found staff were fully aware of people's care needs and confidently and competently explained how people were supported. For example, one care plan contained contradictory information about the care of a stoma site, but staff could give a step by step account of the correct processes. In other instances, there was no uniform or best practice established for recording episodes of seizures or choking. We discussed this with the registered manager who undertook to establish a common methodology to allow effective monitoring and review. This is an area we have identified for improvement.

The registered manager confirmed there had not been any complaints since the last inspection. We saw an established complaint recording system was in place, so that the registered manager could log any future complaints and document when acknowledgments and final responses were sent. The provider's complaints policy was displayed in the front entrance foyer, giving guidance about how to make a complaint if necessary. All the people and relatives we spoke with said that they knew how to complain and would approach the registered manager in the first instance.

However, from 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had identified the communication needs of people. Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate

communication were recorded and responded to. For example, staff supported people to use hearing aids and glasses when needed. For some people the importance of using simple short sentences was emphasised. For example, 'Use simple short sentences, summarise what has been said to check understanding and to help memory.' We noted when staff supported a person using a hoist they reassured the person throughout the move and told them what they were doing. We discussed with the registered manager the format and accessibility of the complaints process and resident survey questionnaires for their client group, which was available in normal print. We were shown examples of other documents that included pictorial information and larger print and discussed the benefit of adapting complaint and survey information to a similar format. This is an area identified for improvement.

At the time of our inspection no one was receiving end of life care, however, the service had adopted a system of 'Just in Case' medicines to support anticipatory prescribing and access to palliative care medications for people who were approaching the end of their life. People often experience new or worsening symptoms outside of normal GP practice hours. The development of 'Just in Case' boxes seeks to avoid distress caused by poor access to medications in out of hours periods, by anticipating symptom control needs and enabling availability of key medications in the service. Staff monitored people, records showed they recognised when people were becoming frail and liaised with the GP to ensure that people received the care and support they needed. The GP reviewed people's medicines to ensure that they remained appropriate.

Some people had completed an advanced care plan that detailed the care and support they required and whether they wanted to be admitted to hospital or not. Staff, the person's GP and family were aware of the advanced care plans, helping to ensure that people's wishes were respected. Staff reviewed the care plans regularly to ensure that this still reflected people's wishes. Staff were aware and the care plan had information on people's cultural and spiritual needs regarding their end of life care. Some people had said that they didn't want to discuss end of life care at that time. Staff were sensitive when they spoke with people about the subject and, if people didn't want to talk about it, they would ask them another time. Staff had recently received training about end of life care planning and the service were undergoing accreditation for The National Gold Standards Framework. This is a recognised end of life care planning standard, enabling frontline staff to provide a gold standard of care for people nearing the end of life.

Staff told us how they supported people. They spoke knowledgeably about people's likes and preferences. We observed staff supporting people in a person-centred way, in that they tailored their support to each individual. Staff altered how they supported people, they understood how people communicated, especially those who used non-verbal communication or were hard of hearing. Staff adjusted their posture so people could hear them better.

Care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet spiritual and cultural needs through religious observance. The registered manager recognised the importance of appropriately supporting any people who had adopted gay, lesbian, bisexual, transgender and intersex life-course identities. This included an awareness at preadmission assessments of how to support people to maintain their life choices.

Is the service well-led?

Our findings

At our last inspection in September 2017 we found the service was not consistently well led. This was because breached regulations, we had previously told the provider about, had not been fully addressed.

At this inspection some improvements had been made; the warning notice issued following our last inspection had been met together with each of the four requirement actions. However, during this inspection, we identified many areas where further improvement was needed as well as new breaches of Regulations. Processes used to monitor and evaluate the operation and quality of service provided needed to be strengthened. In doing so, this would provide structure to ensure the progress made was sustained and improved.

Greater oversight was needed to ensure records were available, consistent and maintained. For example, although incidents and accidents were reviewed and acted upon, records did not always clearly reflect the mitigating actions in place, records of returned medicines were not wholly accurate and care plans were, in parts, contradictory and not always fully updated to be reflective of people's condition. Similarly, where people had specific dietary requirements, or specific needs to support them to eat independently, working practice demonstrated they were not embedded into daily practice. When pointed out to the registered manager, preparation and presentation of some food did not meet with expectation, however, by their actions, staff clearly felt it was acceptable. There was no formal oversight of nurse's PIN registrations to ensure they remained current, which is a legal prerequisite to practice. In-house auditing by the provider, registered manager and some key staff had not identified these shortfalls. Consequently, no systems were in place to address them or for staff to identify if the support provided fell short of ensuring people's needs were always considered and met with the respect and dignity required.

The failure to effectively assess, monitor, record and improve the quality of service to people is a breach of Regulation 17 of the health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The registered manager made sure staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff. There were a range of recently updated policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. The registered manager demonstrated a working knowledge of people's needs. During the inspection we observed that people, staff and visitors engaged well with the registered manager, who was open and approachable.

There was a positive and open culture between people, staff and management. All staff we spoke to told us they were clear about their roles and who they were accountable to. They felt they all worked well as a team, all staff told us they felt proud of the service. There was positive participation from staff and a common goal to achieve change within the service. Throughout the inspection, the registered manager and staff were open to different ideas when we discussed matters. Their responses showed they were keen to develop and improve the service, so they could meet people's needs safely and effectively.

Arrangements were in place to support people who lived in the service and their relatives to suggest improvements to their home. These included being invited to attend regular residents' meetings at which people were offered the opportunity to give feedback about their experience of living in Barham House. People, their relatives and staff completed surveys about their view of the home. There were a number of examples of suggested improvements. Where menu and activity suggestions were made, these were quickly put into effect. A monthly newsletter kept people and their relatives updated with forthcoming activities and other news about the service.

The service worked in partnership with other agencies. There were examples to confirm the registered manager recognised the importance of ensuring people received 'joined-up' care. This was demonstrated when working in partnership with health care professionals, such as the mental health team, care managers and speech and language therapists. The registered manager and key staff attended workshops where they met with other service providers to receive training about national initiatives in the provision of good practice. The service actively worked with the local community, extending invitations to events and celebrations held at the service.

The registered manager understood their regulatory responsibilities. Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from further harm. The registered manager notified CQC and the local authority in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The most recent CQC report was displayed in the service and a link to the latest report was on the provider's website in line with guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider had failed to ensure care and treatment was person centered to meet the needs of service users.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to effectively assess, monitor, record and improve the quality of service to people.
Treatment of disease, disorder or injury	