

Rhymecare Ltd

Manor Barn Nursing Home

Inspection report

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Date of inspection visit:

29 January 2019

30 January 2019

Date of publication:

15 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service: Manor Barn Nursing Home accommodates up to 31 people, some of whom are living with dementia and who need support with their nursing and personal care needs. On the days of the inspection 26 people were living at the service. Manor Barn Nursing Home is a large property with accommodation over two floors. There is a communal lounge, a communal dining room and enclosed garden.

At this inspection we found the service to be Requires Improvement overall. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

At the last inspection in December 2017, we found three breaches of Regulation. We made requirements for these to be addressed and the provider sent us an action plan to show what they would do to improve people's safety. At this inspection, we confirmed the provider had taken sufficient action to address the previous breaches of Regulation.

Risk assessments were completed for people and gave guidance about people's care needs but the guidance was not always followed. For example, skin integrity plans or pressure care plans guided staff on people's care needs but there were inconsistencies in the pressure care for some people.

The provider did not consistently check risks in the home environment, for example we found broken furniture in communal areas but people had not been harmed and when we told staff about this they took immediate action to remove the broken furniture.

Bruises and marks were not consistently recorded by staff and the provider did not monitor or have oversight. We raised this to the deputy manager and training and compliance manager and they immediately took steps to develop and implement a bruises and marks care plan. We recommended that the provider continues to trial a bruises and marks care plan and to start recording and overseeing where people have bruises and marks.

People were not always supported by their preferred gender of staff, for example during personal care. People gave us mixed responses about this. We recommended that the registered manager ensures that where people have made a preference that this is consistently respected through staff rota's.

People had access to a structured activities programme. Some people were cared for in bed, due to this they were at risk of social isolation. The provider had made efforts to increase opportunities to have visits from an activities coordinator once to twice a week to people's rooms. During the inspection we saw activities staff visiting people in their rooms but this continued to be an area of improvement.

People were supported by a consistent staff group. Recruitment processes were robust and safe. Staff told us they felt supported and management told us they felt supported by the provider.

People told us staff were kind. Relatives told us staff were caring and compassionate. Provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

Staff were trained to meet people's needs. People were protected from abuse and staff knew how to keep people safe in an emergency such as a fire.

Care plans were comprehensive, up to date and covered all assessed risks and needs for people. People and appropriate relatives were involved in planning their care.

People's medicines were well managed and given according to people's preference. People were supported to access health and social care professionals to maintain their health and wellbeing.

Rating at last inspection: Requires Improvement; The last report was published on 31 January 2018

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Requires Improvement' services. If any concerning information is received we may inspect sooner.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Manor Barn Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

An inspector, a specialist nurse advisor and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service is required to have a registered manager:

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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.

Service and service type:

Manor Barn Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People living at Manor Barn Nursing Home were living with varying needs such as those associated with old age, frailty and dementia and who need support with their nursing and personal care needs.

Notice of inspection:

The first day of the inspection was unannounced.

What we did:

Before the inspection: We reviewed information available to us about this service. We checked the

information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

The registered provider had completed a Provider Information Return (PIR). This is information we require providers 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.

During the inspection we looked at:

- Four people's care records. This included 'pathway tracking' people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. We carried this out for three people. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.
- Four people's medicine administration records (MARs)
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Other documents relating to the management of the service.

During the inspection we spoke to:

- Eight people using the service and four relatives
- We spoke to an activities coordinator; two care staff; a nurse; a nurse who is the clinical lead; the training and compliance manager for the provider; and the deputy manager.

After the inspection;

- We spoke with the registered manager as they were unavailable on the inspection due to a planned absence.
- We contacted three GPs who were involved with people living at the home, by email. They gave us permission to quote them in this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations have been met.

At the last inspection in December 2017, we rated this key question as Requires Improvement. We found one breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. The provider did not have protocols for managing "as required" (PRN) medicines. We made requirements for these to be addressed and the provider sent us an action plan. At this inspection, we found these improvements had been made and the regulation was now met.

Assessing risk, safety monitoring and management

- Risk assessments identified risks and steps to avoid risks where possible. They informed people's care planning records and gave staff consistent guidance. For example, risk assessments for falls and bed rails were done to assess what equipment a person needed and ensure this equipment was available to the person.
- On the inspection we saw that bruises and marks were not consistently recorded by staff. Marks or bruises were recorded in people's daily records but staff were not monitoring to see if marks changed or improved over time. We raised this to the deputy manager and training and compliance manager and they immediately took steps to develop and implement a bruises and marks care plan. We recommend that the provider starts recording and using these records to have oversight.
- Where people's air mattresses were to be checked daily records showed that days were missed. For example, one person's air mattress check records showed six separate days where the mattress was not checked. We reported this to the deputy manager who agreed to address this with maintenance and care staff.
- Where people were assessed as needing support to reposition in bed as part of their pressure relief were not consistently repositioned in accordance with the guidance in the person's care plan. One person was assessed as needing repositioning every two hours but records showed that the person was repositioned every two to four hours. Records for one night showed the person was repositioned every four hours on three occasions between 10pm and 4am.
- People who had wounds had comprehensive wound care plans and skin care plans that reflected assessed needs and gave guidance to staff but records showed gaps in applications of creams to pressure areas. For example, one person there were inconsistencies in application of creams to pressure areas or areas of dry skin, the person's skin care plan stated that the person should be supported to wash these areas and have one of two creams applied after washing.
- Despite the inconsistencies in repositioning records and in when topical creams were applied staff had achieved good outcomes for people with pressure care needs. One person had moved in to the home with existing varicose ulcers, staff had worked hard with the tissue viability nursing team to improve the condition to the wounds. Monitoring showed that the person's ulcers had improved significantly in condition since moving to the home.

- Where people were assessed as being at risk of pressure areas, for example due to being cared for in bed, appropriate equipment was in place such as recliner chairs, air mattresses and hoists.
- People were not always kept safe from environmental risks for example checking the safety of furniture but people had not been harmed and when we told staff about this they acted to remove broken furniture. For example, on the inspection we found two dining chairs were broken in the dining room and lounge, once we identified this to staff these items of furniture were taken away so that people could not use them.
- Despite this, records showed that lifts and equipment such as hoists were serviced regularly and other premises checks up to date. Where people have oxygen in their room this was clearly labelled outside their room.

Using medicines safely

- The registered manager and provider had implemented a new PRN protocol following the last inspection. The protocol provided clear guidance to staff and PRN guidance was consistent in people's medication administration record (MAR) and in their care plans. Staff had a good understanding of when people needed their PRN medicines.
- Nursing staff evaluated the use of PRN medicines and consulted with the GP when needed, for example they identified side effects from one person's medicine and discussed this with their GP. As a result, changes were made to the person's medicine.
- Medicines were managed, given and stored safely.
- People told us they received their medicines on time. One person told us "At the moment the staff give them to me. I get them when I should. They are very good like that." And another person told us "I don't take many. I don't have to worry about it, the staff look after them."

Staffing and recruitment

- Relatives told us that staffing had improved and told us there were enough staff. Relatives said that less agency were used and the staff group was now more consistent. A relative told us "I think it's amazing that since <Relative> has been here, two years, the staff remain stable. There are very few agency staff. They are all nice and friendly." Another relative told us "The consistency of staff is good for people and relatives."
- Staff told us that staffing was now consistent and that agency is only used when really needed due to unplanned absences, such as sickness. A nurse told us that when agency staff are used the manager's "try to promote consistency in care and familiarity by using same staff from the same agency."
- The registered manager had made improvements to reduce the use of agency and to ensure that there was sufficient staff to meet people's needs at day and night. For example, we saw that staff meeting minutes discussed starting a new shift time in the rota for a member of care staff to work from 7am to support night carers with people's needs as they wake up before day care staff start their shift at 8am.
- Staff rotas showed, and we observed, that there were sufficient staff to meet people's needs. The registered manager told us they assess people's needs to decide staffing numbers. The registered manager monitored responses to call bells to check that call bells were responded to promptly, where they were not responded to promptly the registered manager investigated this.
- Recruitment practices were robust. Staff files showed references were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. Checks were made that nurses were registered with the Nursing and Midwifery Council (NMC).

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Records showed all staff had completed training and had received guidance in how to protect people from abuse and this was included in the induction for newly appointed staff. Staff knew how to recognise and report abuse.

- Staff knew how to keep people safe in an emergency such as a fire. People had individual Personal Emergency Evacuation Plans (PEEP) in place on how they should be supported to evacuate the building in the event of a fire, these were available to give to emergency services. Emergency grab items such as flashlights and foil blankets were easily accessible.
- Fire drills took place and staff completed fire training. Equipment such as fire, electrical equipment and emergency lighting was serviced and fit for purpose. Equipment such as fire extinguishers, rescue mats and slide sheets were easily accessible and serviced.

Preventing and controlling infection

- People were protected from infection.
- Protective personal equipment (PPE) such as aprons and gloves were available and antibacterial hand gel was freely available throughout the home. We saw staff using this equipment appropriately and washing their hands. A person told us "It's kept very clean here."
- The head of housekeeping had completed their NVQ level 2 in housekeeping and a senior carer had done additional training to be an infection control champion. The infection control champion had implemented PPE stations in each corridor so staff were able to access equipment quickly.

Learning lessons when things go wrong

- The registered manager acted to learn from when things go wrong, records showed that the registered manager worked with the local authority when they carried out investigations.
- Staff meeting minutes showed that when things went wrong this was shared with staff and staff were advised how to improve and prevent what happened from going wrong again.
- Records showed that the registered manager had carefully analysed accidents so that they could establish how and why they had occurred. Actions had then been taken to reduce the likelihood of the same thing happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in December 2017, we rated this key question as Requires Improvement. We found one breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for Consent. Care and treatment of people must only be provided with the consent of the relevant person. Where some people did not have the ability to consent to their care and treatment, best interest decisions had not always involved the relevant people and been not been recorded. As a result, some aspects of care delivery were unlawful. We made requirements for these to be addressed and the provider sent us an action plan. At this inspection, we found these improvements had been made and the regulation was now met.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- Mental Capacity Assessments had been carried out for the use of beds rails, use of equipment, taking of photographs and administering of medication. Staff could tell us about people's capacity and how they supported them to make decisions.
- The registered manager had implemented a new Best Interest Decision template, this was embedded and sustained over time. We saw this template being consistently used for people in their care plans for example for the use of bed rails and making decisions about a deprivation of liberty application. The registered manager had improved how best interest decision meetings involved relevant stakeholders. We saw records where best interest's decisions had been made with an appropriate relative or external professional such as a social worker.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection there were appropriate DoLS authorisations in place and applications for others had been made for other people who did not have capacity and were under constant supervision. Copies of the authorisations and applications were available to staff.
- Where mental capacity assessments had been completed by external professionals for example where people had a DoLS application, capacity assessments had been carried out by the DoLS team.
- We spoke to a Deprivation of Liberty Safeguarding assessor who was visiting during the inspection, they told us "Staff gave time to support, staff were respectful, gained consent and introduced them to the person they were visiting." Staff told us they seek consent from people, for example a staff member told us "I seek consent and ask people before doing anything." Throughout the inspection we observed staff asking

permission from people, for example when we observed two staff members supporting a person to transfer from a chair to a wheelchair using a hoist the staff explained what was happening, reassured the person and checked the person gave consent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to live at Manor Barn Nursing Home.
- The provider was implementing a new pre-admission assessment. The pre-admission assessment form was more comprehensive and thorough than the current pre-admission checklist. The provider told us they hope this will inform better care planning and checking staff have the skills and knowledge to meet the person's needs before they move in. We will review this improvement at our next inspection.

Staff support: induction, training, skills and experience

- People and relatives told us staff were well trained. A relative told us "Staff are well trained, they know when <relative's> in pain." A person told us "You can joke and laugh with them (staff).", the same person also told us "Whoever interviews people for this place does a jolly good job!"
- Staff told us they received regular supervision, records confirmed this. Staff also received group supervision. The registered manager had a delegated supervision system, this meant that for example nurses were consistently supervised by nurses and housekeeping staff were supervised by the Head of Housekeeping. Staff showed us a supervision tree showing who supervised whom, due to this staff were clear about how often they would receive supervision and who was responsible for giving them supervision.
- Staff told us they completed a comprehensive induction for four days and were 'buddied up' with a senior carer to shadow until they were assessed as competent to work unsupervised with people. Staff completed the Care Certificate as part of their induction. The Care Certificate is a work-based, vocational qualification for staff who had no previous experience in the care sector.
- The provider's training plan showed that staff had training to meet people's needs. A nurse told us "Staff are very good and ably supported by the company. Training is held by the local hospices...some are done at St Wilfrid's, and comprise of topics like end of life and syringe drivers. Even the carers are exposed to adequate training in documentation, dementia awareness, skin care, etc. as well as mandatory training in things like fire training, safeguarding updates, MCA refreshers, etc." Staff had completed training in epilepsy, Parkinson's, diabetes and dementia in addition to their mandatory training to meet the needs of people living at Manor Barn.
- Staff had dedicated areas such as the nurses station and staff room where conversations could be held in private and we saw information shared with staff in these areas on policy awareness, support from the provider and best practice guidance on topics such as accessible information standards, duty of candour, health and safety and Equality and Diversity.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and that they had a choice, a person told us "A menu comes around the day before and there is choice."
- A relative told us that their relative could change their mind about what they would like for lunch. We saw the person received a meal for lunch they did not like so staff arranged for the person to have alternative.
- We observed people meeting in the dining room for lunch. Lunch was relaxed and people had wine or sherry if they wished. Staff sat with people to encourage socialisation. Following lunch, we observed a person in the dining room eating with a member of staff and on the following day we observed a staff member sitting and chatting with a person while the person drank a glass of wine. A relative told us "When it is someone's birthday the chef makes a special cake; the staff bring it and sing happy birthday. The cake is offered to everyone."
- People were seen using adapted cutlery and plate guards. Staff used a tray system so that people that

need one to one support to eat have a specific colour tray, this ensured people had the support they needed to eat. Staff showed us a piece of equipment they have used previously for a person that keeps their meal warm as they would need a lot of time to eat their meal, the equipment would stop the food from going cold and supported the person to eat at their pace.

- The kitchen staff used people's pre-admission information to be informed about a person's dietary and eating needs. Kitchen and nursing staff worked well together, if a person's eating needs changed the kitchen team were told about any changes at handover.
- The head chef was aware of people's dietary and eating needs for example the kitchen team were aware of who was diabetic and offered alternatives such as diabetic jelly or ice cream.
- A person had been referred to a speech and language therapist (SALT) after a choking incident. The SALT assessed the person and gave clear guidance to staff to support the person to eat safely. We observed the person eating with their relative following the guidance for staff.
- The chef told us they could meet and accommodate any religious or cultural requirements and have catered for people with specific dietary requirements in the past.
- The head chef and other kitchen staff were trained in food safety and hygiene, nutrition and hydration and had completed NVQ level 2 in professional cookery and in food safety.
- The main lounge had a drinks station with freely available cold and hot drinks for people and visitors.
- We observed people being offered hot and cold drinks and snacks throughout the day in their rooms and communal areas.

Staff working with other agencies to provide consistent, effective, timely care

- We saw records of referrals made by staff to health and social care professionals such as speech and language therapists and dietitians.
- A GP told us "I haven't needed to visit residents recently but when I have, the nursing staff have been excellent. In particular there is a lead male nurse who is extremely helpful and always efficient. We have all been very impressed with him."
- Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services, people had a "This is Me" leaflet in their care plan using a template from the Alzheimer's Society.

Adapting service, design, decoration to meet people's needs

- The home is an adapted building across two floors serviced by a lift, people were seen moving freely around the home. People were supported by adaptations made to the home for example a hairdressing area was available for people to use or to have their hairdresser to visit.
- The home was kept clean and fresh smelling. A person told us "It's like a 5-star hotel here." The building was homely and people were involved in making any decisions about decorations and furnishings for example, an area had recently been redecorated and people had voted on their preferred wall colour.
- Rooms were personalised and all had an en-suite. Some people's rooms had a living room area or access to the gardens. One person showed us that their room has a door out to the garden, they told us they go out in the garden in the summer. Some rooms could be arranged as a double room, at the time of the inspection double rooms were not used but staff told us they have accommodated couple's in the past. A relative showed us their relative's room, describing it as big, spacious with an en-suite, they told us "I like it here and my mother likes it here as well."
- The training and compliance manager told us that the building continued to be a work in progress for example one space was being updated so that it can be used as a meeting space for people and families with a bright seaside theme.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and had access to a range of health and social care professionals and services.
- When a person was asked if they could see the Doctor when they need to, the person told us "I tell the staff and they organise it for me." During our visit, staff spotted that a person was unwell, the nurse spoke to a GP by telephone who promptly visited to assess the person.
- A GP told us "In my experience, they are good at managing more challenging cases too and communicating with family members."
- Relatives told us that staff communicated well with them if their relatives needs changed, a relative told us "there's good communication, they're very open."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Supporting people to express their views and be involved in making decisions about their care

- People gave us mixed responses about choices and whether staff listened to them when they expressed their view. For example, a person told us that they usually had a female carer, which was their preference but said occasionally it is a male carer. The person told us "I did say when I first came I would rather have a woman but occasionally it is a man." We told the registered manager about this mixed feedback, they told us that people are asked their preference on admission to the home. The registered manager also told us that when a person requests a gender of staff, this was accommodated, they told us that staff understood people's preferences and that there was always a female member of staff available to deliver personal care. Staff rotas confirmed this. We recommend that the registered manager ensures that where people have made a preference that this is consistently respected through staff rota's.
- When we asked a person if staff asked permission before carrying out any tasks such as personal care and the person said, "they carry on".
- We asked people about whether they have a choice about when they get up in the morning, all people were clear to us that if they say they do not want to get up this was respected by staff. For example, one person said, "They all say, 'it's time to get up' but I choose." And another person said to us ""Yes, more or less. I never leave it too late."
- Records showed that people and appropriate relatives or representatives were involved in planning their care. We observed and records showed that people were involved in making formal decisions about their care.
- We observed people choosing their meals from a menu for the following day, staff were attentive and helped people to write down their choice where needed.

Ensuring people are well treated and supported; equality and diversity

- People consistently gave us positive feedback about how they were treated by staff, one person told us "The staff are very nice and kind.", another person told us "The staff are all kind and look after me. I'm quite happy here." And another person told us "It's very good here. I would recommend it to anyone. You've got company all the time." When we observed a nurse giving medicines a person told us about the nurse "Though I am older than her she is like a mother to me. She is kind and caring, not only in giving medication, but she knows how to soothe me when I am upset."
- People and relatives told us visitors are made welcome any time, one person told us "My family visit and can stay as long as they like." A relative told us "You feel immediately that you can talk to someone who knows <relative>" The same relative also told us "When the tea trolley comes round I'm naturally included."
- We saw a compliment card from a person's relative saying "Very special thanks for all you have done to make <relative's> seven years as comfortable and happy as possible. It was really home for her."

- Staff treated people as individuals with kindness, dignity and compassion. A person who had visual impairment had received a letter that morning, staff were observed reading the letter to the person at the person's pace.
 - People's rights were protected and staff treated people equally and with respect. Staff completed equality and diversity training. The provider was introducing a new pre-admission assessment form that asked people their religious beliefs, gender and sexuality and any needs related to these areas of their lives. The assessment was respectful that people may not wish to discuss these needs and people were reassured that they could talk about these areas in their own time without prejudice.
- Respecting and promoting people's privacy, dignity and independence
- We observed staff treating people with dignity and respecting people's privacy. People told us how they were independent and that staff respected this. One person told us "I look after myself. I do things myself, which I enjoy." And another person told us "I sometimes go off on my own, for a walk. I go and no one queries it."
 - People were treated with respect. Staff told us how they upheld people's privacy and dignity. A staff member told us "I always close the door, I cover areas with a towel. It's important to be patient with people, to speak slowly and clearly, try to keep people calm and reassure them."
 - People's confidential information was kept secure by staff. Staff had locked offices where they could keep information safe and private spaces where they could meet.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People cared for in bed were at risk of social isolation. The activities coordinator visited people in their rooms to give one to one support if people stayed in their room either by choice or due to their health needs. There had been efforts to increase opportunities to have visits from an activities coordinator once to twice a week to people's rooms. During the inspection we saw activities staff visiting people in their rooms to give hand massages and to read the newspaper. A person who stayed in their room where they had access to oxygen told us "It cuts out a lot of social time but they come to my room occasionally." As people being cared for in their room were at risk of social isolation this continued to be an area of improvement.

- We observed staff spending time socially with people in communal areas, either as a group or on a one to one. Following the inspection, the provider shared records with us that showed regular points in people's day where they have interactions with staff in their room and in communal areas, and where people have regular visits from relatives.

- Relatives told us that they were made to feel welcome and could visit the home at any time.

- An activities coordinator gave structured activities once a week and an activities assistant gave structured activities twice a week. An activities programme was displayed in the home. The programme included a mix of in-house activities such as bingo, quizzes, reminiscence sessions, seasonal events and celebrations and external entertainers such as singers or external teachers such as chair yoga. An activities coordinator told us "I try and bring the outside world in. We have choirs that visit. Teenagers from the local College of Music, a local museum comes and talks and brings objects to show. People come and do specialist talks and a local junior school do a concert twice a year."

- The activities coordinator organised holy communion twice a month, which followed what people had told them they wanted. Staff told us they would accommodate any other cultural or spiritual needs.

- People told us they enjoyed the activities, a person told us "I go down most days to the lounge." And another person told us "I join in if it's something interesting." We also saw that where people chose not to participate in activities this was respected by staff, a person told us "I can more or less please myself in what I do." And we observed one person who preferred to build mechanical items and play games on their tablet device with a relative and did not want to take part in the activities on offer by choice.

- People received personalised care that was responsive to their personal care and nursing needs. Each person had a care plan which provided information for staff about their care and support needs in a person-centred way.

- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Staff completed training in data protection and the accessible information standard. People's communication needs were assessed and how to support people to express their views was recorded in people's care plans. One person who had communication issues following a stroke had a communication assessment advised staff to use yes or no questions and picture charts, we observed staff doing this. A relative told us that when their

relatives communication deteriorated due to illness, "<nurse> built a relationship with <relative> and started using a thumbs up or down." The relative told us that this was successful for their relative.

- Staff had a handover at the start of every shift, we observed one morning handover from the night staff. People had a 24-hour care checklist that staff completed after care was given, staff also completed daily progress notes for each person.

Improving care quality in response to complaints or concerns

- Complaint records showed that complaints were investigated and followed up. One record showed a gap in the recording, the registered manager agreed that recording needed to be thorough to show all discussions where a complaint had been made and agreed to address this gap.
- People knew how to raise a complaint. A person told us "If I'm unsure about anything I query it with the staff. I have no fears at all."
- A staff member told us "It's such an open environment they (people) don't have to wait until a meeting to speak about things."

End of life care and support

- Provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.
- A relative told us "So impressed by the care here, I've found it to be exceptional." Their relative was in receipt of end of life care, they told us that staff asked about the end of life needs and preferences when their relative moved in. They told us "<nurse> keeps us up to date and has asked about spiritual needs or any particular clothes to dress them in when the time comes, <nurse> was discreet, sensitive, respectful and very dignified."
- Staff consulted with people and appropriate relatives about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. Where appropriate people had end of life care plans where advanced decisions, arrangements and preferences were documented. The advanced decisions care plan followed a template developed by local hospices, the local community health NHS trust and the charity, Macmillan Cancer Support. Where people had a do not attempt cardiopulmonary resuscitation (DNACPR) this was recorded.
- A GP told us "I think that Manor Barn offers a very good quality of care to residents. Staff are knowledgeable about their residents and their medical needs and seek help from us when appropriate. They are good at anticipating care needs, especially in end of life cases."
- Records showed that four staff had completed a training package at a local Hospice in Palliative Care. Additional staff had completed end of life care training and one member of staff had Level 2 in End of Life Care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in December 2017, we rated this key question as Requires Improvement. We found one breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. Accurate, complete and contemporaneous records were not kept in respect of each service user. The systems and processes in place were not sufficient to ensure compliance and assess, monitor and improve the quality and safety of the services provided. We made requirements for these to be addressed and the provider sent us an action plan. At this inspection, we found these improvements had been made and the regulation was now met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People's care records were regularly reviewed by the registered manager to check information reflected people's current needs and they carried out care plan audits to check for completeness.
- Staff told us they received supervision regularly and we observed a handover where night staff updated day staff before the start of their shift about how well people slept and any changes in their health or wellbeing.
- The provider told us they are implementing an electronic care planning system. Following a successful pilot in the provider's home the system is going to be set up at Manor Barn Nursing Home. The provider and registered manager described a benefit of an electronic care planning system would be keeping records up to date and allowing staff to update records in real-time with handheld devices. They described that the system would prompt carers and gives the registered manager oversight in real-time and automated audit systems. We will review these improvements at our next inspection to ensure the system is embedded over time into the practice of the home to ensure people receive a consistently high standard of care.
- A selection of the care staff had done additional training in management and document writing.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The home was staffed by a committed staff group, many members of staff have been working in the home for a long time.
- Deputy manager in charge of the day to day running of the service on our visit was newly in post. They told us that since joining they have felt supported by the provider and registered manager, they said "We work well together, with the same objectives." The activities coordinator also praised the support of the provider, they told us "We bounce off each other".
- The registered manager understood their duty of candour. For example, a relative told us about conversations they had with the registered manager when they visited with a view to their relative moving in,

they told us "<registered manager> was open and candid about the previous CQC rating and explained how the issues found had been resolved."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People consistently knew who the manager was.
- People told us resident meetings were held, one person told us "You can go and raise anything and they try to remedy it." A relative told us that "<registered manager> is very good, she will listen to any suggestions, if you have any problems she sorts them out." The same relative also told us that there is a questionnaire every year and relative meetings held.
- Staff had regular meetings with people and relatives. Staff used the meeting with people and relatives to tell them about new initiatives, such as role description for the key worker role being implemented.
- People had completed a resident survey from August 2018, the registered manager had used the results to develop an action plan based on free text comments received.
- The provider had carried out a staff survey in November 2018, results had not been analysed and were therefore not available to us to see however this was the first-time staff had been surveyed.
- Staff meetings were held every six months. Staff told us that staff meetings had stopped but knew the meetings were starting again. Records showed that staff meetings would be held every three months in 2019. A staff member told us "I feel like I can go to <registered manager> with any concerns, she has helped me a lot. <Deputy manager> is very approachable." Another staff member told us "Managers respond well to concerns being raised. I enjoy it here, I've not worked in care before, it's been hard but interesting. Residents are well looked after, it's a nice place to work."
- The provider had a Lesbian, Gay, Bisexual and Transgender (LGBT) champion and posters were seen promoting this in staff only areas. The provider was open to support staff with any related needs.

Continuous learning and improving care

- The registered manager carried out medicine audits, where audits identified issues these were addressed in a timely way. Records also showed that medicine storage and stock were checked weekly.
- The registered manager and training and compliance manager met weekly. The provider was a member of the local authority 'partners in care' forum.

Working in partnership with others

- During the inspection a student nurse was doing a placement at the service and being mentored by the clinical lead. Staff told us that up to five students were accommodated every year from the neighbouring universities, seeking placement for student nurses.
- A GP told us "In my view the staff offer a very good service at Manor Barn Nursing Home. They are always well organised during home visits and the staff all know their residents well. They request home visits at appropriate times and I have no concerns regarding the safety of their service. I have always found the staff to be both caring and professional."
- Records showed that staff worked in partnership with each other and with external professionals to meet people's needs.