The Royal Masonic Benevolent Institution

Barford Court

Inspection report

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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?	**Good**
Is the service responsive?	**Outstanding**
Is the service well-led?	**Good**

Overall summary

We inspected Barford Court on the 21 and 22 September 2015. Barford Court provides accommodation and nursing care for up to 40 people, who have nursing needs, including poor mobility, diabetes, as well as those living in various stages of dementia. There were 39 people living at the home on the days of our inspections. The age range of people varied from 60 – 100 years old.

The home was adapted to provide a safe environment for people living there. Bathrooms were specially designed and doors were wide enough so people who were in wheelchairs could move freely around the building.

Accommodation was provided over two floors and split into four units. Two units provided residential care; one unit provided nursing care with the fourth unit providing care and support to people living with dementia.

Barford Court belongs to the organisation (provider), The Royal Masonic Benevolent Institution. The Royal Masonic Benevolent Institution has many care homes throughout England, providing dedicated care to the masonic community.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People commented they felt safe living at Barford Court. One person told us, "I've never seen anything that makes me think it's not safe." However, risk assessments did not consistently demonstrate the level of knowledge held by staff. Sufficient guidance was not always in place with clear actions on how the associated risk could be minimised. For people at high risk of skin breakdown, specific risk assessments or care plans were not in place detailing the steps to take to mitigate such risk. Where people were assessed at high risk of falling, risk assessments were not consistently in place detailing the steps required to minimise any risk of falling. We have made a recommendation for improvement in this area.

Recruitment practice was not consistently robust. The provider had not consistently obtained references before staff commenced employment. We have therefore identified this as an area of practice that needs improvement.

People and staff felt staffing levels were sufficient but there could be room for improvement. Call bell response times indicated that on occasions, people had waited 15 – 25 minutes before their call bell was responded to. The management team were working on making improvements and ensuring call bells were answered in a timely manner.

Where people had bed rails in place, documentation did not confirm if they consented to the bed rails or if they were implemented in their best interest to keep them safe. We have identified this as an area of practice that requires improvement.

People spoke highly of the food. One person told us, "The food is very good; I've got no complaints whatever." Any dietary requirements were catered for and people were given regular choice on what they wished to eat and drink. Risk of malnourishment was assessed and where people had lost weight or were at risk of losing weight, guidance was in place for staff to follow.

People told us they were happy living at Barford Court. One person told us, "I've been here a couple of years and I love it, it's free and easy." Staff spoke highly about the people they supported and spoke with pride and compassion when talking about people. People's privacy and dignity was upheld and staff recognised that dignity was individualised and based on what the person wants.

Personalisation and person centred care (social care approach which focuses on people having choice and control in their life) was at the forefront of the delivery of care. The management team told us, "We are a resident led home." There was an outstanding focus on providing care and support that focused on the need of the person but empowered their individuality and identity. The home had achieved an accredited award from Dementia Care Matters. With pride, staff told us how they implemented the Butterfly approach and provided high quality care to people living with dementia.

The provider had processes to support staff to carry out their roles safely and effectively. Staff were encouraged to take further qualifications to develop their careers. People who lived at Barford Court were involved in the recruitment process to ensure staff had the right personal qualities and values to support them.

Medicines were stored safely and in line with legal regulations. People told us they received their medicine on time and nursing and care staff were confident in medicine administration. Robust systems were in place to review any medicine errors, ascertain what happened and implement measures to reduce the risk of any further medicine errors.

People and their relatives told us that they felt the home was safe. Policies and procedures were in place to safeguard people. Staff were aware of what actions they needed to take in the event of a safeguarding concern being raised. There was an open culture at the home and this was promoted by the management team who were visible and approachable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Barford Court was not consistently safe. Risk assessments did not reflect the level of knowledge held by staff members. Risk assessments were not consistently in place or lacked sufficient guidance.

Recruitment practice required improvement. Best practice was not consistently being followed as the provider had not always sourced two references before the staff member commenced employment.

People confirmed they felt safe living at Barford Court. Medicines were managed appropriately and people confirmed they received their medicines on time. Risks associated with the environment were managed safely and people's ability to evacuate the home in the event of a fire had been considered.

Requires improvement

Is the service effective?

Barford Court was not consistently effective. For people with bed rails in situ, documentation did not record if least restrictive options had been considered or if the person consented to the bed rails.

People spoke highly of the food and the variety of choices. The provider demonstrated an outstanding induction process for new staff members and recognised the importance of a strong skilled workforce.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Requires improvement

Is the service caring?

Barford Court was caring. There was a welcoming, friendly atmosphere in the home and people spoke highly of the caring nature of staff.

Staff demonstrated they cared through their attitude and engagement with people. People were valued and staff understood the need to respect their individual wishes and values. Privacy and dignity was upheld.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Good

Is the service responsive?

Barford Court was responsive. The provider demonstrated an outstanding commitment and delivery of personalised care. The butterfly approach in dementia care was utilised and the provider had achieved a kitemark status from Dementia Care Matters in their delivery of dementia care. This promoted positive care experiences and enhanced people's health and wellbeing.

Outstanding

Summary of findings

People had fulfilling lives because they were fully engaged in activities that were meaningful to them. People told us they felt able to talk freely to staff or the management team about their concerns or complaints.

Is the service well-led?

Good 

Barford Court was well-led. The management team promoted a positive culture which demonstrated strong values and a person centred approach.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided. Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Barford Court

Detailed findings

Background to this inspection

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

We visited the home on the 21 and 22 September 2015. This was an unannounced inspection. The inspection team consisted of four inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with 14 people who lived at the home, three visiting relatives, five care staff, two registered nurses, chef, facilities manager, deputy manager, compliance officer and the registered manager. Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

Before the inspection, the provider completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the PIR to help us focus on specific areas of practice during the inspection. Barford Court was last inspected in May 2014 when no concerns were identified.

During the inspection we reviewed the records of the home. These included staff training records and procedures, audits, five staff files along with information in regards to the upkeep of the premises. We also looked at ten care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Barford Court. This is when we looked at their care documentation in depth and obtained their views on how they found living at Barford Court. It is an important part of our inspection, as it allowed us to capture information about a selected group of people receiving care.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe and content living at Barford Court. One person told us, "The environment makes me feel safe." Another person told us, "Safe from everything like burglary etc." A third person told us, "I've never seen anything that makes me think it's not safe." However, despite people's high praise, we found areas of practice that were not safe.

Management of pressure damage is an integral element of providing care to people living in nursing homes. Pressure damage can often be preventable and requires on-going monitoring and nursing care input. On the days of the inspection, no one was experiencing a grade two, three or four pressure ulcer as described by the European Pressure Ulcer Advisory Panel (EPUAP) grading system. People susceptibility to pressure damage were assessed using the Waterlow Score, a risk assessment scoring systems for pressure area damage. However, where people were assessed as being at high risk of skin breakdown, a subsequent care plan was not in place to record the steps required to minimise the risk. For example, one person scored 24 on the Waterlow Score, meaning they were at high risk of skin breakdown. Nursing staff confirmed an air mattress was in situ, barrier cream was applied and they were re-positioned regularly. However, without a care plan in place, the provider could not demonstrate how often the person should be re-positioned. The re-positioning chart recorded that people could go up to six hours without being re-positioned but could also be re-positioned every hour. The registered manager told us, "People are re-positioned every two hours." Care staff confirmed they supported people to re-position every two hours or more frequently if the person requested or was uncomfortable. However, documentation was not consistently recorded to reflect this.

Older people may be at heightened risk of falls. Guidance produced by Age UK, identified that falls could destroy confidence, increase isolation and reduce independence. People's vulnerability and risk of falling was assessed and calculated on a monthly basis. However, where people were identified at high risk of falling, a subsequent care plan or risk assessment was not consistently implemented with the actions required to minimise the risk of falling. One person's risk of falling was identified in August 2015 as at extremely high risk of falling. A falls risk assessments was in place, which was dated November 2011. However, the risk assessment had not been updated to reflect their high risk of falling and sufficient guidance was not in place for staff to follow to ensure the risk of any falls were minimised. We asked staff how they worked with people to minimise the risk of any falls. Nursing and care staff told us how they ensured the environment were clear of any hazards, people's medicines were reviewed and some people were supervised when they mobilised which helped to reduce the risk of falling. However, people's care plans failed to record these steps taken by staff.

A call bell system was available in people's bedrooms and bathrooms which enabled people to request assistance from staff when in their bedrooms. We were informed by care staff that some people's call bells had been removed due to risks associated with having their care bell in the room, such as becoming entangled in the call bell. Staff informed us they checked on these people every half an hour. We were unable to locate any supporting risk assessments to document how this decision was reached and the mechanisms required to ensure the person was not left without staff support. Documentation that confirmed people were checked upon every half an hour was not available to be seen. Care staff confirmed that some people living with dementia would be unable to use the call bell. We were unable to locate any risk assessments around people's ability to use the call bell, including any alternative methods to ensure they could request staff support. For people without call bells or for those unable to use call bells, the absence of documentation meant we were unable to confirm that people were checked upon regularly and that mechanisms were place to ensure people could summon help when required.

People living with dementia can sometimes display behaviours that challenge others; these may include agitation, frustration or physical and verbal aggression. Care staff recognised the importance of supporting these behaviours with sensitivity. One care staff told us, "Often the person is trying to tell us something. If they become agitated or frustrated it may be a sign they can't find what they want to say or there may be an underlying cause." Another care staff member told us, "We have one gentleman who can be very anxious. When they are anxious, we usually give them space as that really helps them." Another care staff told us, "We have one lady who can be aggressive, they can hit out and refuse aspects of care. We've found that good cop, bad cop routine really

Is the service safe?

works and there's a team of three care workers that they prefer. If different care staff try and provide care that could be a trigger for the aggression." However, risk assessments did not consistently include robust guidance and advice for staff to follow to help ensure that approaches were consistent. The knowledge held by staff on how to manage the behaviour was not always reflected in the risk assessment. One person's risk assessment was dated March 2013 and had not been updated to reflect the changes in the person's presentation and what support was now required to safely manage behaviours that challenged.

Assessment of risk is a significant component of safe care. From talking with nursing and care staff and the management team, it was clear risks to people were continually informally assessed. Staff understood the risks and how to manage them effectively, to reduce any potential risks; however, documentation did not consistently record and reflect these measures. For new members of staff or agency staff, the handover forum provided clear information on how to mitigate risks and provide safe care. Our observations throughout the day found that people's safety was not compromised and people were safe, but documentation failed to record the good practice undertaken by staff.

We recommend that the provider considers the National Institute for Health and Care Excellence and their guidance of risk assessing and risk management.

Many people living at Barford Court required the support of an air mattress (inflatable mattress which could protect people from the risk of pressure damage) as they had been assessed as high risk of skin breakdown (pressure ulcers). When receiving care on an air mattress, it is important that the setting of the air mattress matches the person's weight. Otherwise, it may increase the risk of a person sustaining skin breakdown. We were informed the settings of air mattresses were checked daily, however, recording were not consistently maintained to confirm this. For people living on the dementia unit who required the support of an air mattress, staff confirmed they checked the setting daily but did not record this. For people on the residential and nursing units, recording had often lapsed. We checked a sample of air mattresses and found they were on the correct setting for the individual person. However, the failure to record could potentially place people at risk. We have identified this as an area of practice that needs improvement.

The recruitment and selection of care staff required improvement. Potential care staff completed an application form along with a full employment history. A Disclosure and Barring Service (DBS) check was requested. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with people. Documentation confirmed that all nurses employed by Barford Court all had registration with the Nursing Midwifery Council (NMC) which were up to date. The contact details for two references were provided by applicants. References are a mechanism of obtaining information from the person's previous employer regarding the skills, competency and calibre of the potential employee. However, the provider had not always obtained references. One staff member told us, "Sometimes we are not always able to get hold of the person's references." However, documentation was not available on how often the referees were contacted or, in the absence of a reference, how the provider assured themselves that the person had the right experience for the role of a care worker. We have identified this as an area of practice that needs improvement.

People felt staffing levels were sufficient but commented there could be room for improvement. One person told us, "Sometimes it takes a long time for staff to come and help me." Another person told us, "I pressed my call bell and I was waiting 20 minutes for a response." A dependency tool was in place which calculated people's assessed level of need and the number of staff safely required to meet people's individual needs. Staffing levels consisted of one registered nurse and nine care staff, alongside the management team (registered manager and deputy manager).

On the days of the inspection, we observed Barford Court to be calm with a relaxing atmosphere. Staff members did not appear to be busy or rushing around. From our observations, people received care in a timely manner. However, staff members felt there could be room for improvement in relation to staffing levels. One care staff told us, "With only two of us on the unit, if one staff

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member leaves the unit, it leaves one care staff supporting ten people." Staff told us that in the afternoons, the staffing numbers allowed them to spend one to one time with people and take people out in the garden.

We spent time looking at the call bell responses (recorded by the home). Often people's call bells were answered promptly (within seconds or minutes); however, we found sometimes people had to wait 15 to 25 minutes. We brought this to the attention of the management team who advised they regularly monitored call bell response times to ensure people did not have to wait significant periods of time. The management team recognised that this required on-going improvement was required. The management told us, "We have just begun auditing the call bell response times and we will be monitoring them on a more frequent basis so we can make improvements."

Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. MAR charts indicated that medicines were administered appropriately and on time (MAR charts are a document to record when people received their medicines). Records confirmed medicines were received, disposed of, and administered correctly. People confirmed they received their medicines on time. One visiting relative told us, "(Person) gets his medicine more or less on time." People's medicines were securely stored in their bedrooms and they were administered by registered nurses and care staff who had received appropriate training.

Some people received their medicines covertly. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. Covert medicine is sometimes necessary and justified, but should never be given to people who are capable of deciding about their medical treatment. Documentation was evident that where a person lacked the specific capacity to make the decision to use covert medicine, this was in their best interest.

Medicine audits were completed on a regular basis. These looked for any omissions on the MAR charts or any errors in the administration of medicines. Where omissions or errors had occurred, systems were in place to analyse what happen and take any appropriate actions. For example, one medicine error involved a person not receiving one of their medicines. The person's GP was contacted and the person was also informed who advised they felt fine despite not receiving one of their medicines. The registered manager told us, "We are continually reviewing all medicines errors and looking at actions to implement to help reduce any future errors."

Staff had a firm understanding of what constituted adult abuse and could clearly identify various forms of abuse. Training schedules confirmed staff had received training in safeguarding and staff commented they would not hesitate in raising a safeguarding concern or challenging bad practice. One care staff told us, "I'd go straight to the manager if I had any concerns or someone made a disclosure." Where safeguarding concerns had been raised, the provider worked in partnership with the Local Authority to ascertain what the person wished to achieve from the safeguarding enquiry and identify any areas of practice that needed to improve.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Equipment such as hoists and wheelchairs were stored securely but were accessible when needed. Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and where required, each person had an individual personal evacuation plan. The provider employed a dedicated facilities manager who was responsible for overseeing the safety of the environment and premises.

Requires improvement

Is the service effective?

Our findings

People commented they felt confident in staff's skills and abilities. One person told us, "They would call the GP for me if I was unwell." Visiting relatives also expressed confidence in the skills of nursing and care staff. Despite people's high praise, we found elements of Barford Court which were not consistently effective.

People who could speak with us commented they felt able to make their own decisions and those decisions were respected by staff. One person told us, "They always gain my consent." Training schedules confirmed staff had received training on the Mental Capacity Act (MCA) 2005. The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff demonstrated a firm understanding of the principles of consent and that people have the right to refuse consent. One care staff told us, "We always give people options and ask them what they would like. If someone refuses, we accept them, we may return later to see if they've changed their mind but we respect their decision." Mental capacity assessments were completed in line with legal requirements and management team confirmed they followed the MCA 2005 code of practice when undertaking assessments of capacity. They told us, "We use different forms of communication and always go back to the person to see if they've retained the information." When people lacked capacity to make a specific decision, a best interest decision was made. Involvement from the family was sourced and the person's views, feelings and past wishes were used to make the best interest decision.

Observations of care identified that many people had bed rails in place. Under the Mental Capacity Act (MCA) 2005 Code of Practice, where people's movement is restricted, this could be seen as restraint. Bed rails are implemented for people's safety but do restrict movement. Bed rails risk assessments were in place which considered the risk, what could go wrong and how to eliminate the risk. However, the risk assessment failed to consider if any least restrictive options had been considered, such as low profile bed or crash mats. The bed rail risk assessments also failed to demonstrate whether the person had consented to the bed rails or not. Where people could not consent to bed rails, mental capacity assessments had not been completed. Assessment of capacity should be undertaken to ascertain if the person could consent to the restriction of their freedom, for example in the use of bed rails. If not, it must be explained why the bed rails were implemented in their best interest and if other options were explored. The management team advised other options were continually considered. We were informed of one person who had a crash mat in place as it was identified that bed rails presented added risks to the person safety. However, the management team also recognised that mental capacity assessments were needed for people who may not be able to consent to bed rails. We have therefore identified this as an area of practice that needs improvement.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. In March 2014, changes were made to Deprivation Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. If someone is subject to continuous supervision and control and not free to leave they may be subject to a deprivation of liberty. On the days of the inspection, six people were subject to a DoLS authorisation. For people living with dementia on the dementia unit, we enquired what work had been undertaken to ensure people without DoLS authorisation were not unintentionally deprived of their liberty as the dementia unit required a key fob to get in and out which people did not have access to. The registered manager told us, "We liaised with the DoLS team and they told us to assess each person to see if they understood the reason for the locked door, if they could ask to go outside and if they would be safe going out unaccompanied." Each person on the dementia unit had a specific risk assessment which considered the locked door. However, risk assessments failed to consider the Supreme Court ruling, if the person understood the reasons for the locked door and if they could request to go out and about without staff asking them. Therefore the provider was unable to demonstrate how they had individually assessed people and considered if the person was being deprived of their liberty or how care could be delivered in a least restrictive manner. Training schedules confirmed staff had received training on DoLS and from talking with staff; staff demonstrated a firm understanding of what constituted a DoLS. One care staff told us, "We spent time talking with the DoLS team and GP. Many people's capacity fluctuates but

we identified that some people understood the reason for the locked door and also consented to living here so it was felt a DoLS authorisation was not needed." However, documentation failed to reflect the good practice undertaken by staff. We have therefore identified this as an area of practice that needs improvement.

People's risk of malnourishment was assessed and reviewed on a monthly basis. Older people and people living with dementia are at heightened risk of malnourishment due to multi-factors such as poor mobility, physiological changes and swallowing difficulties. The provider utilised the Malnutrition Universal Screening Tool (MUST) to identify anyone who may be significant risk of malnourishment or experiencing weight loss. Where people had lost weight or were of a low weight, guidance was in place which included for fortified snacks and drinks to be offered in-between meal times. Food and fluid charts were in place for care staff to record people's nutritional intake. This enabled staff to monitor people's food and fluid intake and identify where people may need additional encouragement. One staff member told us, "We record on food charts but also discuss people's nutritional intake at handover, identifying any concerns where we may need to push food and fluid." One care staff told us, "(Person) struggles to sit still for a meal, often they will have a bit then come back. We therefore offer regular drinks and snacks, so we regularly offer chocolate biscuits to promote nutritional intake. When making tea we use full fat milk and the same for hot chocolate, trying to ensure the drinks are fortified."

Barford Court provided care and support to people with swallowing difficulties. For people assessed with a swallowing difficulty, the use of thickened fluids when drinking was required to minimise the risk of choking and aspiration. Thickened fluids are easier to swallow; however, the quantity and texture must be appropriate for the individual as otherwise they can place the person at risk of aspiration. Nursing staff were responsible for the management of thickened fluids and guidance was in place on the required texture of thickened fluids. Input from dieticians and speech and language therapists were also sourced. Guidance was readily available in people's care plans about any special dietary requirements such as soft diet. One person's care plan had three dietician reports which identified they required a 'soft, moist diet'. Staff informed us that this person was eating very little and their food intake chart reflected this. However, their food intake chart reflected they were often having meals which not did comprise of a soft diet. For example, often it was recorded they had steak, roast lamb and roast beef. We asked staff if the person was still requiring a soft diet, they advised they were unaware of the soft diet requirement and felt confident the person did not need a soft diet. We were unable to locate any subsequent documentation from the dietician or GP confirming that a soft diet was no longer required. We therefore brought this to the attention to the registered manager to investigate.

Barford Court's kitchen was contracted out; a separate agency was responsible for organising chef's and kitchen assistants. A menu was in place and displayed throughout the home. People were offered a variety of choice and able to choose from three options for each meal time. The chef told us, "We are very flexible, if we have it, we will cook it for the person. If someone wants something different than what's on the menu, we will do our up most to meet their request." We spent time observing the lunchtime meal whilst sitting and interacting with people. Tables were decoratively laid with napkins, wine glasses and condiments, so people could flavour their food as they so wished. Bread was at hand for people to independently eat and butter was available in individual dishes on each table. People spoke highly of the food. One person told us, "The food is very good; I've got no complaints whatever." For people living with dementia, they were empowered to make decisions on what they preferred to eat. Staff members showed them the options which enabled them to make a choice. Music was playing softly in the background and some people's relatives joined them, making it a social and enjoyable experience for people.

The provider was passionate about ensuring staff were kept up to date with training and operated an outstanding induction process whereby experimental learning was used. The management team told us, "It involves them experiencing life from the perspective of the person and what bad practice constitutes of and how it feels from the person's point of view. Staff sit in a wet continence pad for a few hours. They are also blindfolded, so one of their senses is taken away. They are then placed into a wheelchair and not told where they are going. They are also left in a bedroom without access to a call bell. They are also assisted to eat with staff talking over them and not to them." The management team commented, "The

Requires improvement

Is the service effective?

philosophy is to help them identify what it could be like for the person." Staff members commented they found the experimental learning helpful and helped develop their skills and abilities in delivering high quality care.

The management team recognised the importance of a strong skilled workforce. The registered manager told us, "We want people to develop and grow. We want to see potential team leaders, deputy managers and potential managers." The management team recognised the importance in supporting staff to develop their skills and knowledge. Staff were encouraged to pursue diploma's and further qualifications. One staff member told us, "I've worked up to become a team leader and I was also supported to gain a diploma in dementia care." Staff spoke highly of the training provided and commented on how it provided them with the skills to provide effective care. One care staff talked to us in depth about the dementia training they received. They told us, "It was very full and enlightening, especially the role plays." Another care staff told us how the dementia training emphasised the importance of creating a calm atmosphere and spending time sitting and eating with people. Nursing staff commented they were supported to continue with their continuing professional development and received regular clinical supervision and training.

People's health and wellbeing was monitored on a day to day basis. Staff understood the importance of monitoring people for any signs of deterioration or if they required medical attention. One care staff told us, "Some people may be unable to tell us if they feel unwell, however, signs such as not eating, facial expressions or not being themselves may indicate to us something isn't right." People had regular access to healthcare professionals and a GP visited the home on a weekly basis. They felt staff were good at escalating any concerns and following their advice. Each person had a multi-disciplinary care record which included information when dieticians, SALT and other healthcare professionals had visited and provided guidance and support. Input was also sourced from the falls prevention team, Parkinson's nurse and tissue viability nurse. People felt confident their healthcare needs were effectively managed and monitored. One person told us, "If I'm ever unwell, they always get the nurse for me."

Good

Is the service caring?

Our findings

People spoke highly of the caring nature of staff. One person told us, "Staff are kind and caring." Another person told us, "I have found that they listen to me." A third person told us, "Yes, they are caring."

We observed kind and caring interactions between people and staff. Staff clearly knew people and what they liked and disliked. Staff spoke in gentle tones and in particular for people living with dementia we observed staff to be kind and reassuring in their tone. We observed staff explaining what they were doing and repeating themselves where needed to make sure that they were understood. We observed that there was warmth and humour in the interactions between staff and people and people responded to staff with smiles.

With compassion, staff spoke about the people they supported. One care staff told us, "We have one lady and her main passion is reading, she could read all day." Another care staff told us, "We have one person who loves cuddles and talking about children." Staff had clearly spent time building rapports with people along with gaining an understanding of their life history and what's important to them. Staff respected people's individuality and recognised people for who they were. People were called by their preferred name and when talking to people staff directed their attention to the person they were engaging with and not being distracted or talking unnecessarily with someone else in their vicinity.

Staff recognised the importance of promoting people's identity and individuality. People's rooms were personalised with their belongings and memorabilia. People showed us their photographs and other items that were important to them. People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. Ladies had their handbags to hand which provided them with reassurance. Ladies were also seen wearing jewellery and makeup which represented their identity. Barford Court had a dedicated hair salon room which people enjoyed attending.

Pets and animals were welcomed into the home. The management team and staff recognised the importance of pets and the companionship animals can bring to older people. On both days of the inspection, relatives brought along their dogs to see their loved ones. People enjoyed spending time stroking and petting the visiting dogs. A visiting PAT dog also visited the home which people enjoyed.

The home was calm and relaxed across all units during our inspection. At the entrance of the home was the winter garden, the hub of the home. Chairs and sofas were available along with refreshments which people could access independently. A TV was available in one area with a seating area, with another area available where people could play games; listen to the radio or music. Throughout the inspection, people were seen congregating in the winter garden, sitting having cups of tea and chatting together. Later in the afternoon, people were also sitting with their glass of whiskey discussing daily life. As part of the inspection, we spent time with people in the winter garden. It was observed to be a hub of activity with staff sitting down and engaging with people. Laughter and humour was heard and people enjoyed the interaction and companionship.

Friendships between people had blossomed while living at Barford Court. Throughout the inspection, people were seen sitting interacting together. Ladies were seen knitting together and one person told us, "I've made a friend; we sit together on the bench near the garden."

For people living with dementia, a safe, well designed and caring living space is a key part of providing dementia friendly care. A dementia friendly environment can help people be as independent as possible for as long as possible. It can also help to make up for impaired memory, learning and reasoning skills. The management team had spent considerable time designing an environment that promoted the well-being of people living with dementia. For people living on the dementia unit, their bedroom doors were similar to the style of their front door at home. People's bedrooms doors also had a memory box which was individual to them. These contained photographs and items of importance. Memory boxes acted as a tool or aid to help people living with dementia orient themselves. They also helped stimulate memories in a way that other forms of communication could not. Staff members spoke fondly of the memory boxes, commenting that it also enabled them to learn about the person and their past.

Staff understood that they had to be aware of people's individual values and attitudes around privacy and dignity when providing care. The management team told us,

Good

Is the service caring?

“Privacy and dignity is so individual and based on what is important to the person. We have always taken a person centred approach to privacy and dignity, ascertaining how the person wants their dignity to be respected.” People confirmed that staff respected their individual space, knocked on their bedroom door before entering and respected their dignity. One care staff told us, “When providing care, we ensure doors are closed, people are covered and we are continually explaining everything.”

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. One person told us, “We can spend our days as we choose. I like sitting in the garden reading.” Visiting relatives told us they felt involved in their loved one’s care and were kept informed of any changes. Throughout the inspection, we observed staff enquiring about people’s comfort and responding promptly if they required any assistance.

‘Resident’s and relatives meetings’ were held on a regular basis. These provided people and their relatives a chance to discuss any concerns, queries or make any suggestions. Minutes from the last meeting in January 2015 demonstrated that staffing, new residents, activities and call bells were discussed. Activity ideas included a pop up shop and a musical company coming to the home to do some workshops. People commented they found the forum helpful.

Relatives told us they were free to visit and keep in contact with their family members. They said they were made to welcome when they visited. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones in the communal areas or the person’s own bedroom. The provider also provided care and support to couples who moved into the home together. One couple decided to share a bedroom and have another bedroom as their dressing room. Staff recognised the importance of supporting them as individuals but also as a couple. Throughout the inspection, one couple were seen spending time watching television together. Staff regularly brought them tea and biscuits and they presented content in each other’s company with a continuous supply of tea and biscuits.

Outstanding ☆

Is the service responsive?

Our findings

People spoke positively about the care they received at Barford Court. One person told us, "I'm very happy here and I'm not in a hurry to go home." Another person told us, "On the whole it's very good here." Staff members spoke positively about working for the provider and commented they enjoyed working for an organisation whereby the ethos was on the delivery of person centred care.

Barford Court demonstrated outstanding practice in delivering personalisation and person centred care. Guidance produced by Social Care Institute for Excellence identified that personalisation meant thinking about care and support services in an entirely different way. This means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives. The management team told us, "We are a resident led home and we focus on what's important to the people living here. For example, if someone says, I really fancy smoked salmon, we will just pop out to the shop and get it for them. It's important that we see people for their individuality." Staff members demonstrated a firm understanding of people's individual care needs and how best to meet those needs. Staff could clearly tell us how people preferred to spend their day but recognised people should always be offered choice and be empowered to spend their day how they so wished. One care staff told us, "We have one person who prefers to spend time in their room. They enjoy watching television and reading the paper but we always see if they would like to come outside or go for a walk."

The management team and staff recognised the impact of moving into a care home can have on people. Before people moved into Barford Court, an assessment of their needs took place to make sure their needs could be met. During the admission process, information was gathered so staff knew as much as possible about the person and their previous life to ensure a smooth transition into the home. One person who had recently moved into the home told us how they had been impressed by the welcome and help they had received to help settle in, from staff and other people. They told us, "After struggling in my own home, I think I'm going to be happy here."

The provider was committed to providing an exceptional level of dementia care that focused on personalisation. Barford Court had achieved recognition from a national organisation on how they delivered and implemented the butterfly approach. The Butterfly approach is an approach devised and implemented by Dementia Care Matters (a leading organisation in dementia care). The approach focuses on quality of life outcomes for people living with dementia and implementing good quality level of dementia care through a focus on the lived experience of people. Guidance produced by Dementia Care Matters, advised that the approach is 'based on butterflies, which are colourful, can flit around a room or be still and can brighten a second in someone's life'. Dementia Care Matters associated this with how person centred care should be delivered; care should be delivered in a manner which touches people's lives. The management team told us, "We are extremely proud of achieving the status, as it demonstrates the excellent dementia care that our staff provide." Staff members also spoke highly of the status (award) and one staff member told us, "The award is all about how we provide care and treatment to people living with dementia. We support them in their world."

For many people living with dementia, they may not be oriented to time or place. They may believe they are much younger, such as school age. As part of the butterfly approach, staff members did not orient people to time and place; instead they participated in the person's reality, gaining an in-depth experience of the person's world. One staff member told us, "To orient a person with dementia to time and place, could be incredibly distressing, instead, we enter that person's reality and support them." Staff recognised the importance of this and how it provided emotional support and reassurance. During the inspection, we spent time on the dementia unit. One person spent time talking with us about their Mother and Father, staff also engaged with the person enquiring what time their Mother would be home from work. Staff clearly understood that this person's world was one whereby their Mother and Father were working and they were at home waiting for them to come home. Another person became distressed, enquiring where their children were. Staff sensitively explained the children were at school and would be home soon, which in turn provided reassurance to the person. Staff later informed us that the person's reality was one whereby their children were alive and they enjoyed raising children and was also a foster carer for many years.

Outstanding ☆

Is the service responsive?

From observing the delivery of care, it was clear staff had spent significant time getting to know people's reality and what their world was like. Staff clearly understood the importance of knowing about people's life histories and how that may provide an insight into the person's reality. One person told us, "One person was a prisoner of war and due to that they eat only small amounts and we feel they have reverted back to that time, so we are aware we have to leave food available for them in small amounts which they can pick at throughout the day." Throughout the inspection, staff engaged with people as they walked past, staff also used humour and touch to engage with people. People responded to staff with smiles and staff spoke highly about supporting people. In line with the butterfly approach, staff members recognised the importance of supporting people to feel that they mattered alongside the impact of human touch and engagement.

People living at Barford Court had fulfilling lives because they were engaged in activities that were meaningful to them. Considerable thought and dedication had gone into creating an environment for people living with dementia which provided stimulation and interaction. One staff member told us, "We have various objects available which are linked to people's individual interests and hobbies. We have one person who loves history and reading, therefore we have numerous history books available for them." Throughout the dementia unit, various sensory items were available, along with comfort items (prams, soft toys), cognitive items (books, catalogues), movement items (clothing, hats), musical items and work life items (an old type writer). Rummage boxes were available along with items in relation to the Masons and Second World War. Throughout the inspection, people were supported to engage with activities that promoted their well-being and identity. Staff members provided activities and interactions that were based on people's individual likes and life history. For example, staff had ascertained that one person had a keen passion for art. Throughout the inspection, staff were supporting the person with being creative. They had crayons and pastels to hand and were enjoying spending the day drawing and colouring. With a member of staff, one person was supported to engage with musical instruments. The staff member encouraged the person to try different instruments and together they spent time playing with various musical instruments. The provider had spent considerable time designing a care environment that was stimulating which meant there were no prolonged periods of inactivity.

Throughout the rest of the home, a programme of activities took place and these included quizzes, trips out, exercise classes, movie nights and afternoon tea. The management team told us, "We have an activities coordinator who works three times a week but we encourage staff to run activities and we have identified staff with specific talents. One staff member is a good dancer and runs the exercise class; another is a good quiz master, so runs the quiz every week." The management team commented that they tried to offer activities based on what people wanted, preferred and found meaningful. Staff members felt a key strength of the home was the focus on activities and people were empowered to say what activities they like and don't like. One staff member told us how they actively worked against any risk of social isolation and that the activities coordinator visited everyone living at the home, providing companionship and the opportunity for a chat.

On a yearly basis, people were asked for their ideas and suggestions on activities. Ideas included drawing, painting, sewing and singing. On the days of the inspection, we observed an exercise chair class and a quiz game. People spoke highly of the exercise class and enjoyed the opportunity to do something different. On the second day of the inspection, we observed the afternoon quiz game. A large group of people congregated in the winter garden along with staff. Staff members sat with various people, laughter was evident and the quiz questions sparked conversations between people and staff. Alongside participating in activities, people pursued their own individual hobbies and interests. A group of ladies in the afternoon took to sitting in the Winter garden with their tea and knitting. One person was an avid rugby fan, and staff supported them to ensure they regularly watched all the rugby games. The provider had a dedicated mini-bus which enabled staff and volunteers to take people out on trips. Recent trips included the golf course alongside having lunch out. On the second day of the inspection, people were returning from a local trip to the garden centre. Staff were supporting people to bring back their purchases which included a variety of flowers and plants.

As part of the delivery of person centred care, staff and the provider had spent considerable time learning about

Outstanding ☆

Is the service responsive?

people's past, their life history, their strengths and values. Care plans were designed with a clear format for allowing staff to record information about the person's life and how that impacted upon the day to day delivery of care. For example, information was available about when the person preferred to get up, go to bed, how many pillows they preferred and what bedtime drink they preferred. Staff had spent time getting to know the person's daily routine, what was important to them on how they wished for their care to be delivered. Documentation included clear guidance on the person's morning, lunchtime, afternoon and evening routine. For example, one person preferred to go to bed at 20.30pm and liked to have two pillows. Alongside recording people's daily routine, staff had spent time getting to know the person and documentation was available which recorded information about the person's childhood, early years, adult years and later life. Staff commented on how they enjoyed learning this information and utilised this information to interact with the person in a person centred manner. Relatives also confirmed they had been contacted to give information on their loved one's past history and life history which they thought was good of staff. Care plans demonstrated what was important to them alongside the person's earliest memories. For one person, things that were important to them included their family and pet dogs. For another person things that were important included, Freemasonry, art and talking to people. Information was recorded on what they liked, which included their TV, birds and dogs. Guidance was also available to staff on how to support that person with developing and maintaining their relationships. Staff also had a firm focus on promoting people's strengths and abilities with care plans detailing clear information on how this could be achieved. One person's care plan identified that a key strength of theirs was their ability to give affection. Guidance was available for staff to ensure the person has regular opportunity for affection and contact. Personalisation was embedded into the design and implementation of care plans. Care plans provided a holistic picture of the person's life with clear information which in turn enabled staff to provide person centred care.

People and their relatives confirmed they were involved in the design and formation of their care plan. One person told us, "They go through it with me and make sure I'm happy." For people who may not be able to contribute towards their care plan, relatives confirmed they were actively involved and encouraged by staff members to contribute towards the care plan. One relative told us, "They asked me all about Mum's life history, what's important to her and her likes and dislikes."

People said that they would be very comfortable in raising a complaint or concern and most said that they would raise this with the registered manager, whom they knew personally and who was available to them. Other people confirmed they also felt comfortable approaching nursing staff with any concerns. A copy of the complaints policy was provided to people when they moved into the home and copy of the policy was also on display in the home. The provider had received two complaints since the last inspection. The complaints log gave details of the complaint and the outcome. With pride, the management team showed us the compliments they had recently received. Compliments included, 'Thank you so much to you and your staff for the kind and caring way you all helped my Mum.'

A local volunteering group regularly visited Barford Court and the provider recognised the importance of engaging with the local community and volunteering groups. The volunteering group, the 'Association of friends' visited the home on a regular basis, providing companionship and friendship to people, raising money and running a shop within the home. There was a strong emphasis on the promotion of volunteers within the home and recognition of the contribution volunteers bring and the level of support they provide for people.

Good

Is the service well-led?

Our findings

People were relaxed and comfortable in the presence of the management team. The management team knew people and their relatives by name and made time to time and engage with people. People and staff spoke highly of the registered manager. One person told us," The home is managed very well."

Barford Court belongs to the 'The Royal Masonic Benevolent Institution'. Established in 1842 for people of the masonic community, the provider has a long established history and key governing values which include treating people as individuals whilst meeting their needs and allowing them to experience wellbeing and meaningfulness. Barford Court opened in 1996 as a nursing home, later introducing the dementia support unit. The registered manager told us, "I have been in post for the past two years and during this time; there has been a real drive on changing the culture and ethos of Barford Court. I've worked to break down the barriers between staff and people and implement a culture which is resident led, rather than task oriented and clinical based." Staff felt the home operated in a culture of honesty and transparency with a real focus on person centred care. One staff member told us, "It's all about putting people first."

As part of the ethos of putting people first, people were actively involved in the recruitment process. The management team told us, "As part of the interview process, potential employees go and sit with people. We observe this interaction and the person will ask specific questions and give us feedback on how they found the applicant. This feedback then helps determine whether we offer them a position or not."

Staff spoke highly of the leadership style of the registered manager and the sharing of information within the home. One staff member told us, "She is very approachable and her door is always open." Handovers were held between shifts to ensure staff coming onto shift were aware of any changes in people's need. We spent time observing a staff handover, information was clearly communicated. There was a clear focus on each person in turn and staff presented with in-depth knowledge about each person. During the handover, concerns were raised regarding one person's food and fluid intake, so staff were told of the importance of pushing food and drink. Staff meetings were also held on a regular basis. These provided staff with the forum of making any suggestions or raising any concerns. One staff member told us, "Staff meetings are very much an open forum; you get listened to." Staff confirmed that any suggestions were listened to and acted upon. Staff told us of one recent scenario whereby improvements to the laundry systems were made as a result of issues raised within the staff meeting and by residents.

People, their relatives, staff and healthcare professionals were actively involved in developing and improving the service. Regular satisfaction surveys were sent out to people to enable them to provide feedback. The satisfaction surveys for 2015 had just been sent out; therefore we looked at the results of the 2014 satisfaction surveys. Feedback from relatives via satisfaction surveys found that 100% felt they could visit whenever and 88% felt their loved one's privacy was respected in the home. Feedback from people found that 94% felt the home was safe and secure and 81% felt staff were usually available when they needed them. Satisfaction survey results were analysed with a clear action plan on how improvements could be made to the running of the home.

There were systems to review the quality of service provided which included a variety of audits and checks. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home. Infection control audits, medication and care plan audits were taking place on a regular basis. Any shortfalls identified, a clear plan of action was implemented. Health and safety inspections were taking place which considered the environment, premises, staff safety, clinical waste, first aid and fire safety. The outcome of the recent inspection in June 2015 identified improvements to the outside lighting at the entrance of the home. The provider's compliance officer also visited the home on a regular basis undertaking compliance audits which assessed the delivery of care and treatment. In line with new Care Quality Commission (CQC) methodology, a key line of enquiry audit took place which considered how the home was meeting the five key questions, is the service safe, effective, caring, responsive and well-led. The latest audit in May 2015 found that not all staff had received supervision and an action plan was created.

On a monthly basis, the provider considered various statistics and how those statistics impacted upon the

Good

Is the service well-led?

running of the home. The provider called this the 'Dashboard' and this considered staff turnover, supervision and the number of hours used by agency staff. In June 2015, the turnover of staff was 21.6% with agency used 15.2%. in a one month period. The management team told us, "The dashboard provided us with an understanding of our key staffing measures which in turn impacts on the delivery of good practice." The management team advised that these statistics were reviewed by head office to consider staff turnover or use of agency and ascertain the root cause.

All accidents and incidents, including falls, were reported to the provider's health and safety department who ensured any actions required to minimise any further risks were carried out. Incident and accidents were also monitored for any emerging trends, themes or patterns and considered how many falls people were experiencing to previous years. The registered manager told us, "If we identify an individual is having a high number of falls, we always refer onto the falls prevention team."

The provider was committed to sharing good practice and encouraging staff to learn and develop. Road shows were being held for staff to attend. The last road shows focused on the changes to safeguarding following the implementation of the Care Act 2014. Staff also advised that any safeguarding concerns raised and learning from it was shared at staff meetings. Information about the Duty of Candour was also shared at the road shows which enabled staff's understanding of their responsibilities in this area. The Duty of Candour was introduced on the 1 April 2015 by the Care Quality Commission (CQC). Under this regulation, the CQC expects organisations to be open and honest when safety incidences occur. The provider had also implemented a Duty of Candour policy and the registered manager understood their responsibilities under the regulation.