

Barrock Court Care Home Limited

# Barrock Court Nursing Home

## Inspection report

Barrock Park  
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Carlisle  
Cumbria  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Barrock Court Nursing Home is purpose built and is situated near Low Heskett. The building is on one level, divided into three units. The home provides residential care for older people. One unit, unit three, provides care and support to people living with dementia. Car parking facilities were available.

At the last inspection in July 2015 the service was rated Good. At this inspection we found the service remained Good.

This inspection visit took place on 24 August 2017 and was unannounced.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff spoken with were able to identify different types of abuse and had received training in safeguarding adults.

Medicines were stored in a clean and secure environment. We observed staff followed correct procedures when they administered medication and fully completed records.

We found staff had been recruited safely, received ongoing training and, were supported by the management team. They had the skills, knowledge and experience required to support people in their care.

The management team had sufficient staffing levels in place to provide support people needed. We found by our observations staff members could undertake tasks supporting people without feeling rushed. People who lived at the home told us staff were responsive to their needs. One person who lived at the home said, "A very good staff team who know what they are doing."

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes were recorded.

People who lived at Barrock Court told us they had choices of meals and there were always alternatives if they didn't like what was on the menu. We observed at lunchtime people who required support were attended to in a sensitive manner. Comments were positive about the quality of food and included, "The food is very good. I like the home made cakes they make."

People who lived at the home had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems.

People who lived at the home told us staff were all caring, kind and respectful. Relatives also commented in surveys how caring staff were.

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans were organised, updated when required and had identified the care and support people required. We found they were informative about care people had received.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff and resident meetings. In addition relative surveys were collected to seek their views about the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Barrock Court Nursing Home

## **Detailed findings**

### Background to this inspection

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

This inspection visit took place on 24 August 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

We spoke with a range of people about the home. They included six people who lived at the home, the registered manager and seven staff members. Prior to our inspection visit we contacted the local county council commissioning department and Healthwatch Cumbria. Healthwatch Cumbria is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We looked at care records of two people who lived at Barrock Court, staff training and recruitment records and arrangements for meal provision. We also looked at records relating to the management of the home and medication records. In addition we had a walk around the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

People who lived at Barrock Court told us they felt safe and confident in the care provided by staff members. Comments from people who lived at the home included, "They always have enough time to spend with you and are always around which makes you feel secure."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. There had been no safeguarding incidents raised with the local authority regarding poor care or abusive practices at Barrock Court when our inspection visit took place.

We checked how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures and improve systems if necessary. These meant systems were in place to check people had received their medicines as prescribed. We observed staff members administering medication at breakfast time. The staff member ensured the medication trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

We looked around the home and found it was clean, tidy and maintained. The service employed designated staff for cleaning of the premises who worked to cleaning schedules. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. For example when staff went in and out of the kitchen they always ensured they had an apron on. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

Staff rotas and discussion with the registered manager and staff evidenced there were consistent staff numbers with good levels of skill mix to support people who lived at the home. This included staff designated within different roles, such as care, kitchen and housekeeping, to help them focus fully upon their duties. During the day of the inspection visit we observed staff were patient and responded to call bells quickly. Staff we spoke with were happy with the amount of staff on duty and felt people were safe with the number of personnel around. One person who lived at the home said, "They do seem well staffed because they are always around when you need someone." Also a staff member said, "[Registered manager] always insists we spend time with residents. I don't feel rushed at all."

The registered manager followed their policies and procedures to recruit staff suitable to work with vulnerable adults. We found staff recruitment records had required background checks. For example references and criminal record checks obtained from the Disclosure and Barring Service. Where gaps in employment were identified, the registered manager reviewed this with candidates to ensure full

employment histories were available. A staff member who had recently been recruited said, "The induction and training support was excellent when I started."

Care plans we looked at contained risk assessments. These had been completed to identify the potential risk of accidents and harm to staff and people who lived at the home. Risk assessments provided instructions for staff members when delivering support for people. For example if people were at risk of falls, plans were in place to reduce the risk.

## Is the service effective?

### Our findings

Training records of staff and conversations with them demonstrated personnel were trained and experienced to support people in their care. Also people who lived at the home said staff were good at their job and knew what they were doing in terms of providing care. For example one person who lived at the home said, "They all know what I need and what kind of treatment is required when I don't feel well. They know what they are doing. I have every confidence in them." Staff confirmed access to training events and support to develop their skills were supported by the management team. One staff member said, "[Registered manager] is always going on about training there is lots on offer and she will help you get professional qualifications." Another staff member said, "Always supported to further your development by doing training courses and professional qualifications."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When we discussed the principles of the MCA and DoLS with the registered manager and staff, they demonstrated a good understanding. Throughout our inspection visit we observed people were not restricted in their movement and staff assisted them to move about the home freely.

Staff worked closely with other healthcare services in maintaining people's continuity of care. They recorded visits from or appointments with, for example, GPs, and opticians. The records included action taken and outcomes from health visits. This demonstrated a reference guide for staff in the ongoing care and support for people who lived at the home.

The cook and kitchen assistants who prepared food received training relevant to their role. For example we were shown certificates of staff who had completed a 'food and hygiene' course. One staff member said, "We have all done training to enable us to work in the kitchen." We observed staff promoted lunch as a social occasion and supported people where required. People who lived at the home were very complimentary about the quality of food provided. Comments included, "The food is very good. I like the home made cakes they make." Another person said, "If you wanted a cooked breakfast you have one."

During the day of our inspection visit we noticed snacks and drinks were offered to people between meals. Staff asked people what they would like before providing a drink. A variety of alternative meals were available and people with special dietary needs had these met. These included people who had diabetes.

We looked around the building and grounds and found they were appropriate for the people who lived at the home. We found it was suitable for people who lived with dementia. For example appropriate signage was evident around the premises to help people recognise their surroundings. There was a refurbishment programme in place and we saw several areas of the home had recently benefitted from redecoration. The registered manager informed us ongoing work to improve the surroundings was in place. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people



with mobility.

Two care records contained evidence people who lived at the home or their representatives had signed consent to all aspects of their care. This covered, for example, meals, personal care, social needs, information sharing and physical examinations.

## Is the service caring?

### Our findings

People who lived at the home told us staff were all caring, kind and respectful. Relatives also commented in surveys how caring staff were. For example one survey returned from a relative said, 'The residents are treated with respect.' Another comment from a person who lived at the home was, 'All of the staff are very good, and they are kind and especially patient. Well they are with me.'

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

People who lived at the home had their end of life wishes recorded so staff were aware of these. We found people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

During the inspection visit we observed good examples of staff showing people respect and understanding of their care needs. For example one person who lived at the home was late getting up in the morning and was unstable when leaving her room. Immediately a staff member went to her and reassured her of their surroundings and gently led her back to her room. The staff member stayed with the person until she was ready to come to the dining room for breakfast. The staff member demonstrated patience and understanding when caring for people. We spoke with the person who lived at the home later who said, "I was a bit groggy in the morning but the staff are so kind and patient towards me."

Information about access to advocacy services was available for people. They had information details in the reception area of the building that could be provided for people if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

We observed staff had an appreciation of people's individual needs around privacy and dignity. For example when supporting people with personal care they ensured doors were shut and attended to people in private. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed staff knocked on people's bedroom doors before entering and staff also addressed people in their preferred name. This demonstrated staff awareness of respecting people's privacy and choices.

## Is the service responsive?

### Our findings

We found people who lived at Barrock Court were encouraged to raise any concerns or complaints they may have. There was a complaints policy on display in the reception area of the building. Also people were given copies of how to raise any concerns. Staff we spoke with told us they worked and communicated closely with people and their families and any comments were acted upon. However no complaints had been received. A system for recording and managing complaints concerns was in place.

Care records of people who lived at Barrock Court were clear about support needs of people and how they wanted their care to be delivered. People who lived at the home told us staff communicated with them on a regular basis to ensure they were aware of any issues affecting their care needs. One relative told us in a survey, 'They keep us up to date with all care matters.'

We found activities and events were arranged daily and a programme of events was available on the notice board in the reception area. On the day of our inspection visit there was a magician show on. Many people attended the show and we spoke with a couple of people afterwards who told us they enjoyed the tricks and the magician. One said, "Really good and I really enjoyed it." We spoke with the activities coordinator who had a programme of events lined up and kept a record of people's interests and what activities they enjoyed. A person who lived at the home said, "We have a great activity lady who gets things going."

People who lived at the home told us they staff responded to their needs and treated them as an individual. For example one person said, "If I need anything quickly they always respond. They seem to know what I like and are there to help me which is very comforting."

Two care records of people who lived at Barrock Court were clear and concise in relation to their support needs and how they wanted their care to be delivered. People told us staff communicated with them regularly to make sure they were aware of any concerns or health problems and what was required to support them.

The management team had considered good practice guidelines when managing people's health needs. For example, we saw the management team had written documentation to accompany people should they need to attend any health appointments or hospital. The documentation contained information providing clear direction as to how to support a person and included information about whether a person had a DoLS in place, their mobility and medication.

## Is the service well-led?

### Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home had clear lines of responsibility and accountability with a structured management team in place. The registered manager and deputy manager had vast experience of managing care homes. They were knowledgeable and familiar with the needs of the people they supported. The registered manager told us they were supported well by the area manager and organisation. Discussion with the registered manager confirmed they were clear about their role and provided a service that was well led. This was confirmed by people we spoke with that included staff and people who lived at the home. A staff member said, "We are lucky to have a fantastic manager who is caring and very supportive." Also a person who lived at the home said, "[Registered manager] is just one of the staff always around and chatting to everyone not just stuck in the office."

It was evident the registered manager was a part of the staff team and supported them when needed to care for people who lived at Barrock Court. This was confirmed from comments we received from staff. One staff member said, "[Registered manager] really cares for the people and does not just sit in the office she is out helping people who live here. Another staff member said, "If the office door is shut that is very unusual and a talking point amongst the staff. She is so supportive."

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.

The management team held regular staff meetings for various roles. For example they held separate senior carers, domestic and care staff meetings. Staff we spoke with told these were useful to discuss any issues and continue to improve the service for people who lived there. In addition 'resident' meetings were held on a regular basis.

The registered manager had a number of auditing systems to assess quality assurance and monitor the performance of the service. In addition the area manager audited the home and supported the management team. Regular audits carried out included, infection control, care plans and medication. Any issues found on audits were quickly acted upon and lessons learnt to improve the care that was provided. For example a recent infection control audit identified staff training was required in how staff should complete decontamination forms when required. The action plan was for all staff to have completed this training by 2017. This showed auditing systems were effective and in place to improve and monitor the service that was provided.

Surveys were sent to relatives/residents for people to comment on the way the home was run and what the

care they received. The last survey in March 2017 was positive, 11 were returned and contained positive comments. They included, '[Relative] is so well cared for we have no worries'. Also, 'A lovely home.' The registered manager informed us any negative responses would be looked into and acted upon.

The service had on display their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.