Guinness Care and Support Limited

Barnfield Residential Home

Inspection report

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Date of inspection visit:
26 May 2016
27 May 2016

Date of publication:
23 June 2016

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

This inspection took place on 26 and 27 May 2016 and was unannounced. It was carried out by one inspector. The service was last inspected on 18 July 2014. At that inspection we found the care people received was satisfactory and there were no breaches of compliance.

Barnfield Residential Home is registered to provide personal care and accommodation for up to 24 older people. At the time of this inspection there were 20 people living there.

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

People told us they were happy with the service they received. Comments included, "I cannot fault the carers. You could not get better carers anywhere," and "They are Lovely." People were protected from abuse because the provider had systems in place to ensure checks of new staff character and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse.

During our inspection we saw there were sufficient staff on duty, although some people and staff told us there were certain times of the day when staff were sometimes rushed. The registered manager told us staffing levels had recently been increased in the mornings and this had made a positive improvement. Staffing levels in the evenings had also been adjusted and they were keeping this under review.

Medicines were stored and administered safely. There were some gaps in the administration records for creams, although the daily records contained evidence that creams had been applied. During our inspection the manager put new systems in place to ensure medicine administration records would be checked at the end of each shift and any errors or omissions investigated and addressed immediately.

There were safe storage and recording systems in place for money held by the home on behalf of those people who requested assistance with cash for their day-to-day spending needs, such as hairdressing and toiletries.

Each person had been consulted and involved in drawing up a comprehensive plan covering all aspects of their health and personal care needs. The plans were divided into sections to enable information to be located quickly. Information in the plans had been regularly reviewed and provided good information for staff on all tasks the person wanted support and assistance with. This included all areas of potential risk.

People were supported to obtain medical advice and treatment promptly when necessary. Staff offered to escort people to medical appointments if necessary.

Staff were caring. Comments included "They are lovely. It's nice when you have people like that", and "The staff are marvellous." Throughout our inspection we saw staff treating people with kindness and respect. They responded positively and promptly to requests for assistance.

People knew how to raise a complaint and said they would not hesitate to speak with the registered manager if they had any concerns. Information on how to make a complaint was displayed in each bedroom.

People were offered a range of activities throughout the week on an individual and group basis. An activities co-ordinator was employed in the home two days per week. A notice board in the main entrance showed the activities on offer each day. This included visits from entertainers and external organisations.

People told us the home was well managed. There were monitoring systems in place covering all aspects of the service and action plans had been put in place to address any issues arising from these. The kitchen had recently been upgraded and a major programme of updating and improvement was about to begin to all areas, including upgrading the fire precautions and redecoration of most areas.

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 was safe.

There were sufficient staff to meet people's needs safely.

People held their own medicines in their room and staff assisted people with their medicines when they needed them. There were procedures in place for the safe management of people's medicines.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

There was a programme in place to upgrade many areas of the home and ensure all areas are safe and in good decorative order.

Is the service effective?

Good

The service was effective.

People spoke highly of the staff who worked at the home and they told us they were happy with the care and support they received.

Staff monitored people's health needs and made sure they received appropriate medical attention promptly when necessary.

People received a varied and nutritious diet which met their assessed needs and preferences.

Is the service caring?

Good

The service was caring.

People were treated with respect by kind and caring staff.

People were involved and consulted about their care.

People received compassionate care at the end of their lives.

Is the service responsive?

Good

The service was responsive.

People told us they received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were able to take part in a range of group and one to one activities according to their interests.

Is the service well-led?

Good

The service was well-led.

The registered manager was described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care.

Barnfield Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 and 27 May 2016 and was unannounced. The inspection was carried out by one inspector. At the time of this inspection there were 20 people living at the home.

Before the inspection we reviewed all of the information we had received about the service since the last inspection. This included notifications from the provider about all significant events, incidents and deaths. We also looked at the information we received from the provider in a document called a provider Information Return. We also looked at information we had received from people who used the service, their relatives and friends, and from members of staff.

During our inspection we spoke with the registered manager, seven staff, and ten people who lived in the home,. We looked at four care plans and tracked the care people received following their admission. We also spoke with one relative and two external professionals who were visiting the home at the time of our visit.

We walked around the home and grounds to check the maintenance, decoration and cleanliness of the home. We looked at the way medicines were stored and administered. We also looked at other records held in the home including staff rotas, staff recruitment records, records of cash held on behalf of people, complaints and compliments, menus, daily reports, daily handover records, and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included "I have nothing to worry about. No complaints – they are all lovely."

People told us, and we observed, there were enough staff employed to meet people's individual needs. However, a few people said the staff were constantly busy and felt there were certain times of the day when an extra member of staff might be helpful. This view was also voiced by some staff we spoke with. They told us evenings were sometimes difficult. A community nurse said there were times when the staff appeared busy and people sometimes complained of long waits for their call bell to be answered.

During our inspection we observed call bell response times, and we also looked at the call bell log which showed the history of all calls including response times. This showed most calls were answered within one minute. Occasionally the response had been a little longer, up to four minutes, but this happened infrequently. The call bell continued to ring if a second member of staff was needed to assist a person to move. This may give visitors to the home the impression that call bells were not always answered promptly although the call log showed that initial response times were good. During our inspection we saw that each person had a call bell within easy reach wherever they were sitting. There were also pressure mats in place for those people who were at risk of falling and who may not always use their call bell to request assistance from staff to move safely.

We discussed staffing levels and staff deployment with the registered manager. They told us the staffing levels had been increased in the mornings to provide five care staff, one senior carer, cook, laundry person and two domestics. An activities organiser was employed two days per week. Since the last inspection the management arrangements had changed to provide one full-time registered manager. The increase in care staff in the mornings had made a positive difference and they felt the staffing levels in the mornings were sufficient to meet people's needs safely. In the afternoons there were four care staff until 6pm and three care staff between 6pm and 8pm. Between 8pm and 9pm there were four care staff, and overnight there were two waking night staff. The registered manager said they had recently increased the number of staff on duty between 8pm and 9pm to provide a fourth member of staff and they felt this had covered the busiest part of the evening. However, they assured us the staffing levels would continue to be reviewed and adjusted as the needs of people living in the home changed.

The registered manager also told us they had changed the way staff worked in the home. Bedroom accommodation was laid out over four floors. Each day staff were allocated to work on one floor, with a 'floating' member of staff in the mornings. Staff said this change of daily routine had been positive and meant staff were better organised and more effective. Comments included "The floating staff makes a big difference. The staff are very flexible – we all help out." They also told us they were able to raise issues about staffing levels and staff deployment in staff meetings and felt their views were listened to and acted upon where possible.

We looked at the way staff had been recruited. We found that risks of abuse to people were minimised

because the provider made sure that all new staff were thoroughly checked to make sure they were suitable to work at the home. Checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults.

We looked at the safeguarding alerts and concerns raised by whistle blowers and concerned members of the public since our last inspection. The number of concerns received had not been high and did not indicate a serious risk. Where concerns had been reported to the local authority safeguarding team there had been good co-operation between them to agree investigation methods and any actions necessary to prevent recurrence. Each matter had been carefully investigated and actions had been completed satisfactorily. Staff told us they were confident they could raise any concerns or issues with the registered manager. They had received safeguarding training and knew how to recognise potential abuse and how to report it. They told us where information on safeguarding was held, including local agencies and their contact details.

Risks to people's health had been assessed and the care plans contained good evidence to show they had been regularly reviewed. Care plans provided information to staff on the actions they must take to support people safely and reduce risks where possible. For example, where people were at risk of choking the local Speech and Language Therapy (SALT) team had assessed their needs. All staff including the cooks had access to detailed information on the foods the person could eat safely. Other risks covered included moving and handling, skin care, falls, weight loss, constipation, and dehydration. Where risks such as dehydration or pressure wounds had been identified records had been completed throughout the day showing staff had followed instructions to reduce risks.

Where people required assistance to move safely equipment had been provided where necessary to ensure they moved safely. This included specialist nursing beds with pressure mattresses and adjustable height, also overhead tracking for hoists, portable hoists and standing aids. There was a shaft lift between each floor. Handrails and grab rails were also provided where needed. All equipment had been regularly serviced.

Daily handover reports had been drawn up providing up-to-date information on each person including all risks. The reports included a photograph of each person. This meant that all staff including new staff, agency staff, and staff who had not been working in the home for a few days had immediate access to essential information about each person. Staff told us this had been introduced after a suggestion by staff during a staff meeting. This showed that the staff team were constantly looking for ways to improve the standard of care and reduce risks.

People told us they were confident their medicines were stored and managed safely. Comments included "Yes, it's very good." Most medicines were supplied to the home in four weekly monitored dosage packs supplied by a local pharmacy. Each person had a secure lockable cabinet in their room in which all or most of their medicines were stored. Some medicines were stored in a medicines trolley for those people who usually went to one of the lounges or dining area when their midday medicines were administered. Controlled drugs were stored securely in a locked cabinet located in a room that was kept locked when not in use.

The medicines administration records (MAR) showed that all tablets received into the home and administered had been correctly recorded. Some creams had not always been correctly signed in the MAR charts after administration. The gaps were mainly seen during the evenings. When we looked at the daily reports completed by care staff throughout the day we usually saw evidence to show that creams had been applied when they had assisted people with personal care. During our inspection the registered manager told us they had taken immediate action to ensure that senior staff would in future check all MAR charts at

the end of their shift, and any gaps would be immediately investigated and the records completed accordingly.

Safe procedures had been followed where people had asked the home to look after cash on their behalf. Records of all transactions had been clearly recorded, receipts retained and balances checked regularly.

The home was generally well maintained and clean throughout. Some areas such as an upstairs bathroom appeared tired and in need of renovation. However, the provider had notified us that major works were about to begin to improve fire safety in the building. When this work is completed they planned to carry out further redecoration and upgrading to all areas of the home. We met the project manager who had been employed to work with people living in the home, the registered manager and staff to plan and agree improvements aimed at making the home safe and 'dementia friendly'. People told us they had been involved and consulted about the work that was about to take place and knew what to expect.

Good

Is the service effective?

Our findings

People told us the staff were well trained. For example, we asked one person if the staff were well trained and they replied "Yes, very. All the staff – you couldn't wish for better." All new staff received induction training providing a basic knowledge of all aspects of their role and also a period of shadowing experienced members of staff until they had been assessed as competent to work on their own. One member of staff told us some aspects of their induction had not been as good as they would have liked, particularly the period of shadowing experienced staff. They told us they had raised this with the registered manager and they had listened and taken action. They were confident the induction had been much better for new staff recruited in recent months. .

We were shown a copy of the training matrix which showed the provider had planned effective training and regular updates for each member of staff. This included training on all health and safety related topics such as manual handling and the care and administration of medicines. Other topics included equality and diversity, professional boundaries and service excellence. Staff confirmed they had received a good level of training in the past year.

Staff knew how to make sure people's legal rights were protected. Staff had received training on the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. Care plans contained evidence to show that each person's capacity to make important decisions about their lives had been assessed. For example, after a person had fallen out of bed a best interest meeting took place with the person's family and a decision was reached to put bed rails in place. The risks had been assessed and there was clear evidence to show how the decision was reached.

Care plans contained a document entitled "How I make my decisions". This document provided an explanation to staff on the things the person was able to make decisions about, and where they might need other people to make decisions on their behalf.

We heard staff asking for people's consent before they assisted them, for example "Would you like to…?" One person told us they had specifically asked to receive assistance from a female member of staff with all personal care tasks. They said the staff team respected their choice and made sure their request was followed at all times.

People praised the staff team and told us they were always willing to help when asked. Comments included "The staff here are wonderful from the top to the bottom, including the cleaners." One person told us how pleased they were with their progress since their discharge from hospital. They told us how important it was that they regained their independence, and explained how they were achieving this, for instance by making their own appointments such as hairdresser and medical appointments.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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. The registered manager knew about how and when to make an application and knew about the changes to this legislation which may require further applications to be made. We saw the home had made a number of applications for people who were unable to consent to living at the home. They were waiting for a response from the local authority to Carry out the applications.

People told us they enjoyed the meals provided. Menus were displayed on notice boards and these showed the menus were varied and provided at least two choices for each meal. People told us they could ask for an alternative if they did not like the choices offered. For example, one person told us they had a poor appetite, saying "I've gone off my food. It's not their fault. It's just me." They told us how the staff tried to tempt them with foods they might like, such as bacon and eggs. Another person told us "The chef will provide anything I ask for, for example salads." They told us special foods were purchased to meet their specific health needs, including skimmed milk and natural yogurts.

One person said the menus were planned on a two-weekly cycle. They thought the menus could be improved by increasing them to a three or four-weekly cycle to provide a greater range of meals offered. We spoke with the registered manager who told us they were happy to consider this and said they would speak with the chef to look at how this could be put in place. Menus were regularly discussed in residents meetings and people's views and suggestions were taken into consideration.

During our inspection we saw people were offered a range of drinks throughout the day. This included hot drinks such as tea and coffee as well as cold drinks. People were given drinks within easy reach, in cups suitable for their individual needs. Where people needed support to maintain safe fluid intake levels staff provided assistance regularly throughout the day and recorded the amounts consumed. Intake levels were added up regularly during the day and staff knew when intake had been low and when they needed to encourage people to drink additional fluids.

People were able to choose where they ate their meals. The dining room and lounge areas had recently been redecorated and refurbished and appeared attractive and homely. Dining tables were attractively laid with table cloths and flowers. People told us they were able to choose when and where they ate their meals and staff respected their wishes.

People could see healthcare professionals when they needed to. During the inspection one person attended a medical appointment at the hospital. They told us the staff were always willing and able to escort them to medical appointments whenever they were asked.

Good

Is the service caring?

Our findings

friendly and spoke with people in a kind and compassionate manner. Staff interacted with each person according to the person's individual preferences. For example, one member of staff told us that some people liked to have friendly 'banter' and jokes. They knew the people who enjoyed this, and those people who preferred more serious interaction. For example, one person who spent all of their day in their room teased staff who entered their room, and the staff responded with similar light-hearted teasing. The person enjoyed this interaction with the staff and it helped them remain cheerful.

During the inspection one person spoke to the registered manager about difficulties they were experiencing over the choice of television channels in the main lounge. The manager listened, understood the problem and discussed ways of reaching a solution. With the person's agreement they found a spare television, put it into the person's room, and helped them to get the television working and find the channel they wanted to watch. The registered manager and staff team spoke with the person in a caring manner and showed they were willing to give the person time to express their concerns. The person had moved to the home in recent months and told us they were very happy there.

People praised the staff team for their caring manner. Comments included "They are lovely. It's nice when you have people like that", and "The staff are marvellous." Staff also told us it was a happy place to work. Comments included "I love my job. The staff are a big help. It makes it a nice place to work. Some staff are outstanding. They know what jobs are needed – so organised – always cheerful." They gave us examples of how the staff were always willing to do extra things to help people, such as bringing in CDs of music they knew people liked, or going out to the shops for people whenever they wanted anything. One member of staff told us "The bottom line should be that you treat people as you would want to be treated yourself."

Each person had a single room and personal care was carried out in the privacy of their own room. Bedrooms had been personalised with possessions such as pictures and ornaments to make them feel homely. One person told us their family had decorated and furnished their room for them before they moved in and said the room was lovely. Another person said the staff always respected their privacy and dignity, saying "They have been so kind." They also told us their family were always made to feel welcomed whenever they visited.

Hold-open devices had been provided on bedroom doors to enable people to keep their doors open if they wished. Staff made sure bedroom or bathroom doors were closed before they began assisting people with personal care. The lock on one bathroom door was broken when we looked around the home. The registered manager told us regular checks were carried out on the building and all maintenance such as repairs to broken locks would be carried out promptly by their maintenance team.

People received compassionate care at the end of their lives. A community nurse told us that end of life care provided by staff was "Very good." They were confident staff took care to make sure people were comfortable. When people were approaching the end of their lives the staff team sought advice and treatment from relevant medical professionals. Medication was put in place 'just in case' which meant staff

were able to liaise with medical professionals to ensure pain relief was managed effectively and promptly as soon as needed. Care plans contained information about the care each person wanted to receive at the end of their lives. We were assured that additional staff would be put in place if relatives were unable to be with a person during the final hours of a person's life.

Good

Is the service responsive?

Our findings

People were involved in drawing up and agreeing a plan of their care. Before they moved into the home an assessment was carried out to make sure the home was appropriate to meet their needs and expectations. This information was used to draw up an initial care plan which was improved and enlarged once staff got to know the person better.

The care plans were clearly written, neatly filed, and information was easy for staff to find. People had been encouraged and supported to complete a document entitled 'About Me' which gave staff a wide range of information about the person's past and present family, home, health, interests and employment. This helped staff get to know each person and understand the things that were important to them. Where possible people had signed to agree their care plan, although we noted some pages had not been signed and there was no explanation to show why the page was unsigned, or how the person had been consulted. Care plans were reviewed monthly with people and the reports provided an explanation to show how the care plans had been discussed, and the person's views. The care plans were kept in people's rooms which meant they were able to read their care plan at any time and check the information was correct.

One person confirmed they had been involved in drawing up and agreeing their care plan, although they thought it had been "A long time ago." We discussed this with the registered manager and they showed us evidence that the person had been consulted about their care plan each month during their care plan review.

Risks were assessed, regularly reviewed, and the care plans were updated at least monthly or more frequently if necessary to reflect any changes in support needs. Where people needed staff to support them with tasks such as bathing, washing and dressing the person's preferred method of support was clearly explained. Staff understood each person's needs and they were able to explain to us the assistance each person needed.

Daily reports were completed by staff regularly throughout the day. These provided evidence that the care plan had been followed. The daily reports also included information such as the person's health, mood, activities and visitors. Visits from health or social care professionals had been recorded including any change of care or treatment advised.

Each person's interests and preferred daily social activities were recorded. An activities organiser was employed for 10 hours each week to provide a range of individual and group activities. External organisations were encouraged and invited to visit the home, and people were encouraged to attend clubs and social events in the community. An organisation called Kissing it Better regularly visited people living in the home to provide company and social stimulation. On the first day of our inspection a person from this organisation was visiting the home. A choir also visited to provide musical entertainment during the morning. An activities room had recently been created on the ground floor with equipment for people to participate in a range of activities such as arts and crafts. The home is situated close to the centre of Exeter and people who were able to go out independently were supported to do so.

People told us they felt there was enough going on in the home to suit their needs and interests. A relative told us the number of activities provided by the home had recently improved. They said their mother had especially enjoyed visits to the home by college students, saying "She liked talking to them."

There were regular meetings for people who lived at the home and these were recorded so that people could see the issues discussed and check on progress. Topics such as the use of the dining and lounge areas, proposed fire prevention works and upgrading of the home had been discussed in a recent meeting. One person said the residents' meetings gave them an opportunity to "have their say" and gave an example where they had spoken out and said the garden needed attention. This had been addressed by the recent appointment of a new gardener. Uneven paths had been addressed by installing handrails on each side of the path to make it safer for people to walk in the garden.

Each person received a copy of the complaints policy when they moved into the home. These were seen displayed around the home. People told us they were confident they could raise concerns or complaints at any time. People told us they saw the registered manager most days and they would be confident they could speak with the registered manager and they would listen and take action. Comments included "I have no complaints. They are all lovely." The provider maintained a record of complaints. All complaints raised with the provider had been taken seriously, investigated promptly, and actions taken where necessary to prevent recurrence.

Good

Is the service well-led?

Our findings

People who lived in the home, staff and professionals told us the home was well managed. We asked one person if the home was well managed and they replied "Yes, I think it is." Another person replied "Yes, I suppose so," and another person said "Yes, really well."

The providers had increased the management cover of the home approximately six months before this inspection by employing a full time manager. The previous registered manager had also been responsible for the management of another home owned by the provider which meant Barnfield Residential Home had been managed on a part-time basis. There had been a period of a few months when the home had been without a permanent manager. Some talked about low staff morale before the current manager had begun working in the home but said it was much better now.

People told us the registered manager was approachable and they were confident they could speak with them at any time. They also said that staff were able to raise issues in staff meetings. For example, one member of staff said they felt staffing levels were sometimes low in the evenings. However, the rotas had recently been adjusted to address concerns raised by staff and they were only just getting used to the new shift patterns. They said they were confident they could raise staffing levels again in future staff meetings and their views would be listened to and acted upon.

Staff spoke with pride about their jobs and how the staff team had worked together to improve the service. One staff told us "The home is really friendly. It feels like a family". We asked if they thought the home was well managed and they said "Yes – we are getting there. (The registered manager name) has made changes. Some staff left because they didn't like changes. (The registered manager name) is improving things now." Other staff also praised the senior care staff saying "The seniors here are very good." They told us the senior care staff were very observant, constantly watching out for signs of problems.

A professional who had regular involvement with the home told us the provider had made significant investment recently to ensure the home was safe. They thought the senior management and leadership was proactive in recognising where additional resources were needed and deployed them accordingly. They said the provider was keen to capture good practise, share and learn. "There is a sense of that broader team working together to a common-end, customer wellbeing and a high standard of all round care. All the managers I have met strike me as being professional and committed and are experienced registered managers."

The registered manager carried out regular checks on all areas of the daily routines. We saw evidence of changes and improvements they had made as a result of their checks and monitoring. For example, staff handover sessions and staff working patterns had improved as a result of listening to staff and observing daily routines.

The provider monitored the service on a monthly basis and ensured actions were taken where necessary to improve the service. Audits and checks were carried out to monitor safety and quality of care, staffing levels,

staff recruitment, training, competence and observation of staff practice. Medication audits were carried out.

People who used the service were actively involved in the quality monitoring of the service in a variety of ways including questionnaires, resident's meetings, and by using 'customer champions' to regularly carry out visits to the home and check the quality of the service. A relative told us they thought the home was well managed, saying they had been kept involved and informed of most issues.

All accidents and incidents which occurred in the home were recorded. The provider analysed all falls and incidents to look at trends and any action that could be taken to reduce risks.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.