St Barnabas Southwold

St Barnabas Residential Home

Inspection report

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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?	**Requires improvement**

Overall summary

This was an unannounced inspection carried over two days, 22 and 29 January 2015.

St Barnabas Residential Home provides accommodation and personal care for up to 14 older people who require 24 hour support and care. Some people are living with dementia. There were 13 people living in the service when we inspected.

At our last inspection in June 2014 we found breaches of regulations relating to; assessing and monitoring the quality of service provision, management of medicines, staffing and notifications. Following the inspection the provider sent us an action plan to tell us what improvements they were going to make. During this inspection we found that the improvements had been made.

Summary of findings

There was no registered manager in post at the time of our inspection.. 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. At the time of our inspection action was being taken to recruit a new manager.

Staff understood their responsibilities to ensure people were kept safe and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

There were sufficient numbers of staff who were supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support.

There were appropriate arrangements in place to ensure people's medicines were stored and administered safety.

Staff had good relationships with the people and their representatives and they were attentive to their needs.

Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being met. Where issues were identified, for example, where a person was losing too much weight, appropriate referrals were made to other professionals. The service took action to ensure that people's dietary needs were identified and met.

People knew how to make a complaint if they were not happy with the service they were provided with. People's concerns and complaints were listened to, acted on and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. However improvements were required to ensure shortfalls in the service provision were identified so actions can be taken to address them. As a result, it would lead to continued improvements in the quality of the service being provided.

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?
The service was safe.

Staff understood how to recognise poor care or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs. Staffing levels were assessed and adjusted to meet the changes in people's support needs.

There were systems in place to manage people's medicines safely.

Good

Is the service effective?
The service was effective.

People were supported to maintain good health and had access to appropriate service which ensured they received on-going healthcare support.

People made choices about what they wanted to eat and drink and the quality of food provided was good.

People were asked to give their consent to their care, treatment and support.

Good

Is the service caring?
The service was caring.

Staff treated people with kindness, dignity and respect.

People were involved in making decisions about their care.

Staff's positive and friendly interactions promoted people's wellbeing.

Good

Is the service responsive?
The service was responsive.

People received care that was responsive to their changing physical, mental and social needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was not consistently well-led.

Quality assurance systems were not robust or well established enough to ensure a consistent service.

A more open, empowering culture was being developed. People were asked for their views about the service and their comments were listened to and acted on.

Requires improvement

St Barnabas 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 unannounced inspection took place on 22 and 29 January 2015. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

We reviewed other information we held about the service including previous inspection reports, notifications they had made to us about important events and action plans to address non-compliance. We also reviewed all information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with nine people who were able to verbally express their views about the service and four people's relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us, due to their complex health needs. We also observed the interaction between staff and people in the lounge and dining room and joined people in a reminiscing activity. We also spoke with two health care professionals including a community nurse.

We looked at records in relation to three people's care. We spoke with the nominated individual, five members of staff including the administrator, team leader, care staff and catering staff. We looked at records relating to the management of the service, medication records, two staff recruitment and training records, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

Our previous inspection of 5 June 2014 found improvements were needed because people were not protected against the risks associated with the unsafe use and management of their medicines. In addition there were not always enough staff on duty to meet people's needs. During this inspection we found that improvements had been made.

The service's medicines policy and procedure been updated. It provided staff with guidance on following safe practice in the handling and storing people's medicines to ensure they received them as their doctor prescribed. One person told us, "I have never known them [staff] to forget them, even if you're out for the day, that's important." One relative described the, "Smooth transition," when their family member moved into the service to ensure they did not run out of their medicines.

One person commented, "We have tablets at different times." They said staff were, "Very particular," about ensuing they took them at the right time and that staff, "Stop there until you take them." During lunch time staff handled people's medicines in a safe, unrushed manner. Each person had a profile sheet, with their personal preferences about how they liked to take their medicines. Staff checked people's records to ensure the medicines were being given to the right person at the right time. When unattended, the locked medicine trolley prevented unauthorised access to medicines which could cause harm if taken by the wrong person.

There were sufficient numbers of staff to meet the needs of the people. People, their relatives, staff, social and health care professionals told us how the increase in staffing levels since our last inspection had benefited people. This was because staff had more time to spend with people and ensure social inclusion. One person told us, "Doesn't matter if you want them [staff] in the middle of the day or night, they are there." One member of staff said they felt that they, "Have got time for the residents," now. Another spoke positively about the impact having a, "Lot more new staff," had made. They told us how they were able to take people to the shops, spend social time with them, and that people did not have to wait long when they asked for assistance.

There was a visible presence of staff to monitor people's welfare and provide support. A relative told us that the staffing levels, "Seems to be very good, frequently go into the living room to see two to three staff sitting having a chat, with people".

The provider confirmed they were keeping the staffing levels and skill mix under review. This was undertaken informally through observation and feedback from people using the service and staff. Records showed that an assessment of a person's s level of dependency was undertaken before they were offered a place. This enabled the service to check they had enough staff with the skill mix to meet the person's needs, before making any commitments. Staffing played a key theme in our discussions with people about what made them feel safe. Two people said it was because they knew staff were always around to check on their welfare. One person told us staff, "Come and check on me during the night," which made them feel safe, especially if a situation happened which meant they could not summon help themselves. A person's relative commented, "It feels pretty secure, lots of people around, that's the benefit, of moving into the service."

Appropriate checks had been undertaken on prospective staff members before they were employed by the service. Staff confirmed that they were aware that checks about them were completed to ensure that they were appropriate to support people using the service. The provider was, taking action to explore and satisfy themselves of the reasons for any gaps in employment history.

Staff took action to protect people living with dementia, especially risks which might occur when they were anxious. They recognised this could impact negatively on the person's welfare as well others. Staff had a good understanding of what could trigger a distress reaction in people and what to do to prevent a situation escalating.

Staff told us that they would have no hesitation in reporting concerns of people's safety or if they witnessed bad practice. Records showed where an incident had occurred between two people; staff had contacted the local safeguarding agency, and acted on the advice given. This demonstrated that staff knew the external agencies to report any safeguarding concerns to.

One person told us they were provided with a safe environment to live in which was well maintained, "Home

Good

Is the service safe?

from home, wouldn't be anywhere else, give them top marks." For example, when they had a bath to prevent the risk of scalding, staff always, "Test the water to make sure it is alright," and not too hot.

Staff told us that people's care records informed them of any identified risk that they needed to be aware of. Where they had identified people were at risk of falling, they told of the action taken to minimise the risk, whilst supporting the person to maintain their independence. We heard staff discussing one person's mobility needs, and that they would ask for a re-assessment as the person's preference to use a different type of walking aid. The person told us that they would find it easier to manage when visiting the local shops.

Senior staff on duty were aware of action to be taken in emergency situations to protect people. They told us they had recently received fire training, which supported them in the knowledge of actions to be taken to ensure people's safety. If a fire broke out, systems were in place to evacuate people to a place of safety.

Good

Is the service effective?

Our findings

People received effective care because staff had the knowledge and skills they needed to meet people's needs. People told us that they were happy with the service they received, their needs were met and the staff were competent in their roles. One person described the level of personalised care they received as, "First class." Saying based on their own experience they would, "Most definitely recommend," the service to other people.

People told us new staff had settled in well and had got to know their individual needs. One person told us as part of new staff's induction they, "Make themselves known," to them. This enabled them to get to know the new staff member as they liked to know who would be supporting them with their personal care.

Staff told us how they were using their previous experiences to enhance people's lives. For example, plans were being put in place for people to help prepare food to retain their skills, such as making sandwiches. Staff had recent training on fire safety and could tell us how they would put this into practice to ensure the safety of people. A member of staff told us how they used learning from their dementia training into practice. This had resulted in supporting a person living with dementia to be less distracted at meals times so they ate their food, instead of leaving it.

Staff used visits from health care professionals to develop their knowledge in supporting people's specialist needs. One professional described staff as, "Very keen," asking, "Lots of questions." Staff gave us examples including supporting people with their nutrition, dementia and end of life care.

Before people received any care or treatment the staff asked for their consent and they acted in accordance with their wishes. We heard staff providing people with information to ensure they knew what they were consenting to. For example explaining to a person why they felt a referral to a health professional may be beneficial, and acting on the person's reply. One person described the service as, "Easy going," and spent the day doing what they wanted to.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. Senior staff demonstrated an understanding of the DoLs legislation and records showed that training had been arranged for all staff. Further assessments, in accordance with new guidance, were to be undertaken to ensure that restrictions on people were lawful.

Where a person lacked capacity to make a decision, family and health care professionals had been involved to ensure the decisions made were in the person's best interest.

People were supported to have enough to eat and drink and maintain a balanced diet. People were positive about the food, with two people describing the home cooked meals as, "Very nice." If they did not like the daily menu choice offered, they only needed to let staff know and an alternative would be offered. One person commented, "We get plenty to eat." Another said they really enjoyed the, "Englishman's breakfast," of eggs and bacon.

One person showed us the fresh fruit they had just helped themselves to and taken back to their bedroom. People in their bedrooms had also been offered fresh fruit. Staff told us it was a new initiative to promote healthy eating.

People were given plenty of fluids during the day and had access to cold drinks in the lounge and their bedrooms. Staff served hot drinks at regular intervals and as requested. One person said when staff were serving tea, "If you're not there they will bring it up to your room."

Lunch time was promoted by staff to be a social occasion, ensuring people did not eat alone, unless by choice. One person's visitor commented that they were always, "Invited to stay and have dinner," describing the meal time experience as, "Very homely, one big family." This was because staff joined people for lunch, instigating and joining in with conversations. Staff discreetly provided people with assistance in an unrushed manner. Sitting with people enabled staff to monitor what people were eating was enough to support their health needs.

People's weight was being monitored on a regular basis which supported staff to detect fluctuation in weight that needed to be acted on. Where a person had lost weight, we saw staff and a health professional discussing what action they would take to increase the person's nutritional intake, and if applicable referral to a dietician. Staff had started completing a daily monitoring sheet for the person, so they could check how much the person was eating and drinking. Catering staff were aware of people who needed to

Good

Is the service effective?

increase their calorie intake and used fortified foods such as adding cream and butter to support this. People were offered snacks between meals of cakes, biscuits and fruit to supplement their calorie intake.

In some cases staff ate a meal with people who chose to stay in their own bedrooms to eat or those who needed assistance. This supported people not to become isolated and have the same social dining experience as people eating in the dining room. A relative told us that the catering staff had a, "Very efficient system for serving food." At lunch time this resulted in people being served their meals in a timely manner.

People told us they had regular contact with the visiting nurse and access to their doctor when they needed it. One person told us, that the, "Nurse had been in this morning." A relative was pleased that their family member was able to keep their own doctor when they moved in, as they felt this ensured consistency of care.

Support was given to ensure people could access external health care professionals linked to their individual needs. This included support from community health and mental health teams. Where people had been admitted to hospital, their records showed the work undertaken by staff to ensure good communication between the two services to support the person's wellbeing. Discussions with one person about their health, confirmed that they were being kept involved about any decisions regarding their health needs, and provided with the support they needed.

People were supported to maintain good health and access healthcare services. Health care professionals told us that people were looked after well and said they had developed good links with the service. That staff would contact them for advice and make appropriate timely referrals if they were worried that a person's physical or mental needs were not being met. One healthcare profession said people, "Seemed very happy and well cared for." Another told us that, "Staff can't be expected to be aware of all aspects," of people's physical and mental health, "But they know when to call at appropriate time," so medical intervention could be given early, and not left to reach a, "Crisis point."

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. One person told us, "Everyone [staff] will do bits of shopping for anyone who can't get out." They felt it promoted a family atmosphere. Another person who described, "All," the staff as kind, singled out one individual member of staff who they had bonded with and liked their company.

We observed how staff's positive and friendly interactions supported what people told us. For example where a person living with dementia looked anxious, a member of staff quickly went over to them to provide reassurance. They sat next to the person speaking in a gentle manner drawing them into a conversation that they felt comfortable with and could join in. This reassuring contact enhanced the person's wellbeing as they sat and smiled at the member of staff.

Where a person had been admitted to hospital, staff told us how they maintained contact and advocated on their behalf. "Popping in," checking on their welfare and ensuring they had clean clothing and if they required any other items.

Staff were aware of people's different family members and friends. This helped provide more meaningful conversations which enabled people to share experiences with staff about their life.

People told us that their visitors were made to feel welcome and staff would offer them a cup of tea. One person's relative told us, "We get on very well,[with staff]". Where partners had been separated because one partner required residential care and the other did not, staff were proactive in enabling them to spend their days together.

One person's partner told us how they continued to be involved in their relative's care. This prevented both parties becoming isolated and helped create a positive, welcoming and open atmosphere within the service.

People's dignity and privacy was being respected. One person described staff as, "Very nice, very helpful…so genuine, so kind, I think they respect people." Where a person had received end of life care, their relative had written thanking staff for their care and compassion, "You showed [person] love, dignity and respect, always with [person] holding their hand… you are a wonderful team." We observed staff address people in a courteous manner; listening and acting on the information they were given. Staff ensured people's privacy by closing bedroom and bathroom doors when providing personal care. People told us staff normally acted in this way.

A relative told us that people had the choice to engage their own hairdresser, so their hair could be styled in the way they were used to.

People's independence was promoted and respected. One person told us, "They [staff] know when you can do it yourself, only come to your assistance when you need it." Another person gave us examples of how staff supported them to maintain their independence. "They say to me, would you like me to wash your hands and face, or would you like to do it today…do you think you could walk to the toilet today, or shall I get the chair."

Staff had a good understanding about the level of support people required and the importance of not taking a person's independence away. They were aware that a person's level of capability may change from day to day and that by asking a person if they would like assistance it enabled the person to make the decision. One person told us, even when they decided to do a task themselves, staff were, "Always there to lend a hand," if needed.

Good

Is the service responsive?

Our findings

People received personalised care that is responsive to their needs. People had a, "Key worker," a member of staff who supported them, advocating on their behalf when needed, to ensure their voice was heard. Relatives told us how the keyworkers acted as their personal link with the service, keeping them updated on any health or welfare issues they needed to be aware of.

People and their representatives were being actively involved in the pre-assessment process. One person's relative spoke positively about the service's pre-admission process. They felt staff took time during the, "Two hours," spent visiting and asking questions, supporting them in learning about the person's expectations and support needs.

Staff told us it was important to keep the information gained from the pre-assessment under review, especially for people who came from hospital. This was because, as a person's health and mobility improved, they could become more independent and able to do more for themselves. Therefore their expectations could change, and would need to be reflected in their plan of care.

People told us that staff involved them in planning and making decisions about their care. The provider told us as part of their on-going improvements, consideration was being given to people keeping their care plan in their bedroom. This would enable people, and / or where applicable their representative, to have easy access to the contents of their care plan to ensure it reflected their current wishes and preferences.

People's care records contained information on how the person wanted to be supported. Where one person was living with dementia, their care plan provided staff information on how the dementia impacted on their daily life. By being aware, it supported staff to provide care which supported the person's individual needs.

People benefitted from activities organised by the service. For example people told us how much they enjoyed the visiting reminiscence therapist. The session was handled in a sensitive and enabling way which supported people's individual communication needs. Topics discussed enabled people to reminisce and share memories and experiences, both new and old. Where people shared their 'favourite meals' it led to discussions about shrimps being served in pint pots. One person commented, "That's right I had forgotten that," then smiling said, "I could eat them now." It also provided a forum for people to discuss and keep updated on current news and affairs.

Health care professionals told us how staff supported people to keep in contact with family, friends and interests which were important to them. For example where one person enjoyed going for long walks staff had, "Built this into the [person's] care plan." They told us that they often saw people interacting with the local community, visiting the local church, shops and public houses. Care records showed support given to people to maintain their membership with local organisations and attend religious services.

People said they felt comfortable speaking to any of the staff if they wanted to make a complaint. One person told us, "They [staff] always listen to what you have to say and what your complaint is about, and put it right." We observed where a person raised a concern; staff listened, acted on, and resolved the concern in a timely manner. Information on how to make a complaint and provide feedback was made available in a communal area, accessible by people living and visiting the service.

Staff said they tried to resolve any concerns people had at the informal stage. The service had received one formal complaint. Discussions with the provider identified what they had learnt from dealing with the complaint, and how they had used the information to improve on future practice. This included making improvements to ensure complainants always received written feedback following meetings, as confirmation of what had been discussed.

Requires improvement

Is the service well-led?

Our findings

Our inspection of 5 June 2014 had found improvements were needed. This was because the service did not have an effective system in place to identify, assess and manage risks to health, safety and welfare of people using the service and others. During this inspection, we found that improvements had been made. For example, the monitoring of staffing levels to ensure they were sufficient to meet people's changing needs. However, the provider acknowledged that further work was needed to continually monitor this to ensure people consistently received a quality service.

The provider informed us they were working to recruit a new manager. Candidates had been invited to visit and meet people before their interview. This enabled people to share their views on the potential candidates. Discussions with people showed that they were being kept updated on what was happening in the service, including changes in staff, planned activities and any planned refurbishment.

A relative told us about the improvements they had seen in the running of the service, including in the laundry system which reduce the risk of people's clothing being, "Ruined when washed." However, they were concerned that organisational changes within the management team had impacted on staff morale. Information received by the Care Quality Commission (CQC) identified that the management team were not being consistent in their approach. This had resulted in people who had contact, or worked for the service, losing confidence in how the service was being managed. Staff told us that management changes had impacted on their morale, but felt that this had now improved. They felt supported which was reflected in the positive atmosphere of the service. One member of staff felt the positive atmosphere had impacted on how people felt, as they "Seem much happier now."

The provider and staff shared the same clear vision of what they were working towards, putting people first and providing a good quality service. However the provider acknowledged with no clear management structure in place, continuity in driving forward improvements had been lost. This had resulted in systems to ensure any shortfalls were identified and acted on were not always robust enough. For example, a delay in the re-ordering of medicines had been previously identified in the provider's audit (August 2014) and acted on. However, the systems put in place to prevent it happening again had not worked and we found that this situation (although rectified quickly) had occurred again. The provider showed us the new quality assurance system they were in the process of implementing. They told us how it would support them in monitoring any potential breaches in regulation, so they could take action to address it.