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Barn Park Residential Home

Inspection report

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31 January 2017

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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 ●

Summary of findings

Overall summary

We received information of concern in December 2016 about poor practices within the service. These related to poor moving and handling, poor continence care, not meeting people's nutritional needs, inappropriate management of one person's behaviour and staffing levels. We spoke and wrote to the care manager, who the registered manager delegated responsibility for the running of the home, asking them to investigate the concerns. We received their investigation report in response to each concern we had made them aware of. We also shared the concerns we had received with the local authority safeguarding team. The service was last inspected in February 2016, was rated as good and was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and associated Regulation.

To further seek assurances, we decided to carry out a focused inspection. This unannounced focused inspection took place on 25 and 31 January 2017.

This report only covers our findings in relation to these topics. You can read the report from the last comprehensive inspection by selecting the 'all reports' link for Barn Park Residential Home on our website at www.cqc.org.uk

Barn Park Residential Home is a rural located care home providing accommodation and personal care to a maximum of 24 people who may have a mental health condition or are living with dementia. At the time of our inspection there were 21 people living at Barn Park.

When we visited 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.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

People confirmed their needs were met and received support in a timely manner. The provider had assessed the needs of the people at the service and had decided to increase the staff level each morning.

On one occasion, medicines were not safely managed. Where paracetamol had been brought into the home which were not prescribed for people they had not been safely stored. Action had been taken by the second day of our visit to ensure medicines were stored in their correct packaging. All other aspects of medicines management were appropriately managed on people's behalf.

Staff were competent when supporting people to mobilise. Moving and handling training was provided for staff and refreshed on a regular basis.

People were supported to eat a balanced and nutritious diet which met their dietary needs.

Staff had been using techniques which were distressing to a person to manage their behaviour. This involved taking a personal possession away from the person when they had taken someone else's possessions. We established that this was tried on a few occasions and had since stopped as staff recognised that this was not the best way to manage the situation.

We recommend that when decisions are being made regards to managing people's behaviours that professionals should be involved in line with a best interest process.

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.

People confirmed their needs were met and received support in a timely manner.

On one occasion medicines were not safely managed. However during the inspection improvements were made.

Is the service effective?

Good ●

The service was effective.

Staff were competent when supporting people to mobilise. Moving and handling training was provided for staff and refreshed on a regular basis.

People were supported to eat a balanced and nutritious diet which met their dietary needs.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Barn Park 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 focused inspection took place on 25 January 2017. We returned on 31 January 2017 to complete the inspection.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Some people who used the service at Barn Park Residential Home had a diagnosis of dementia and were unable to tell us about their experiences. To help us to understand their experiences we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allowed us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences.

We spoke with eight people receiving a service and five members of staff. This included the care manager who the registered manager delegated responsibility for the running of the home. We spent time talking with people and observing the interactions between them and staff. We also spoke to a visiting health professional. Following our inspection we spoke with the registered manager to make them aware of our findings.

We reviewed three people's care files, staff training records and a selection of records relating to people's care and treatment.

Is the service safe?

Our findings

We received concerns that there were not adequate numbers of staff to meet people's needs. The information we received said that it was 'a race to get people up' and there were not enough staff to get the jobs done. As a result people's continence care was not attended to. The findings of this inspection did not substantiate the concerns.

People confirmed their needs were met and received support in a timely manner. Comments included: "I get up when I want to. No-one rushes me"; "The staff are not rushed, busy, but not rushed" and "I get support when I need it."

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. Comments included: "Staffing levels are fine" and "The staffing levels are really good. We never rush people we go at their pace." We observed people's needs were met promptly during our visit when people needed support; this included ensuring people's continence care was attended to in line with their assessments. The atmosphere was relaxed and calm, with people able to relax either in communal areas or their bedrooms in they chose.

We established that staffing levels in the mornings were covered by four staff; afternoons three staff and at night there were two waking night staff. It had been agreed with the provider to increase staffing levels in the mornings to five staff as these were the busiest times. The additional member of staff was due to commence in February 2017 following satisfactory pre-employment checks. Staff were looking forward to having this additional member of staff. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The care manager explained that regular staff would fill in to cover the shortfall. This was so people's needs could be met by the staff members that understood them. In addition, the care manager was supernumerary and would step in when needed.

Information we received raised concerns that medicines were not being safely managed at the service. We found that 'homely remedy' paracetamol tablets had been decanted by staff out of their packaging into a large bottle. This meant there was no record of what the tablets were and the expiry dates to advise staff they were safe to administer. These tablets were not specifically prescribed for people and were also able to be used by staff. We raised the issue with the care manager about how staff would know the tablets they were dispensing were not past their expiry date. A member of staff said, "They get used a lot and have a good shelf life." We explained that this was not best practice. By the second day of our inspection the bottle had been removed and paracetamols were only being administered straight from the packet, which was in date.

All other aspects of medicines management were appropriately managed on people's behalf. Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening.

Medicines were safely administered. Medicines recording records were appropriately signed by staff when

administering a person's medicines. Certain additional checks had been put in place by the home to ensure that people received the correct type and dose of medicines. For example audits were carried out on a monthly basis.

Is the service effective?

Our findings

Information we received said that poor moving and handling practices were adopted by staff. The findings at this inspection did not substantiate the concerns.

People did not raise concerns about how they were supported to mobilise. We observed staff taking time to walk with people who required assistance with walking frames. Moving and handling equipment was not needed on a frequent basis, due to the people their having fairly good mobility. However, equipment was available for staff to use, which included hoists, a stand aid, slings and slide sheets. All equipment was serviced on a six monthly basis by an external contractor. Equipment was in good working order.

Staff demonstrated a good understanding of how to move people safely and confirmed they had received training. Records confirmed this. The care manager was an approved moving and handling trainer and was receiving a refresher on the first day of our inspection. Comments included: "(Care manager) gave us moving and handling training. We all went up in the hoist and was the patient. Use hoists, slide sheets and stand aid" and "I started a month ago and definitely had moving and handling training." A visiting professional commented: "I have not observed poor moving and handling. I know they have the equipment and will come to us. I can speak for my colleagues; we have no issues with Barn Park."

We had also received concerns about people's dietary needs not being met, with some people being under and overweight. The findings at this inspection did not substantiate the concerns.

People confirmed their dietary needs were met. Comments included: "The food is excellent. The staff watch what we eat and make sure we eat" and "I am on a diet. The diet is my choice." The cook explained about the food and how they knew what people's dietary needs were. People's weights were monitored on a monthly basis and the chart was then shared with the cook so they knew which people were underweight, within normal range or overweight. Where people were underweight, their diet was fortified with high calorific produce, for example cream, butter and full fat yogurts. In addition supplements were available, such as milkshakes and specialist yogurts. Meals were cooked freshly by the cook and were warming and nutritious. For example, on the first day of our inspection, people were enjoying beef stew and dumplings and apple crumble. The second day there was chicken and ham pie with seasonal vegetables and chocolate mousse or pineapple upside down cake for dessert. Alternatives were always available. We saw one person preferred a salad and another a sandwich. The mealtime experience was a social occasion for people. In addition, homemade cakes were served at afternoon tea. The home smelt lovely with the smell of home cooking and gave a homely feel to the home.

Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff were observed to be skilled at assisting individuals with eating and encouraging others to eat. Staff recognised changes in people's nutritional intake with the need to consult with health professionals involved in people's care. A visiting professional commented: "I cannot speak highly enough of the staff. They always seek advice/guidance. They come to us with any concerns. The staff weigh people and ensure we are kept informed."

People had been assessed by the speech and language therapist team in the past. As a result, people were prescribed specific diets, such as food being pureed or thickened. Speech and language therapists work closely with people who have various levels of speech, language and communication problems, and with those who have swallowing, drinking or eating difficulties.

Information we received said that staff were using techniques which were distressing to a person to manage their behaviour. This involved taking a personal possession away from the person when they had taken someone else's possessions. We established that this was tried on a few occasions and had since stopped as staff recognised that this was not the best way to manage the situation. We discussed this with the care manager and staff, who said that this approach had been used as it had been successfully used by the person's family in the past. There was no care plan in place about the rationale for this intervention.

We recommend that when decisions are being made regards to managing people's behaviours that professionals should be involved in line with a best interest process.

Is the service caring?

Our findings

People felt cared for by staff. Comments included: "The staff are marvellous"; "The staff are so kind"; "I loving living here, it is home. I have been here four years and I am so happy"; "The staff are very good, very helpful"; "It's brilliant here, very good" and "They are very kind."

People felt they were treated with dignity and respect when being supported with daily living tasks. Comments included: "The staff treat me very well" and "The staff treat us with respect." Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so the person knew what was happening.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Comments included: "The staff encourage me to do as much for myself as possible" and "I am encouraged to be as independent as possible." Staff recognised how important it was for people to be in control of their lives to aid their well-being. For example, offering people choices of how they spent their time. Staff commented: "Care plans outline how we need to encourage people to remain as independent as possible" and "Really important people remain independent for as long as possible."

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, one person enjoyed staff talking to them about things of interest to them which provided them with reassurance. We saw a member of staff sitting with them chatting. They showed a very caring approach and clearly saw the importance of making the person happy.

Staff relationships with people were caring and supportive. One person commented: "I can have a laugh with the staff." We observed staff working in partnership with people whilst supporting them with personal care and whilst transferring to other areas of the home. Staff spoke confidently about people's specific needs and how they liked to be supported. A member of staff commented: "The care plans help us understand people's needs. Help us to get to know people."

Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they were treated as individuals when care and support was being planned and reviewed. One person commented, "I am always involved in my care and feel in control of the support I receive."