

HC-One Limited

# Barnby Court Care Home

## Inspection report

Barnby Moor  
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Date of inspection visit:  
26 June 2019  
27 June 2019

Date of publication:  
03 September 2019

### 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

### About the service

Barnby Court is a care home providing personal and nursing care for up to 25 people. There were 24 people using the service at the time of the inspection, some of whom were living with dementia.

### People's experience of using this service and what we found

People and their relatives told us they were very happy with the care received at Barnby Court. There were numerous positive comments about the friendliness and approachability of staff.

The premises needed updating. The décor was tired in some areas in the home and there was a lack of attention to design features to support people living with dementia. There were plans for refurbishment and we were provided with details of what this would include.

At our last inspection we found people were not always supported to maintain social interests or take part in activities. At this inspection we found this had improved with more opportunities for engagement and involvement available to people.

The premises were clean and safely maintained. Individual risks to people were assessed.

There were sufficient numbers of staff on duty, and safe recruitment procedures were followed to reduce the risk of unsuitable staff being employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were assisted to eat a balanced diet and support was provided for those with additional nutritional needs.

Staff knew people well and we saw multiple examples of kind and caring interactions.

Care plans were person-centred and kept under regular review.

Systems were in place to monitor the safety and quality of the service. Staff and relative spoke highly of the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 13 October 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Barnby Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Barnby Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and commissioning teams. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including an area director, the registered manager, senior care workers, care workers, laundry assistant and cooks. We also spoke with a health and social care

assessor and a community psychiatric nurse.

We looked at three care plans, medicine records, four staff recruitment files and a variety of records relating to the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and received information confirming the plans to refurbish the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. Staff were aware of the procedures to follow if they had concern about people's care. One staff member told us, "I have never seen any poor care. I wouldn't be able to sit back and let that happen."

Assessing risk, safety monitoring and management

- Risks to individual people were assessed and plans were in place to mitigate these.
- Regular safety checks were carried out on the premises and equipment.

Staffing and recruitment

- Safe recruitment practices were followed which reduced the risk of unsuitable staff being appointed. Some older recruitment records had gaps in the applicant's employment history. The registered manager confirmed the process now ensured all gaps were explained.
- Suitable numbers of staff were on duty during the inspection. People told us there were enough staff to care for them.
- Staff told us it was busy due to staff sickness but said recruitment was ongoing with new staff due to start so they were happy to work extra in the meantime.

Using medicines safely

- Safe procedures were in place for the ordering, receipt, storage and administration of medicines.
- Staff competency to administer medicines safely was checked on a regular basis.

Preventing and controlling infection

- The home was clean, and staff were aware of the procedures to follow to prevent the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were logged and reviewed by the registered manager to prevent reoccurrence where possible.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The home was in need of refurbishment. Best practice guidance in relation to designing environments to support people living with dementia, was not always followed.
- The area director confirmed the home was on a list of services due to be refurbished. Following our inspection we were sent details of works to be carried out which included areas to be refurbished and updating of the décor.
- Dementia friendly design features were also being planned following advice by the company's dementia care specialist.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving into the home. This ensured their needs could be met by the provider.
- Steps were taken to get to know people and for them to become familiar with the home prior to them moving in permanently. One person visited for a coffee morning and then stayed in the home for respite before moving in permanently. Their relative told us, "The staff and layout were familiar, it worked very well."

Staff support: induction, training, skills and experience

- Staff received regular training in areas considered mandatory by the provider.
- Staff received regular supervision and appraisals and told us they felt well supported.
- Additional bespoke training was provided for staff where necessary, including training in activities and support for staff who lacked confidence in particular areas.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with eating and drinking. A health and social care assessor observed the mealtime and told us they would rate the quality of the mealtime experience as excellent.
- People's weights were monitored, and specialist support was sought if there were any concerns. Kitchen staff were aware of people's dietary needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with external professionals to provide appropriate care and treatment to people.
- Champion roles were allocated to staff who took the lead in areas such as pressure ulcer care.
- A community psychiatric nurse told us staff sought timely advice and support for people, and acted on advice given.



Supporting people to live healthier lives, access healthcare services and support

- People were appropriately supported to access healthcare services and support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and was meeting conditions imposed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were well treated, and staff were kind and caring. One person told us, "It is a lovely place, run by lovely people."
- There were multiple examples of where staff had gone out of their way to support people and their families, these included providing a venue and catering for a family after their loved one's funeral, and providing afternoon tea for one person who had several visitors that had travelled to see them.
- The equality and diversity needs of people were respected and supported.
- People's individual faith needs were supported. A prayer breakfast was held monthly.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and were consulted throughout the inspection about various aspects of their care.
- Where people were unable to express their views verbally, care records described how the person might make their views known non-verbally through their facial expression for example.

Respecting and promoting people's privacy, dignity and independence

- People were supported sensitively and discreetly by care staff. A health and social care assessor told us they were impressed with the dignified way staff offered people clothing protectors at lunch time.
- Staff were courteous and polite, and respected people's privacy and dignity. They knocked on doors before entering and asked people before supporting them. Staff described the importance of helping people to remain independent where possible.
- A relative told us staff supported their relation when their personal care needs changed. They said, "Staff have a good understanding of dementia. As they support needed with personal care increased, staff suggested ways to support [name] which kept their dignity. It was all their idea."
- Staff were aware of the need for confidentiality. One staff member told us, "Always be discreet and check who is around you before speaking. We make sure doors and curtains are closed."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- At our last inspection we found people did not always have suitable access to activities providing engagement and stimulation. At this inspection this had improved, and there were numerous opportunities for people to be involved in activities of their choice.
- We joined people during an activity run by an organisation called Motivation and Co. There was much laughter when playing a game about occupations beginning with different letters of the alphabet when someone shouted out "Nitty Nora the school nurse." One person giggled throughout the activity saying, "She's funny!"
- People were also supported to carry on doing things they enjoyed. One person was a keen gardener and enjoyed spending time in the large enclosed garden.
- The importance of people's relationships was promoted and supported. In February, people celebrated Valentine's day with a meal and special time with their family. They gave quotes about why someone was the love of their life which were very moving and powerful.
- The home had introduced a 'Stop for tea at 3' rule which meant all staff, including maintenance and ancillary staff, stopped at 3p.m to have tea and socialise with people.
- Plans were in place for the national Care Home Open Day which took place following our inspection. Armed forces day was celebrated the same weekend, with numerous activities planned for people, involving their family and the local community.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person-centred care plans were in place which meant people's social, emotional, physical and spiritual needs and wishes were considered when planning care.
- Care plans were up to date and reviewed on a regular basis.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person was living with visual impairment, and another person did not have English as their first language. They were provided with appropriate adaptations and support to help with their additional communication needs.

#### Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People and relatives we spoke with knew how to make a complaint but said they had no reason to complain.
- A 'Have your say' board enabled people and relatives to express their views at any time.

#### End of life care and support

- There was no one receiving end of life care at the time of the inspection, but support was provided at this important time when needed.
- Staff took pride in caring for people at the end of their life and told us they had provided music from the 1960's for one person who was nearing the end of their life which provided comfort to them.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff spoke highly of the registered manager who communicated a clear vision about how they expected care to be provided. Staff referred to this as 'The Barnby Court Way.'
- The registered manager led by example. They knew the people living in the home very well which was evident when they introduced us to everyone during our visit.
- The registered manager attended daily handover meetings and told us, "This means I always know what is going on and can answer any questions from family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an awareness of their duty of candour responsibilities and their management style was open and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular 'Flash meetings' were held by the registered manager with heads of department. This meant senior staff had an overview of events affecting people and the running of the home each day.
- Staff we spoke with were clear about their roles and felt well supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to be involved in the running of the home. There were regular surveys and meetings to obtain the views of people, relatives and staff.

Continuous learning and improving care

- Systems were in place to monitor the quality and safety of the service. This included regular audits and checks by senior managers and internal checks carried out by the registered manager.
- Directors working for the company also received copies of all serious incident reports which they reviewed to ensure any lessons learned were acted upon and home staff were supported.

Working in partnership with others

- There were very close links with the local community including the church, schools and a mother and baby group that visited the home.