

Healthcare Homes Group Limited

# Barking Hall Nursing 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?	Good ●

# Summary of findings

## Overall summary

What life is like for people using this service:

- People who live at Barking Hall have their needs met by sufficient numbers of suitably trained staff. We observed people's requests for assistance being answered promptly. Staff were kind and caring towards people and knew them as individuals.
- The environment was comfortable and safe. There was dementia friendly signage making it easier for people to find toilets, the dining room(s) and lounges.
- People were supported to remain engaged and had appropriate access to meaningful activity. There was a range of activities on offer to suit people's preferences, including weekly trips.
- People were offered a choice of good quality, nutritional meals. People were provided with appropriate support to reduce the risk of malnutrition or dehydration.
- People received the support they required at the end of their life. The manager had plans in place to enhance end of life care planning.
- The service worked well with other organisations to ensure people had joined up care. People were supported to have input from external healthcare professionals.
- People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

See more information in Detailed Findings below.

Rating at last inspection: Requires Improvement (report published 31 January 2018)

About the service: Barking Hall provides accommodation, nursing and personal care for up to 49 people who require 24 hour support and care. Some people were living with dementia. At the time of our visit 42 people were using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service has made sufficient improvements to be rated Good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

## 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.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Barking Hall Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had experience with older people and those living with dementia.

#### Service and service type:

Barking Hall is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection: This inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 14 people who used the service and one relative to ask about their experience of the care provided. 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.

We spoke with the registered manager, deputy manager, the regional director from the provider's organisation, two nurses, the activities coordinator, the chef and two care staff. We looked at five records in relation to people who used the service. We also looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

# Is the service safe?

## Our findings

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

At our last inspection on 31 January 2018, this key question was rated, 'Requires Improvement.' This was because the service needed to make improvements to staffing and risk assessment. At this inspection, we found the service had made improvements to meet regulations and requirements and it is now rated 'Good' in this key question.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the service's policies and procedures in relation to safeguarding and had received training in this area. The registered manager was aware of their responsibilities in regard to safeguarding and we observed them making an appropriate referral on the day of our visit. People told us they felt safe, one said, "I feel very safe here and looked after. If you are not well staff look after you."

Assessing risk, safety monitoring and management

- Improvements had been made to risk assessment. The potential risks to each person had been identified. For example, the risk of malnutrition, falls or pressure ulcers. Measures in place to reduce the risk were documented and staff were aware of these.
- Care planning clearly documented how people should be assisted to move safely and staff received regular moving and handling training. We observed safe moving and handling practices during our visit, people had their own slings that they were assessed for.
- Risk assessments relating to the environment were in place. This included evacuation plans. Equipment such as fire, hoists and water quality were regularly tested for safety. Where actions were identified the service clearly documented the action taken and the timescale for this.

Staffing and recruitment

- Improvements had been made to the staffing levels. People told us there were now enough staff to meet their needs in a timely way. One said, "A little while ago I had a fall in the bathroom. I did not have to wait long and a couple of staff came quickly."
- The service had ensured there were extra staff available at busy such as meal times so people could receive timelier support. Recruitment procedures were safe.
- All staff told us the staffing level was appropriate. We observed that people's call bells were answered promptly by staff. The manager had previously identified this to be a concern. They were monitoring this and had taken action to address this with staff.

Using medicines safely

- Medicines were safely managed. There were robust systems for ordering and administering medicines, including controlled drugs. Medicines were monitored daily to ensure they had been administered appropriately. Staff were trained and deemed competent before they administered medicines. Medicines were stored securely and appropriate records were kept.
- Observations and discussions with staff demonstrated people were given time to take their medicines in

an individualised way.

#### Preventing and controlling infection

- The service was clean throughout. Plans were in place to change some of the flooring. People said their home was kept clean. One said, "My room is cleaned every day and always kept tidy"
- There were cleaning staff employed, they had appropriate equipment and cleaning schedules were in place.
- The laundry had robust systems to reduce the risk of spreading infection. The kitchen was clean had a food rating of five stars, which is the highest possible rating.

#### Learning lessons when things go wrong

- The management team were committed to developing and learning from events. They had taken on board previous shortfalls which were identified and acted on these. They continued to monitor the service to identify areas for learning and development.
- Accidents were appropriately recorded. These were monitored closely for trends and thorough investigations were carried out with actions put into place to reduce the risk of these reoccurring.

# 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 our last inspection on 31 January 2018, this key question was rated, 'Requires Improvement.' This was because improvements were required with assessment of people's capacity and how people were supported to eat and drink. At this inspection, we found the service had improved sufficiently to be rated 'Good' in this key question.

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

- The service carried out comprehensive assessment of people's needs before they came to live at the service. These assessments were reviewed regularly.
- The majority of care records reflected best practice guidance. The manager had plans in place to improve the quality of end of life care planning so it reflected best practice guidance such as the Gold Standards Framework for end of life care.

Staff support: induction, training, skills and experience

- Staff were suitably trained, skilled and knowledgeable for the role. Staff told us they received good quality training in subjects relevant to the role. Their competency was assessed to ensure training was effective.
- Staff were supported to gain further qualifications and develop in their role. Staff were offered opportunities to progress to roles with more responsibility within the service.

Eating, drinking and a balanced diet

- The food was good quality and people were provided with a choice based on their individual needs. One person said, "We have wonderful food here and can pick each day what we would like, there are several puddings to choose from." Food for people on soft or pureed diets looked appetising and was dignified for people.
- Improvements had been made to ensure there were enough staff to support people to eat and drink.
- We observed the meal time was mostly positive. In one dining area people were assisted with dignity in a pleasant, calm environment. However, in another area we observed one person was not positioned appropriately in their chair to eat, and this meant they struggled. Another person in this area was assisted with their meal, but because they were seated in a lounge chair the staff member was unable to get a chair close enough to assist them without standing up. This did not promote their dignity. When we fed this back to the manager they were proactive in telling us what action they would take.
- The kitchen staff were knowledgeable about people's needs and providing for special diets, such as for people with diabetes. They had a folder with a list of people's allergies, likes and dislikes. They demonstrated a knowledge of how to fortify foods effectively to increase their nutritional value.

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

- The service supported people to access support from external health professionals such as GP's, dieticians and chiropractors. One person told us, "If you need to see a Doctor you just let the nurse on duty know and they will arrange it." The support people received from these professionals and any advice given to the service was clearly documented and transferred into care planning.

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

- The décor of the service was pleasant. There were pictures on the walls to make it easier for people to distinguish between corridors.
- There was dementia friendly signage to assist people in making their way to key areas such as the lounge, dining room or toilet.
- There was a pleasant self contained garden for people to use and we were told people helped with gardening in the warmer months.

## 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.
- We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Improvements had been made to the assessment of people's capacity. There were capacity assessments for each individual decision in people's care records. There were also documents which demonstrated the service had followed appropriate best interests procedures where people lacked capacity. We observed that people were assisted in the least restrictive way possible.
- The manager understood their responsibilities and had made applications for DoLS to the authorising authority where appropriate.

# 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 our last inspection on 31 January 2018, this key question was rated, 'Good'. At this inspection, we found the service continued to demonstrate a rating of 'Good' in this key question.

Ensuring people are well treated and supported; equality and diversity

- All the people we spoke with told us that staff were kind and caring towards them. One said, "Staff are very kind and will help you with anything." We observed that staff treated people with kindness, understanding and compassion.
- It was clear from our observations and discussions with staff that they knew people well and had taken time to get to know them as individuals.
- The manager promoted the development of meaningful relationships between staff and people using the service. They had matched one person who was refusing care with a staff member who had similar interests, with the hope that developing this relationship would encourage the person to allow the staff member to assist them.

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

- People and their representatives were involved in the planning of their care. The manager had plans in place to improve people's level of involvement and ensure people's views on their care were better reflected in care planning.
- The service understood their role in supporting people to make decisions about their healthcare options. People and their representatives were involved in these decisions as far as possible.

Respecting and promoting people's privacy, dignity and independence.

- There were life histories in place for people using the service. However, these could be further expanded upon to enhance the level of detail within them and assist staff to better understand people.
- Staff supported people to be as independent as possible. Care records made clear the parts of tasks people could complete themselves to reduce the risk of them being over supported by staff.
- Staff treated people with dignity and respect. Discussions about people's needs were discreet and staff respected people's right to privacy. Personal care was carried out in private.

# Is the service responsive?

## Our findings

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

At our last inspection on 31 January 2018, this key question was rated, 'Requires Improvement.' This was because improvements were required to ensure care planning reflected people's needs in sufficient detail and how they should be met by staff. At this inspection, we found the service had improved sufficiently to be rated 'Good' in this key question.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were personalised and contained information about their preferences, likes and dislikes. Staff demonstrated they knew people well and that meant they could provide people, including those living with dementia, with personalised care that met their preferences.
- The service provided people with a range of meaningful activities, including weekly trips. One person told us, "They have trips out so I enjoy going out on them once a week." There were many activities around the service for people to access independently. Another person said, "You can join in things if you want to, they do have a lot going on."
- There were enough activities staff to assist people on a one to one or group basis. We observed that when one group of people went on a trip, another member of activities staff was available in the service to support others to remain engaged and stimulated.

End of life care and support

- End of life care planning was in place but needed to be improved to ensure it met best practice guidance such as the Gold Standards Framework. The manager had already identified this as an area needing improvement and had plans in place to address it, including staff receiving regular training in end of life care. The manager had identified this area for improvement and had plans in place to address it, including staff receiving training in end of life care.

Improving care quality in response to complaints or concerns

- There was a suitable complaints policy in place which was displayed in a communal area. The manager was open to complaints and proactive in resolving any issues that arose. One person told us, "I would know how to complain but have never had to yet."
- Records demonstrated that complaints were investigated and responded to appropriately. Actions were taken to address any shortfalls identified.

# 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 our last inspection on 31 January 2018, this key question was rated, 'Requires Improvement.' This was because improvements were required to ensure effective oversight and delivery of sustained improvement in the service. At this inspection, we found the service had improved sufficiently to be rated 'Good' in this key question.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Following the last inspection, a new manager had started working at the service.
- All staff told us there was an improved, positive management structure in place that was open and transparent. Staff felt able to bring any matters to the attention of the registered manager.
- People and relatives told us they knew the registered manager well. One person said, "Yes I know the manager. She will often come and have a chat with you." This confirmed our observations. We observed that the registered manager was visible in the service and helped staff with delivery of support to people where needed. They and the deputy manager ensured a consistent management presence, including outside of office hours.

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

- The registered manager understood their legal requirements. They had worked hard to make improvements to the service and continued to identify and act on shortfalls to ensure the constant development of the service. They listened to other professionals and took advice on board.
- Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

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

- The service regularly gave people opportunities to feedback their views. The registered manager was looking at creative ways to encourage people to attend arranged meetings to give their feedback. This included holding meetings at different times and holding themed meetings such as a 'Sunday brunch' where people could drop in as they pleased.
- The registered manager intended to provide people and their relatives with a survey of their views in an attempt to gain further feedback.

Continuous learning and improving care

- The provider and registered manager had implemented a more robust management structure. The deputy and registered manager ensured a consistent management presence and carried out shifts with care staff to ensure they remained visible. They carried out unannounced visits out of hours to check on service quality and staff performance.
- The service had been rated requires improvement at the previous inspection. Since the last inspection, the new manager had implemented robust quality assurance systems which included observations of staff practice, auditing of care records and other documentation, maintenance audits, infection control audits and checks on staff competency.
- The registered manager continued to identify areas for improvement through their quality assurance system. Minutes of meetings with staff demonstrated areas for improvement were discussed. Work had been carried out to improve the quality of written records and call bell response times. We observed this had improved since the last inspection.
- The service had a continuous improvement plan in place. We saw that shortfalls identified through audits had been recorded on this action plan.
- The registered manager had developed links with other services and shared experience and best practice with other managers working for the same company.

#### Working in partnership with others

- The registered manager had built positive relationships with other health professionals. Records and our observations demonstrated they had taken on board advice from external organisations and put this into practice.