A & R Care Limited

Barrington Lodge

Inspection report

9-15 Morland Road
Croydon
Surrey
CR0 6HA

Tel: 02086549136

Date of inspection visit:
17 August 2017

Date of publication:
17 November 2017

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 the 17 August 2017.

Barrington Lodge is registered to provide residential and nursing care for up to 44 older people, some of who are living with dementia. There are seven places in the service for people requiring rehabilitation. This intermediate care service provides people with additional support on discharge from hospital, before returning home; or sometimes as an alternative to a hospital admission. Accommodation is arranged over three floors and there is passenger lift access. There were 35 people using the service at the time of our inspection which included seven people staying for rehabilitation.

At the last inspection in 2015, the service was rated Good. At this inspection we found the service remained Good. The provider demonstrated they continued to meet the regulations and fundamental standards.

The service continued to be kept clean, safely maintained and furnished to comfortable standards.

People continued to feel safe and well cared for at Barrington Lodge. Relatives shared similar confidence in the service. Staff knew how to recognise and report any concerns they had about people's care and welfare and how to protect them from abuse.

Assessments and care plans included person centred information about people's needs and explained the support people required for their physical, emotional and social well-being. Risks to people's health and safety were managed and staff took action to minimise these. People's care records were updated to reflect any changes and ensure continuity of their care and support.

At the time of our inspection there were enough staff to meet people's needs and keep them safe. Appropriate recruitment checks were completed to make sure staff were suitable to work at the home. Staff received a planned induction and ongoing training to fulfil their roles and keep their knowledge and skills up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff showed understanding, patience and treated people with respect and dignity.

People's wishes, choices and beliefs were reflected in their care plans. They were supported to make decisions and staff promoted their independence as far as possible.

Activities were varied and arranged according to people's needs and interests. There were meaningful activities for people living with dementia and staff understood the importance and benefits of social interaction for everyone using the service.

The service promoted and supported people's contact with their families. Relatives visited regularly and were encouraged to share their views and opinions. People and relatives felt involved in the way the home was run. They knew how to complain and make suggestions, and were confident their views would be acted upon.

People were supported with their dietary and health needs. There was a varied daily choice of meals and people were encouraged and supported to eat and drink well. Staff took prompt action when people became unwell or were at risk from poor nutrition. They consulted other healthcare professionals to ensure that people received the additional support they needed. Medicines were managed safely and people had their medicines at the times they needed them.

The atmosphere in the service continued to be welcoming, open and inclusive. The registered manager showed effective leadership and people, relatives and staff told us the home was well run. Staff were clear about their roles and responsibilities and felt supported by management and each other.

The provider continued to use effective systems to monitor the quality of the service and make improvements when needed.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Barrington Lodge

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 17 August 2017 and was unannounced.

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. Prior to our visit we also reviewed the information we held about the service. This included notifications we had received from the provider, any safeguarding alerts and outcomes, complaints and inspection history. Notifications are information about important events which the service is required to tell us about by law.

The inspection team consisted of two adult social care 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.

We spoke with 10 people living at the home and three visiting relatives or representatives.

We met with the registered manager, provider, eight members of care or nursing staff, the activities co-ordinator and the chef. We also spoke with two health professionals from the Community Intermediate Care Service (CICS) team. We reviewed care records for 12 people using the service and eight staff records relating to recruitment practices, training, induction, supervision meetings and annual appraisal. We looked at documents relating to the overall management of the home. These included records about audits, meeting minutes, maintenance records and quality assurance reports. We reviewed how medicines were managed and administered and looked at medicine administration records (MARs) for 12 people.

Following our inspection, the manager also sent us information we had requested about accidents and incidents.

Good

Is the service safe?

Our findings

People we spoke with told us they continued to feel safe and well cared for. A relative commented, "I know how the staff treat him, and how they care for others, they know him well, new staff are brought up to date on how he is."

Staff we spoke with understood their responsibilities to protect people from abuse or poor care. They knew what signs to look for and what action to take if they had concerns about a person's welfare or safety. Staff told us that safeguarding was discussed at staff meetings and they completed training every year to keep their knowledge updated. Safeguarding information was displayed in public areas throughout the service for people, visitors and staff to report any concerns. Policies and procedures were in place to guide staff on how to protect people from abuse. Information in the PIR supported what we found and what staff told us.

People were protected from the risk of harm because risks to their health and wellbeing were assessed and kept under review. Personal assessments contained details of how risks were managed. These included falls, taking medicines, moving and handling, skin integrity, use of bed rails and fire safety. Staff used appropriate assessments to determine the level of risk and knew what action to take to keep people safe. We saw risk plans were updated when people's needs changed or in response to any accidents or incidents.

People confirmed they received their medicines when they needed them. Where people were able to self administer medicines they were provided with lockable storage in their rooms. The provider continued to follow safe practice in all aspects of medicines management. Medicines, including controlled drugs, were safely managed and securely stored in appropriate conditions.

People's medicine administration records (MAR) were accurate and up to date. An additional record gave staff essential information about how people preferred to take their medicines as well as any known allergies or side effects. GPs completed a review every six months to make sure people were receiving the right medicines.

Staff understood their responsibilities around medicine administration and undertook yearly training to keep their knowledge and skills refreshed. The registered manager observed their practice and assessed their competency every year. We saw records to support this. Staff told us they had access to best practice guidance around safe handling of medicines. There were also up to date policies and procedures for them to reference.

There were effective checks in place to monitor medicine procedures. Nursing staff completed daily audits of people's prescribed medicines and MARs to minimise the risk of error. The supplying pharmacist carried out an audit every six months, the most recent in July 2017. The three recommendations made had been discussed with staff and practice reviewed.

People were protected from unsuitable staff. The provider continued to follow safe recruitment practices to confirm staff were of good character and had the right skills and experience to support people. Staff did not

start work until satisfactory employment checks had been completed. These included a required check with the Disclosure and Barring Service to ensure applicants were not barred from working in care. The registered manager also undertook professional checks on registration status for nursing staff. We saw recruitment checklists and records of interviews to support this.

The premises was kept clean and well maintained. Regular health and safety checks were carried out and people were protected from the spread of infection. Equipment used by people was regularly checked for safety and maintenance was carried out when needed. Staff followed effective infection control procedures when supporting people with their personal care needs. Hygiene guidance and hand gel dispensers were provided throughout the home and staff wore gloves and aprons when necessary. People and relatives spoke positively about the standards of cleanliness and told us their rooms were cleaned daily. One person said, "I love it here, they are all clean and wash their hands."

In the main, people and relatives felt there were sufficient staff. One person told us, "Yes, we have a good amount of staff." Another person said they sometimes had to wait for assistance if staff were busy helping others but felt they were safe. A relative commented, "I do not think they are short, but dealing with other residents." During our inspection, staff were always available in the communal areas and regularly visited people who chose to stay in their rooms. We observed people received support when they requested or needed it. A member of staff told us, "We have enough time to spend with people and not feel rushed."

Staff allocation records showed that staffing was planned flexibly and according to people's needs. To support people's nursing needs, there was a registered nurse on duty at all times. The provider employed separate domestic, kitchen, laundry and maintenance staff. Therapeutic staff including physiotherapists and occupational therapists visited the home daily to support people using the rehabilitation services.

Good

Is the service effective?

Our findings

We found the service continued to provide people with effective care and support. People and relatives we spoke with agreed that staff were appropriately trained. Comments from external healthcare professionals were positive about the staff who worked at the service. One told us, "The registered nurses monitor people and contact a member of our team if there is any change in their health status" and another professional added, "We work together and try to plan seamless discharges for patients."

The PIR told us staff completed a variety of training to give them the skills they needed to support people's needs and keep up to date with best practice. Staff feedback we received supported this. They told us training was frequent, relevant to their role and they were expected to refresh key areas of training regularly. Care staff spoke about recent training that had helped them in their work and increased their knowledge. Examples related to dementia care, behaviour management, communications, supporting people with eating and drinking and management of the environment. Nursing staff said they received update training in key areas such as wound care, catherisation, percutaneous endoscopic gastrostomy (PEG) feeding and venepuncture.

New staff shadowed experienced members of staff before supporting people independently. Staff told us their induction was thorough and allowed them to get to know people and their needs. It also helped them, to undertake training, become familiar with the environment, read care plan records and undertake necessary training. They were supported by a mentor/supervisor and completed the Care Certificate (a set of recognised standards) as part of their induction.

Staff told us they felt well supported and could discuss any issues with the registered manager. Staff received regular supervision and an end of year review to discuss their performance and practice. Records of supervision meetings included discussions about people's care and support as well as individual learning or development needs. Other topics discussed included incident and accident reporting, care plans, training, medicines management, team working and record keeping. Registered nurses received clinical supervision and were supported to update their nursing skills, qualifications and competencies. The registered manager checked staff were putting their learning into action through direct observation of their practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service continued to work within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met.

People's ability to make specific decisions had been assessed and recorded. Where people lacked capacity, relevant healthcare professionals and those close to the person were involved to make sure decisions were made in the person's best interests. Staff completed MCA and DoLS training each year to keep up to date with latest practice. One staff member told us, "I understand about gaining verbal consent and respect people's choices." During our inspection staff consistently asked people's permission before supporting

them with their care and support needs.

The registered manager had assessed where a person may be deprived of their liberty and made DoLS applications to the local authority. For example, where people were unable to go out independently and needed constant staff supervision to keep them safe. The manager kept a monitoring record to track when authorisations were approved and when they should be reviewed.

We found people's nutritional needs remained met and people continued to receive a varied and balanced diet that included their choices. People told us they were asked about their food preferences and able to choose alternatives if they didn't like the menu options. One person said, "They come round with a list, you order, so I guess you do get a choice." The day's menu was displayed and included pictures so people could see the meals choices available.

During lunch, we observed staff were busy and efficient and always asked or made sure people had the choices they requested. Staff checked with people if they enjoyed their food and if they needed support to finish their meal. Staff demonstrated awareness of people's individual needs around eating and drinking. We saw people were offered nutritional drinks and alternative desserts that were soft and easy to eat.

People's nutritional needs were assessed and monitored. Care plans included information about people's food preferences, dietary needs and any risks associated with eating and drinking. Monitoring charts were used where people experienced appetite or weight changes and staff involved other professionals if there were concerns.

The PIR stated, "Recently kitchen staff, carers and nurses attended a malnutrition session which has had a positive change in the home, for example calculating BMI which has been made clearer and taking action, making other drinks for residents, smoothies and chocolate and marshmallows." Staff confirmed this training had given them improved understanding about malnutrition and how to increase calorie intake for people.

People continued to receive effective support with their physical health care needs. The service was supported by a local GP practice and people using the rehabilitation service saw other healthcare professionals on a daily basis. They included occupational therapists, care of the elderly consultant, physiotherapists, tissue viability nurses, podiatrists, opticians and speech and language therapists. People's care records included information about any advice provided or planned treatment. As people's health needs changed, records confirmed that staff made referrals to the relevant professional for advice and guidance. People had hospital passports. This document provided healthcare staff with important information about the person and their health if they were admitted to hospital.

Good

Is the service caring?

Our findings

People and their relatives told us they continued to experience a caring service. The atmosphere was welcoming and friendly at Barrington Lodge and people were relaxed and comfortable in the company of staff. People's comments included, "Very good care", "Oh yes very caring, treat me like a queen" and "the staff are all nice." A healthcare professional told us, "People tell us that the staff are caring and the environment is welcoming for them and their families" and another professional said, "The care is good and the carers are keen to work with us and help people progress." We saw a number of complimentary letters from relatives thanking the management and staff for the care their family members received.

We observed staff spent time with people and were attentive and respectful in their approach and manner. When people needed assistance to walk or transfer from their chair, staff explained what they were doing, at the same time checking that the person was comfortable. Staff communicated effectively with people by making sure they sat at eye level and speaking clearly. Interactions were sensitive and kind with staff using touch and hugs to comfort and reassure people if they became upset or uncertain about their routines. The PIR told us, "We can still improve staff knowledge on communicating with people with dementia. We want to achieve the training on the Namaste Programme by the end of the year." Namaste Care is designed to improve the quality of life for people with advanced dementia. The registered manager confirmed that staff were due to undertake training in the coming months.

Throughout our inspection we observed staff supported people consistently with kindness and compassion. At lunch staff supported people to eat their meals with care and patience. Where people needed physical support, staff encouraged individuals to eat at their preferred pace. One person had a visual impairment and staff guided their hand to feel the beaker, whilst explaining what the drink was. Staff frequently checked if people were enjoying their meal or needed a drink and engaged in conversation with them. We saw staff regularly visited people who were in their own rooms.

People's care records included information about their likes, dislikes, personal history and what was important to them. We saw personalised details about people's preferred morning and night routines. These included what time people liked to wake up, whether they preferred a bath or shower and what helped them relax and sleep at night. One example explained it was important for the person to have the light on and their door closed and "for staff to make sure they visit and check regularly if I am comfortable." Staff were knowledgeable about the care and support people required and said they wanted to provide a high quality service for people. One member of staff said, "This is their home and we respect that people make their own choices."

People continued to experience dignified care. Staff addressed people by their preferred names and were respectful when speaking with individuals. We observed staff always knocked on the door or called out before entering people's bedrooms. People were assisted with their personal care needs in private. Confidentiality was maintained when staff spoke with us about individuals' care and support needs and people's personal information was kept secure in the service. One member of staff told us, "We have to be gentle with our residents." The registered manager wrote in the PIR that there were plans for "all staff to be

dignity champions at the end of the year 2017."

Arrangements were in place to support people at the end of their lives and people were able to remain at the home if they chose to do so. The PIR stated, "End of life care is highly personalised towards people's loves, wants and needs and is provided in a caring way. 85% of our staff has received training from the hospice to help support people and their family appropriately in their final days. Staff are aware of people particular cultural and religious request. Nurses are trained to administer end of life drugs. Reflections and debriefing session help staff to talk about their feeling and also what could have been done better."

Our findings supported what the PIR told us. Staff had undertaken training which gave them the skills and knowledge to provide compassionate care for people nearing the end of their lives. Information about people's advanced decisions about their care was included in their care plans. Staff told us they used an individual plan called "Looking Ahead" and involved family members if required. The home had achieved a commend award on the Gold Standards Framework. This is an evidence based approach to optimising care for people approaching the end of their life. As part of this model staff had received extra training and Barrington Lodge had been accredited as part of this initiative.

Some people had DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) agreements in place. These are decisions made in relation to whether people who are very ill and unwell would want to be resuscitated or would benefit from being resuscitated, if they stopped breathing. The forms we checked had been completed correctly in consultation with the person, doctors, and family, where appropriate. This ensured that people's wishes would be carried out as requested.

Good

Is the service responsive?

Our findings

People continued to receive a responsive service that met their needs. People on the rehabilitation programme gave positive feedback about their progress, and of regaining their independent living skills before returning home. A healthcare professional told us, "Communications are very good and staff provide regular updates about people."

People and their relatives confirmed they were asked about their needs and expectations prior to staying at Barrington Lodge. Records supported what they told us. Pre-admission assessments were fully completed before people moved in. People's assessments took account of their social, physical, emotional, and health needs. Care plans provided accurate information for staff regarding the care and support people required. This included explanations about people's health conditions and any equipment people used and how staff should use it. Plans were person-centred, comprehensive and clearly documented the person's preferences, needs and abilities.

People staying for short term rehabilitation received daily visits from members of the multidisciplinary CICS team and their progress was reviewed by the consultant once a week. Staff held weekly meetings with health professionals to discuss individuals' progress. A visiting healthcare professional told us, "Staff listen to advice and maintain good records." People were provided with information leaflets about their planned treatment and a care plan to take home at the end of their stay.

Staff continued to maintain accurate records about people's health and wellbeing. Where needed, monitoring sheets for people's weights, food intake and positional changes were completed at the required times. Records showed people's needs and abilities were reviewed every month and their care plans were updated to reflect any changes. Staff told us they were given an update of each person's condition during shift handover meetings and a key worker system enabled staff to provide people with individual one to one support. Staff said these arrangements helped ensure people received continuity of care and kept them informed of any changes concerning people's care and support. We saw that nurses undertook refresher training in PEG feeding following a change in one person's needs.

People's diverse needs were understood and supported and they were asked about their preferences as part of the admission process. Care plans included details about people's needs in relation to age, disability, gender, race, religion and belief. Staff respected people's cultural backgrounds and their religion and supported them to practice their beliefs.

The provider employed an activities coordinator who organised a weekly timetable of varied activities. These were arranged according to people's individual needs and interests. The coordinator showed knowledge about the importance of activities to promote people's well-being and avoid social isolation. This included providing one-to-one activities where people were reluctant to engage in a group setting. The coordinator knew people well and had asked them about their hobbies, interests and background history.

During our inspection, people were happy and engaged in both group and individual activities. People told

us there was enough to do and they had choice whether they wished to join in. We observed people taking part in mobility exercises involving a balloon and ball game. People who chose not to participate enjoyed watching what was going on and chatted happily to each other or with staff. Meaningful activities were provided for people living with dementia. We saw memory boxes for people to investigate as well as dolls, soft toys and furnishings for them to touch and hold.

Other activities included arts and crafts, quizzes, cake decorating, karaoke singing and music sessions. There were regular visits from outside entertainers including musicians, school choirs and a pet therapy organisation. The activities coordinator arranged parties to celebrate people's birthdays and occasions such as St George's day and the Queen's birthday. Photos of people, their families and staff joining in these events were displayed. The service also held a "dignity day" earlier in the year. This was to promote awareness and understanding of dignified care amongst people using the service and staff. Activity records were maintained that reflected people's interests and preference for involvement in activities.

People were encouraged to give their feedback and opinions about the service. This was arranged through meetings for people using the service and their relatives as well as yearly surveys. Records showed that the provider took account of people's views and shared information about changes and improvements in the home.

People and relatives told us they felt comfortable to raise a concern and knew who to complain to. Staff we spoke with understood the procedure and said they were provided with feedback regarding complaints at staff meetings where any potential changes to practice were discussed. A member of staff commented, "I am aware of the complaints policy and know how to deal with a complaint and who to contact."

Copies of the service's complaints procedure were displayed throughout the service as well as information about safeguarding. A comments/suggestions box was available to people in the hall. The registered manager kept a record of complaints and concerns and how these had been dealt with. There had been two complaints about the service in the last twelve months. Records confirmed these were resolved and the complainant provided with a written response to their concerns.

Good

Is the service well-led?

Our findings

The registered manager was also one of the registered providers. 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 and their relatives felt the service was well run. They told us the registered manager or provider were often in the home and they could speak openly with them. Comments from healthcare professionals included, "The registered manager has very good knowledge of all the people who live here" and "The manager has established good relationships with the multidisciplinary team."

Staff were positive about the registered manager and her leadership. One member of staff commented, "The manager is very supportive and respects me as a member of the team" and another staff said, "The manager communicates well and is committed to quality."

Staff we spoke with were aware of their roles and responsibilities and the values of the service. Staff told us there were good opportunities for training and they had regular supervision. One staff member said, "I receive advice and support from senior staff" and another staff told us, "I enjoy working here as everyone is so helpful." We observed staff communicate effectively with each other throughout our inspection.

The PIR stated, "Regular staff meetings are held to discuss and improve practice, enhance morale and develop team work." We saw records to support this. In a recent meeting staff were reminded about some aspects of record keeping around people's care. Additional meetings were held when necessary. For example, nursing staff met when people's care needs changed or when a new person moved in. We saw that nurses undertook refresher training in PEG feeding following a change in one person's needs.

Records supported that audits and checks were carried out consistently and on a regular basis. Areas monitored included medicines, care plans, cleanliness and hygiene, the environment and call bell response times. The provider used learning from audits to make improvements in the quality and safety of the service. The registered manager completed a monthly report on aspects of people's care such as nutrition, pressure damage, infections and reasons for hospital transfers. This enabled the registered manager to see where people's general health was improving or deteriorating and take appropriate action.

The provider continued to have good oversight of how the service was performing and knew what was required to develop the service. The PIR provided clear information about the service and what improvements had taken place or were planned. Our findings from this inspection corresponded with what the provider told us in their PIR.

Accidents and incidents were recorded and the registered manager completed a monthly summary to check for themes or trends. In some cases it was not clear what action had been taken to minimise the risks of a re-occurrence. The registered manager agreed to review these reports and sent us a more detailed analysis

shortly after our visit. This showed us that appropriate action was taken and people's care had been reviewed in response to accidents or incidents involving them. For example, where a person experienced more falls or acquired a pressure sore, appropriate professionals were involved.

Registered persons are required by law to notify CQC of certain changes, events or incidents that affect a person's care and welfare. For example, when a death or injury to a person occurred. Before our inspection we checked the records we held about the service. We found that the manager had notified us appropriately of any reportable events and provided additional information promptly when requested.

The service continued to work in partnership with other professionals and external organisations. This helped ensure that staff were providing the most effective and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with the local authority, an NHS Trust, local hospices and other healthcare professionals. Care records showed how the service engaged with other agencies and specialists to respond to people's care needs and to maintain people's safety and welfare. The local authority carried out a recent monitoring visit and their report reflected positive feedback. An external consultant had completed a recent audit of the service in line with CQC's fundamental standards and regulations. The findings from their report were also positive.