

Barn Park Limited

# Barn Park Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Barn Park Residential Home is registered to provide personal care for up to 24 older people. This includes people who are living with dementia. The home is a larger older property with an extension to one side. A further extension was currently under construction and when this is completed this will add eight more bedrooms. Barn Park has been a care home for many years but for the last year the service has been run by new care providers. At the time of the inspection, 24 people were in residence. People's experience of using this service and what we found

People were receiving a service that was safe. People were safeguarded from harm because the staff team understood their role in keeping them safe and reporting any issues of concern. Any risks to people's health and welfare were identified in the assessment and care planning process and actions taken to ensure the risk was mitigated. The number of staff on duty for each shift was calculated based upon each person's care and support needs. New staff were recruited safely to ensure they were suitable to look after vulnerable people. Pre-recruitment checks included written references and a Disclosure and Barring Service check. Medicines were well managed and only administered by staff who were trained and competent. People received their medicines as prescribed. People were protected by the home's infection control policy and procedures.

The service was effective in meeting people's care and support needs. New staff to the service completed an induction training programme and all other staff had a programme of training to keep their knowledge and skills up to date. Staff were offered the opportunity to undertake additional health and social care qualifications. At the time of this inspection 65% of staff had achieved this. Staff were well trained and were regularly supervised. The staff team ensured people had access to the healthcare support they needed. This included their GP, district nurses, speech and language therapists (SALT) and other allied healthcare professionals. People were provided with a healthy, balanced diet that met their own individual preferences.

People were encouraged to retain as much choice and control of their daily lives and staff supported them in their best interests. The service was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

The service was caring. People received person-centred care and support based upon their own specific needs. People were content and comfortable in their home and stated they were happy with the way they were looked after. They reported that the staff were kind to them and listened to what they had to say. The staff team were fully aware of each person's specific needs. Many of the staff team were local, knew the local people they looked after and therefore shared a lot of history with them. The staff were seen to treat people in a warm and respectful manner.

The service was responsive to people's care and support needs. Their care plans were regularly reviewed and amended to take account of changes in care needs. The staff team made requests via the GP to other health and social care professionals as appropriate, in a timely manner. The service would endeavour to look after people who became very ill or were receiving palliative care. The service would work in partnership with family and healthcare professionals to achieve this.

People were offered a range of activities. People and their families were encouraged to make their views known about all aspects of the service and were listened to. The registered manager implemented changes where appropriate.

The service was well led. The registered manager had worked at the home for many years with the previous owners and had now taken on the management role. They and the senior staff team provided good leadership for the staff team. The service had good quality assurance systems in place with regular audits being undertaken, however, records must be available for inspection at all times. Audits identified any action required to make improvements.

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

This is the first inspection of this service since it was registered with new care providers in December 2018.

#### Why we inspected

This was the service's first planned inspection.

#### 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.

# Barn Park Residential 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

Barn Park Residential Home is a 'care home'. People in care homes receive accommodation and 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.

Barn Park Residential Home has been run by a newly registered provider since 7 December 2018.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service. This information included 'notifications' the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We used this information to plan our inspection. The service had not been asked to complete a Provider Information Return prior to this inspection. This is information we require providers to send to give us some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with six people who lived at the service. Because a significant number of people had varying degrees of dementia, we spent a period of time observing how they were looked after, how they spent their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. We spoke with four members of staff, as well as the registered manager. We were able to speak with one healthcare professional who was visiting the service at the time of our inspection.

We looked at three people's care records, together with other records relating to their care and the running of the service. This included policies and procedures, complaints, audits and quality assurance reports.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- ☐ People were safe because the staff team understood the processes to follow to safeguard people in their care. The staff team knew what to do if they suspected an incident or event had occurred that may constitute abuse.
- ☐ The registered manager demonstrated their knowledge of safeguarding procedures. They talked about an occasion where it had been necessary to raise safeguarding concerns with the local authority. The registered manager had worked with the local authority staff to address the issues – this concern was not related to the service or any of the staff team.
- ☐ Staffing numbers per shift were calculated to ensure each person's care and support needs could be met. Staff rotas were well managed, and the team worked well together. The service did not like to use agency staff, preferring to use their own staff who did extra shifts.
- ☐ At all times during the inspection there was a calm atmosphere in the home and the staff were able to go about their work unrushed. The staff responded to people's requests for support in a timely manner.
- ☐ People were looked after by staff who had been recruited following safe recruitment procedures. Pre-employment checks included at least two written references and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Assessing risk, safety monitoring and management

- ☐ As part of the care planning processes, risks to people's health and welfare were identified and a plan put in place to mitigate that risk. In the care plans we looked at, we saw management plans in respect of the likelihood of falls, skin damage, weight loss and difficulty with swallowing. The care plans were reviewed monthly to ensure they were still appropriate.
- ☐ Where people required assistance with moving and handling tasks, the care plan detailed the equipment to be used and the number of staff required.
- ☐ A personal emergency evacuation plan was in place for each person. These detailed the level of support the person would need in the event they needed to evacuate the building because of a fire.
- ☐ The records for the daily, weekly and monthly checks to keep the premises, people, visitors and staff safe were not available at the time of inspection. After the inspection the records were located and copies were sent to CQC. These included fire safety checks, water checks, checks of the premises, servicing and maintenance of all equipment. This shortfall was discussed with the registered provider who will ensure this is rectified.

Using medicines safely

- ☐ Medicines were managed safely. Only those staff who have completed medicine administration training and been deemed competent, administered medicines. Each person relied upon the staff to administer their medicines.
- ☐ The processes for the ordering, receipt, storage and disposal of medicines was safe.
- ☐ At every medication round the staff member checked the medicine administration record (MAR chart) had been completed properly and contained staff signatures. The registered manager undertook a six-monthly review of medicines and completed an audit. This was last completed in May 2019.
- ☐ No medicine errors have been reported in the previous 12 months.

#### Preventing and controlling infection

- ☐ People lived in a home that was clean, homely and free from any unpleasant odour. The service employed domestic staff and there was one member of the team on duty each day.
- ☐ Some areas of the home, for example window frames, were in need of upgrade. The new provider had a refurbishment plan in place.
- ☐ All staff received training in the prevention and control of infection and one member of staff had taken a lead role in infection control. The provider had infection prevention and control policies in place. Staff had access to personal protective equipment such as disposable gloves and aprons, and cleaning materials.

#### Learning lessons when things go wrong

- ☐ Staff reported any accidents, incidents or areas of concern to the registered manager. Written reports were completed and detailed what had happened, what immediate action was taken and any follow up action.
- ☐ A monthly review looked for any trends in the type of events. This helped to identify any action that could be taken to help prevent reoccurrence.



# 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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ Pre-admission assessments were completed prior to people taking up residence in Barn Park. This was generally undertaken by the registered manager and ensured the service was suitable, the staff had the correct skills and care and support needs of the person could be met.
- ☐ People's care and support was reviewed and evaluated at least monthly to ensure they continued to receive support that was effective and person centred.

Staff support: induction, training, skills and experience

- ☐ New staff completed an induction training programme at the start of their employment. The programme was in line with the Care Certificate and ensured they understood the national minimum standards.
- ☐ Moving and handling, fire safety and health and safety training was included in the four-day induction programme. Staff were not able to use moving and handling equipment until they had completed the training and been deemed competent.
- ☐ The whole staff team had a programme of refresher training they needed to complete to ensure they remained up to date with the necessary skills and knowledge. Staff were given the opportunity to undertake additional health and social care qualifications. Of the team of 20 staff, 13 had already achieved an NVQ qualification (levels two to five).
- ☐ Monthly training sessions were scheduled throughout the year with the North Devon Care Homes team. Examples of training that had been delivered included diabetes, prevention of pressure damage and skin care, prevention of infections and emergency first aid. The registered manager was attending 'reducing the risk of falls' training the following day.
- ☐ All staff had a scheduled supervision meeting with the registered manager on a two-monthly basis. These meetings were used to discuss what was going well and where things could improve. Training and development needs were identified.

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

- ☐ People were served with enough food and drink to maintain their health and body weight. After lunch people told us they had enjoyed their meal and there had been a choice.
- ☐ People's individual needs were assessed and catered for and they were offered choice at mealtimes. For example, diabetic diets and soft diets.
- ☐ People were encouraged to take their meals in the dining room where possible but any choices they made were respected. We discussed with staff regarding one person whose meal was served at a low table. Staff told us this was their choice, and this was confirmed in discussion with them.
- ☐ Where people needed to be assisted with their meals this was done sensitively and not rushed.

- Drinks and snacks were available throughout the day.
- People's body weights were checked monthly or weekly if necessary. The staff monitored food and fluid intake where this was necessary. Care plans were developed when people were at risk of weight-loss, so staff could take the appropriate action.
- Referrals were made via the person's GP to dieticians or speech and language therapists (SALT), where they were swallowing concerns. Staff knew about the importance of using thickening agents to add to fluids when prescribed, to mitigate the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other agencies to ensure people's health care needs were met. Examples included the two GP surgeries where people were registered, the district nurses who were regular visitors to the service, community psychiatric nurses and other allied healthcare professionals.
- One healthcare professional told us the staff worked well with them, any instructions left were followed, and they were called in to see a person in a timely manner.
- The staff made the necessary arrangements when people needed to attend out-patient appointments at the local hospitals.
- The staff worked with the GP and the prescribing nurse in undertaking regular reviews of health care needs and medicine regimes.

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

- Barn Park Residential Home is a large country house that has previously been extended to provide more bedrooms. Further building works were underway to provide an additional eight bedrooms.
- The home has been a care home for more than 30 years but for the last year has been run by a newly registered care provider.
- The fabric of the home is tired and worn but the new provider has a programme of refurbishment. Some windows and radiator covers have already been replaced. Some of the bedrooms have been redecorated.
- All bedrooms were for single use, were of varying sizes and 'homely'. There was sufficient communal assisted bathrooms and wet shower rooms.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- All staff had completed a MCA and DoLS training programme and had a basic understanding of the legislation.
- The service had submitted DoLS applications to the local authority where appropriate. A number of these applications were waiting approval whilst others had been authorised. The registered manager was fully

aware of those who were subject to DoLS conditions and the implementation of any conditions.

- ☐ Staff encouraged people to make choices and gained their consent before delivering any care and support.
- ☐ Whilst there were daily routines within the home the staff were flexible in meeting people's care and support needs, taking in to account choices and preferences. For example, time of getting up and retiring to bed and what time to have meals.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as Good. 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

- ☐ The staff team had good friendly relationships with the people they looked after. Each person looked relaxed and content.
- ☐ We observed friendly and caring interactions between people and staff. During the midday meal staff were supporting those who needed support in a sensitive and unrushed manner.
- ☐ People said the staff treated them well. Comments included, "They are very kind to me" and "They are quite polite and kind to me".
- ☐ The registered manager and the care staff we spoke with talked fondly about people. One member of staff said they would not want to work anywhere other than Barn Park because "this is my family".
- ☐ The registered manager and other senior staff had a very visible, hands-on approach, and ensured high standards were maintained.

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

- ☐ People were encouraged to be involved in decision making about all aspects of their daily living. During the inspection we heard people being offered choice for example, where to sit, what they wanted to eat and wanted they wanted to watch on television.
- ☐ Regular 'resident' meetings were held and people were encouraged to share their views and suggestions on how to improve the service. The member of staff who usually led these meetings knew the importance of including the less vocal people in decision making.
- ☐ People's care plans were reviewed monthly and they were encouraged, where possible, to have a say about how they were looked after. The staff involved family and healthcare professionals where appropriate.

Respecting and promoting people's privacy, dignity and independence

- ☐ Those people who were able to said they were treated well, the staff were respectful and their dignity and privacy was maintained.
- ☐ Our observations during the inspection confirmed this. People were encouraged to be as independent as possible and have as much choice and control in their lives as possible.
- ☐ People were either supported with all personal care tasks or prompted to meet their own needs. The staff ensured people were able to continue with their preferred style of dress, shaving, nail care and access to visiting hairdresser. A hairdresser visited the home regularly and staff/family were able to use the salon facilities as well.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's needs were met through good organisation and delivery.

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

- ☐ People received care and support that met their specific needs. Those people who were able told us they were well looked after. We observed the care staff interacting with people – they acted upon requests for support in a timely manner and were vigilant regards those with a mental impairment.
- ☐ Care plans were prepared for each person. At the front of each person's care file there was a summary of needs. These were undated and did not always provide a true reflection of care and support needs where there had been a change. This could mean a person would receive the wrong care however handover reports are made at every shift change. The registered manager agreed to remove these summary plans.
- ☐ Where able, people were involved in developing their care plans and in subsequent care plan reviews. Family also contributed when required.
- ☐ Those staff we spoke with during the inspection were knowledgeable about the people they were looking after. They were familiar with the way each person liked things done. For example, one person would only take their medicines if the staff sang along with them.
- ☐ The registered manager told us families were always kept informed of any changes. Staff maintained detailed accounts to record changes in people's health and the actions they took.

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.

- ☐ Information was shared with people in line with the Accessible Information Standard. A 'Welcome to Barn Park' information pack had been placed in each bedroom. These detailed the facilities and procedures in the home. The registered manager said these were to be updated by the new registered provider.
- ☐ Where a person had little or no verbal communication, details were recorded in their care plan. Staff told us one person was unable to communicate but they talked to them and then interpreted their facial expressions to check understanding.

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

- ☐ People were offered and provided with a range of activities. These were arranged on an ad-hoc basis. People were asked what they would like to do and asked to share any ideas.
- ☐ Some activities were for groups of people, whilst others for individuals. One member of staff told us how they had taken a person to a dog show and how it had been a "good afternoon".

- The service aimed to organise one trip away from the home each month. They had previously visited a National Trust property and a local garden centre.
- One person told us they liked to spend their time in their own room and did not like to join in with the others.
- One person had their cat living with them at Barn Park and would not have considered residential care without the option for this.
- Visitors were welcome at any reasonable time and the staff team knew the importance of maintaining family support. Many of the staff and people were locals therefore there was a lot of shared history. This meant the staff were able to have conversations about events that had happened in the past.

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

- The service had a complaints procedure and this was included in the home's welcome pack. A copy was also displayed in the main hallway by the visitors signing in book. The service had received one formal complaint in the previous 12 months. This had been resolved satisfactorily. The Care Quality Commission have not received any complaints regarding this service in the last 12 months.
- People said they were listened to and if they had raised any matters they were dealt with.
- People and their family were encouraged to express their views during care plan reviews and resident meetings.

#### End of life care and support

- The registered manager told us the service would endeavour to continue caring for people at Barn Park if they developed end of life care needs. The staff team would work in partnership with the person's GP, district nurses and palliative care nurses.
- The service had previously looked after people who have then passed away. Some of the staff team have received end of life training.
- The service had received letters and cards from families after their relative had passed away at Barn Park. It was evident the families had been more than satisfied with the care their loved one received.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as Good. 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

- ☐ The registered manager had a strong visible presence in the home and led the staff team by example. They provided good leadership for the staff and ensured delivery of person-centred care to each person. Each staff member we spoke with shared the registered managers commitment to person-centred care.
- ☐ People were complimentary about the service. They said, "I couldn't be any better looked after", "They tell us this is our home all the time and it is lovely and homely" and "I am very glad that I came to live here".

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 service communicated well with families and saw this as essential in maintaining good relationships.
- ☐ The registered manager had an open, honest and transparent approach to their role
- ☐ No issues had been raised with CQC prior to this inspection.

Managers and staff being clear about their roles, and understanding quality performance, ` risks and regulatory requirements; Continuous learning and improving care

- ☐ The registered manager had completed an exercise to ensure the service met each of the Key Lines of Enquiry (KLOEs) against which CQC inspections were carried out. This had enabled the manager and provider to ensure the quality and safety of the service was maintained.
- ☐ The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- ☐ The service had systems in place to monitor and evaluate services provided in the home however some of the documents were not easily located. Audits were completed in respect of care documentation, medicines and health and safety. Where shortfalls were identified, action plans were developed detailing the improvements that needed to be made.
- ☐ Any events that had happened in the home were reviewed and analysed to identify trends. This enabled the service to prevent re-occurrences and improve quality.

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

- ☐ The views and opinions of people were sought in a variety of ways. The staff held resident's meetings and encouraged people to tell them about the food they were served with and activities for example. When care

staff were delivering personal care, they checked people were happy with the way they were looked after.

- The new registered provider aimed to spend one to three days per week at Barn Park so they could meet with people, their relatives and the staff team
- Staff received a handover report at the start of a shift so that they were aware of any changes for people in their care. The registered manager and other senior staff had a visible presence in the home and were always available.
- The registered manager held staff meetings regularly and one of the senior staff held resident/family meetings. This meant people, families and staff were able to express their views. Meeting notes detailed what was discussed and what planned action was required.

Working in partnership with others

- The service worked well with the local Care Home Support team and had effective working relationships with outside agencies. This included the local authority, district nurses, the GP practice, the safeguarding and DoLS teams.