

Mrs Frances Bainbridge

Mrs Frances Bainbridge - 30 High Barn Road

Inspection report

30 High Barn,
School Aycliffe,
Newton Aycliffe.
DL5 6QN
Tel: 01325 321180

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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 

Overall summary

This inspection took place on 30 March 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

30 High Barn was set up to provide long term care for two people who had previously lived together.

On the day of our inspection there was only one person using the service and they were in hospital at the time of our visit.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

30 High Barn Road was last inspected by CQC on 16 September 2013 and was compliant.

Summary of findings

There were sufficient numbers of staff on duty in order to meet the needs of the person using the service.

Incidents and accidents were appropriately recorded.

Medicines were administered safely and there was an effective medicines ordering system in place.

The person's needs were being met by suitably qualified, skilled and experienced staff.

The home was very clean, spacious and suitable for the person who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are

looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager, who understood their responsibility with regard to DoLS.

Staff treated the person with dignity and respect and helped to maintain their independence by encouraging them to care for themselves where possible.

Staff had a good understanding of the person's history, needs and preferences.

The person who used the service had access to a range of activities in the home and within the local community.

The provider had a complaints policy and procedure in place and people knew how to make a complaint.

Summary of findings

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.

There were sufficient numbers of staff on duty in order to meet the needs of the person using the service.

Incidents and accidents were appropriately recorded.

Medicines were administered safely and there was an effective medicines ordering system in place.

Good



Is the service effective?

The service was effective.

Staff were suitably qualified, skilled and experienced to meet the health and welfare needs of the person using the service.

Staff had knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The person using the service had access to a choice of food and drink.

Good



Is the service caring?

The service was caring.

Staff treated the person using the service with dignity and respect.

The person was encouraged to be independent and care for themselves where possible.

Staff had detailed knowledge about the person who lived at the home.

Good



Is the service responsive?

The service was responsive.

Risk assessments were in place where required.

The person had access to a range of activities in the home and the within the local community.

The provider had a complaints policy and the person using the service was made aware of how to make a complaint.

Good



Is the service well-led?

The service was well led.

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The person who used the service had access to healthcare services and received ongoing healthcare support.

There were systems in place for monitoring the service.

Good



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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 30 March 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by an adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also

contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

During our inspection we were unable to speak to the person who used the service as they were in hospital however we spoke with the registered manager and the person's care manager.

We looked at the personal care or treatment record for the person who used the service.

For this inspection, the provider was not asked to complete 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. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Is the service safe?

Our findings

On the day of our inspection there was only one person using the service and they were in hospital at the time of our visit. We spoke with the person's care manager who told us "I have seen [Name] in the service and they were safe and happy".

30 High Barn Road is close to the town of Newton Aycliffe, County Durham. The home provides accommodation for up to two people. The person's home comprised of a kitchen, lounge diner, two bedrooms and a shared bathroom. There was also private access, through French doors, to an enclosed garden with a patio area at the rear of the property. The home was very clean, spacious and suitable for the person who used the service.

We looked at the health and safety and COSHH policies and we saw there were procedures for recording accidents and incidents. The home had smoke alarms installed and these were tested on a regular basis. Windows we checked were fitted with window restrictors that appeared to be in good working order to reduce the risk of falls. We saw wardrobes in people's bedrooms were secured to walls. This meant there were arrangements in place for keeping people safe.

We saw a copy of the provider's safeguarding adult's policy, which provided guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We discussed safeguarding with the registered manager and saw from the records, there had not been any safeguarding incidents at 30 High Barn. The registered manager knew the different types of abuse and how to report concerns. This meant that the person was protected from the risk of abuse.

We discussed with the registered manager how the home was staffed. She told us they (the registered manager) and

one other member of staff were the sole providers of care and support for the person. She also told us a domestic was employed to clean the home each week. The registered manager told us they continually monitored the person's needs, for example around how many people were required to assist them with moving and handling or personal care. We asked the registered manager what arrangements were in place to cover sickness absences and holidays. They told us that respite care was arranged with a local care home and was available for twenty eight days per year including in the event of an emergency. This meant the provider had measures in place to ensure there were sufficient staff to meet the person's needs.

We discussed the medicines procedures with the registered manager and looked at records. We saw medicines were stored in a locked cabinet and were appropriately secured. We looked at the medicines supplied in a 'monitored dosage system'. The monitored dosage system is where medicines are supplied in pods prepared by the pharmacist. We checked the person's medicine record and found it was complete, up to date and had been signed by the registered manager when the medicines had been administered.

We saw the person's medicines were reviewed annually. The registered manager told us they would contact the person's GP if the person's needs changed or they were continually refusing their medicines. We saw a copy of the medicine sheet which had been completed for transfer to hospital. Records were kept for medicines received and disposed of. The registered manager and the other staff member had been trained by the pharmacy who supplied the medicines. This included training in the medicines administration system used at the home. This meant that the provider stored, administered, managed and disposed of medication safely.

Is the service effective?

Our findings

People who lived at High Barn received effective care and support. On the day of our inspection there was only one person using the service and they were in hospital at the time of our visit. We spoke with the person's care manager who told us "[Name] has lived in the service for over thirty years, they receive good care and their needs are met".

We discussed training with the registered manager. They told us how they and the other member of staff were appropriately qualified and had many years of relevant experience of working within a health and social care setting. This meant the person's health and welfare needs were being met by suitably qualified, skilled and experienced staff.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager, who understood their responsibility with regards to DoLS.

The registered manager described the procedures they would follow if the person who used the service lacked capacity to make an informed decision about their care and welfare. They told us an assessment of the person's capacity would be carried out by an external health

professional. If the person was assessed as lacking capacity then a best interest decision meeting would be held. This meant where there were any concerns over a person's capacity to make decisions; a formal process was followed to determine what was in the person's best interests.

We asked the registered manager how they ensured they obtained consent from the person who lived at the home. The registered manager told us "I ask them first". We looked at the person's care plans and saw the person had signed their care plans to indicate their consent. This meant there were procedures in place to obtain valid consent from the person using the service.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists.

We saw the person using the service had access to a choice of food and drink. The person had their own kitchen, where snacks and drinks were available throughout the day and night. The registered manager told us the person was always given a choice of food at meal times and could choose whether to eat his meals in his own lounge or with the family. She was aware of their likes and dislikes. The registered manager was able to tell us the person's favourite meal.

The layout of the home provided adequate space for the person using the service. It was nicely decorated and well maintained.

Is the service caring?

Our findings

There only person using the service was in hospital at the time of our visit. The person's care manager was complimentary about the standard of care at High Barn. They told us "[Name] likes living in the service and enjoys being part of the community".

The registered manager had a good understanding of the person's history, needs and preferences and was very knowledgeable about the person who lived at the home.

We spoke with registered manager and they were able to give examples of how they ensured the person's privacy and dignity was respected. They told us "I always knock before I go into [Name]'s home".

The registered manager told us that the person using the service would tell them if they were not happy. The registered manager told us how they would observe the person and could recognise the signs which may suggest the person was unhappy.

The registered manager told us that the person using the service preferred daily tasks to be carried out at the same time each day. For example, "[Name] likes a cup of tea at 11am and 3pm, his lunch at 1pm and tea at 5pm". The registered manager told us they monitored this to ensure the person was happy with their routine.

We asked the registered manager how they supported the person to remain as independent as possible. They told us they would encourage him to perform daily tasks for example, making his bed and setting the table for meals.

We saw the person's lounge area and bedroom was very individualised with their own furniture and personal possessions. We saw there was a spacious bathroom which provided the person with a choice of a bath or shower.

We saw from the care records that the person had expressed their bathing preferences, for example, "[Name] prefers a shower".

This meant the person was treated with respect and involved in making decisions about their care.

Is the service responsive?

Our findings

We found care records were person-centred and reflective of people's needs. We looked at the care record for the person using the service. The registered manager told us that this had been written by the social worker and provided detailed information on the support required.

We looked at the care plan and saw that for each area of need a corresponding care plan had been devised. The plans were specific to the person who lived at High Barn, they described their individual needs and preferences and how the service was to support them. The plans were reviewed by the person's care manager and the registered manager during the self-directed support review. We spoke with the person's care manager who told us the person's next review would be in September 2015.

Care plans were in place for medicines, personal care, money and shopping. Each care plan outlined the persons short and long term goals. Care plans detailed what the person was able to do and what they enjoyed doing. For example, the person was assessed as being unable to manage their own finances and the registered manager had become an appointee for the person. We looked at the cash book which detailed the person's financial transactions and receipts. Each care plan was evaluated regularly.

We saw there were risk assessments in place. These described the actions that were to be taken by the provider

so the person could live the lifestyle they wanted whilst reducing the likelihood of harm. For example, there were risk assessments for road safety and accidents in the kitchen. Risk assessments were reviewed and changes were made if needed.

We looked at the communication book which showed details of appointments with health and social care professionals, for example the opticians, hospital, chiropodist, well man clinic and GP.

This meant the person's wider health needs were supported.

The registered manager told us about how the person was supported to remain involved in the local community and how he attended a day centre twice a week. They told us how the person enjoyed watching television, reading the paper and sitting in the garden. The person was always invited to go out with the family for example, to go shopping or visiting Richmond.

We saw a copy of the provider's complaints policy and procedure and discussed complaints with the registered manager. We saw there had been no complaints about the service. The registered manager was clear about how they would deal with concerns or comments about the service. They told us they would deal with minor concerns straight away and would inform the care manager of any complaints. This meant that comments and complaints were listened to and acted on effectively.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The registered manager was clear about their role and responsibilities. We saw there were systems in place for monitoring the service including checks carried out by the person's care manager, hygiene inspection and fire assessment.

We asked the registered manager how they checked the quality of the service they provided. They told us they ask the person who lived at the home if they were happy with everything. They said "[Name] would say if they were not happy".

We saw a copy of the provider's business continuity management plan. This provided emergency contact details and a Personal Emergency Evacuation Plan (PEEP) in place to identify the support the person who used the service would require in the event of an evacuation of the premises.

We saw the person who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists. This meant the service ensured the person's wider healthcare needs were being met through partnership working.