Cozee Care Homes Limited

Barnston Court Care Home

Inspection report

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11 January 2017

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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

The inspection took place on 10 and 11 January 2017 and was unannounced on the first day. The home is a purpose-built, three-storey property set in its own grounds in a residential area close to the town centre. There were bedrooms on the ground and first floors. Communal areas were all on the ground floor, with staff and service areas in the basement. The service is registered to provide accommodation and nursing or personal care for up to 30 people and 22 people were living there on the first day of the inspection, and 23 on the second day.

We last inspected Barnston Court on 17 December 2015 and found that overall the home required improvement. We found a breach of Regulation 19 of the Health and Social Care Act 2008 because the provider had not always followed robust recruitment processes and made every effort to gather all available information to confirm that the person seeking employment was of good character.

The home had a manager who had applied to be registered with the Care Quality Commission. 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.

There were enough qualified and experienced staff to meet people's needs and keep them safe. Some shifts were covered by agency staff. The required checks had been carried out when new staff were recruited.

We found that the home was clean and well maintained and records we looked at showed that the required health and safety checks were carried out. Medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

Where appropriate, applications had been made to the local authority for Deprivation of Liberty Safeguards. People were happy with their meals and choices were always available.

The members of staff we spoke with had good knowledge of the support needs of the people who lived at the home. The staff we met had a cheerful and caring manner and they treated people with respect. Visitors who we spoke with expressed their satisfaction with the care provided. The service provided an accredited end of life care programme.

People were registered with local GP practices and had visits from health practitioners as needed. The care plans we looked at gave information about people's care needs and how their needs were met.

There was a friendly, open and inclusive culture in the home and people we met during our visits spoke highly of the home manager. Monthly quality audits were completed and identified where improvements were 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?

Good

The service was safe.

The home was clean and well maintained and records showed that regular environmental safety checks were carried out.

There were enough staff to support people and keep them safe. The required checks had been carried out when new staff were recruited.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had completed an electronic training programme and nearly all staff had a national vocational qualification.

The service was compliant with the Mental Capacity Act.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available.

Is the service caring?

Good

The service was caring.

Staff working at the home were attentive to people's needs and choices and treated them with respect.

There was a friendly and inclusive atmosphere and visitors were made welcome.

The service was accredited with the Gold Standards Framework for end of life care.

Is the service responsive?

Good

The service was responsive.

People had choices in daily living and staff were aware of

people's individual needs and choices.

The care plans we looked at provided information about people's care and support needs and how their needs should be met.

A copy of the home's complaints procedure was displayed and people told us they would feel able to make a complaint if necessary.

Is the service well-led?

Good

The service was well led.

A new manager was appointed in October 2016 and had applied for registration with CQC.

There was a positive, open and inclusive culture and people were able to express their views.

Regular audits were carried out and recorded to monitor the quality of the service and identify areas for improvement.

Barnston Court Care Home

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.

The inspection took place on 10 and 11 January 2017 and was unannounced on the first day. The inspection was carried out by an adult social care inspector.

Before the inspection we looked at information CQC had received since our last visit. During our visit we spoke with three people who used the service, four relatives, two visiting professionals, and eight members of staff. We looked at care plans for three people who used the service, medication records, staff records, health and safety records, and management records.

Good

Is the service safe?

Our findings

Everyone we spoke with said that they thought the home was safe and care was provided in a safe way. Safeguarding policies and procedures were in place and staff had completed a programme of training about safeguarding.

The staff rotas until the end of the month were available. These showed that there was a nurse on duty at all times. There were four care staff on duty between 8am and 6:30pm, and two during the evening and night. Records we looked at showed that these numbers were maintained with some use of agency staff. The manager and the administrator were both registered nurses and worked alongside the staff team..

The day carers all had a national vocational qualification (NVQ), eight at level 3. Two of the night carers had NVQ level 3 and three had level 2. The home employed four domestic staff, one laundry assistant, three catering staff, and a maintenance person. Housekeeping and catering staff had an NVQ relevant to their role. The home had a full team of staff, some of whom had worked there for a long time.

An 'agency file' contained important information for agency staff and handover forms were completed to record that the handover process from a nurse employed by the home to an agency nurse had been completed. There were also details of the staff who were supplied by agencies including their training and qualifications.

We looked at the recruitment records for staff employed since our last inspection. Records showed that robust procedures had been followed to ensure that staff were safe and suitable to work with vulnerable older people. The administrator also kept detailed records relating to staff who had left the service including the reason for them leaving.

A visitor told us "The home is spotlessly clean." There were two domestic staff on duty each day and a laundry assistant. Disposable gloves and aprons were available and were used appropriately. Cleaning schedules were maintained and waste disposal contracts were in place. We walked all around the premises and all areas were clean, tidy and well-maintained. The laundry, sluices and storage areas were clean, tidy, and well-organised. An infection control audit was carried out by NHS staff in December 2015. This recorded a score of 86%. A self-audit carried out in November 2016 showed that improvements had been made. The home had a five star food hygiene rating.

We spoke with the maintenance person and looked at the maintenance records he kept. These showed that regular checks of services and equipment were carried out. Portable electrical appliances were tested when they came into the building and thereafter annually. Water temperatures in bathrooms and shower rooms were checked daily and all other outlets monthly. Opening restrictors had been fitted to all windows and could not be removed without the use of tools. Doors on the ground and first floors were fitted with magnetic hold-open devices which released when the fire alarm was activated.

Records showed that testing, servicing and maintenance of utilities and equipment was carried out as

required by external contractors. A weekly fire alarm test was carried out and monthly fire equipment checks and fire drills. We saw good records of different fire practices which showed that staff had training with using extinguishers and fire evacuation aids.

We noticed that some people did not have a call bell cord in their bedroom. The deputy manager explained that these people were unable to, or chose not to, use the call bell, however this was not documented on a risk assessment.

We looked at the arrangements for the management of people's medicines. There was a small locked medicines room on the first floor which was clean and tidy. There was a cabinet for the safe storage of controlled drugs and appropriate records were kept. We were told that repeat medicines were received about five days prior to a new cycle starting so there was time to chase up any missing items. We saw that monthly repeat medicines were signed in onto the medication administration record (MAR) sheets to indicate that a nurse had checked they were correct. Hand-written additions to the MAR sheets were signed and countersigned, and the quantity of medication received was recorded.

Most medicines were dispensed in a 'pod' system, which made it easy to see if any tablets had not been given. We found one example where tablets that should have been given were still in the pod. It was explained on the MAR sheet that the person had been nauseous that day. Another person's MAR sheet recorded that the person did not wish to take the medication that had been prescribed for them. During the inspection we heard the manager discussing this with the person's GP and the person was given the opportunity to make their wishes known to their doctor.

Regular stock checks were carried out for items that were not dispensed not in pods. Administration records and stock checks we looked at indicated that people always received their medicines as prescribed by their doctor.

There was a laminated front sheet for each person's MAR, with a photograph of the person and a detailed description about how the person preferred to take their medication and any support they needed, for example 'will only take with a cup of tea'.

We looked at records for medication prescribed to be given 'as required' (PRN). There were protocols in place to guide nurses to help them make decisions if that medication needed to be given. The nurse on duty told us that there was no 'covert' (hidden) administration of medication.

A detailed medication audit had been completed on 17 December 2016. An action plan had been written to address shortfalls and timescales had been set.

Good

Is the service effective?

Our findings

People we spoke with said "The meals are lovely and we get lots of cups of tea." and "The food is always nice." Before the inspection, a relative had contacted CQC and told us "The food is excellent and wouldn't shame a five star restaurant. If there was anything she didn't like, the chefs would try their best to give her an alternative."

The dining room had been refurbished and was much improved. Tables were laid nicely for lunch. The manager showed us the new menus cards that she had almost finished writing. These included pictures of the meals to help people choose.

We spoke with the chef and he showed us records of people's individual needs. He told us that the catering staff spent time talking to people and finding out their likes and dislikes. People had two choices at lunchtime and teatime.

People received the support they needed to eat their meal and details of people's dietary requirements were recorded in their care plans. We observed that people were offered hot and cold drinks throughout the day.

Records we looked at showed that new staff completed an induction programme when they started working at the home. During 2015 and 2016, staff had undertaken training modules provided by 'Social Care TV'. The topics covered included moving and handling, fire safety, palliative care, food hygiene, infection control and safeguarding. New staff, who had started working at the home during 2016, had completed 15 of the modules. The manager told us that she was happy with the level of training she had found at the home, however she considered that staff should also have practical moving and handling training and was making arrangements for this to take place as soon as possible. She also planned to deliver some additional courses to small groups of staff, including training about mental capacity and consent, and a 'back to basics' course which included reflective practice scenarios asking "What will I do differently?"

Staff appraisals had been carried out during September and October 2016, and a supervision and appraisal planner was in place for 2017.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

There were no restrictions on people's movements around the home and some people went out on their own. The manager had a good understanding of issues relating to mental capacity and consent. She gave an example of a person who lived at the home who was diabetic but requested sugar and staff found this difficult. She was planning training sessions with small groups of staff to raise their awareness of issues relating to consent.

One person who lived at the home had a DoLS in place. Other applications had been made to the local authority and were awaiting consideration.

We walked all around the building and saw that people were provided with profiling beds that had integral bedrails, pressure relieving mattresses, and other equipment to meet their individual needs. Different types of hoists and slings were available to ensure that people could be moved and transferred safely. Assistive technology was in place where needed to reduce the risk of falls.

There were two conservatories on the back of the building. The further away one was a smoking area. There was some escape of smoke into the building if people did not close the doors properly. There was a well-tended garden at the back of the property.

Good

Is the service caring?

Our findings

A relative who completed a CQC survey form wrote "The staff at Barnston Court are all caring, compassionate and knowledgeable. It is always easy to speak with a member of staff if you have any concerns." When asked about the staff, a relative said "They are all so good." Another relative told us "I can't fault the place. I can come at any time and the staff are always courteous and professional. The food is good. I can't praise it enough."

A social care professional who was visiting a person who lived at the home said "I can't fault it. The girls are lovely, I've never heard anything untoward. [Person's name] is well cared for, she's always clean with her hair done nicely."

People were able to decide for themselves where they spent their time and where they took their meals. We saw that bedrooms shared by two people had a privacy curtain. Most bedrooms were personalised with people's own belongings and pictures.

We found a friendly and jolly atmosphere in the lounge. Everyone was included in the conversation and visitors were made welcome. Two visitors told us that the spouses of people living at the home were always welcome to have lunch there with them. Another relative said "I'm here every day and as soon as I walk in they ask if I'd like a coffee."

We saw that when care staff had any time to spare they spent it interacting with people in the lounge. We observed lots of personal contact between staff and people living at the home. A member of staff said "We're like a family, we all join in."

There was plenty of information for visitors in the entrance area, for example leaflets about Dignity in Care, Alzheimer's disease, and advocacy services. There was information about the Gold Standards Framework.

The home was accredited with the Gold Standards Framework programme which aimed to promote and improve end of life care by giving all involved choices and enabling them to die with dignity in the place that they choose with whom they choose and that it be pain free and dignified to the end. They also provided bereavement care for staff, family and friends.

Good

Is the service responsive?

Our findings

We spoke with a visiting GP who told us "I'm quite impressed with this home compared to others. People seem happy and the nurses know what's going on." The doctor also told us that call outs were made appropriately and medical instructions were followed. People we spoke with said the doctor was called if necessary. We also saw evidence of referrals to professionals for advice including speech and language therapist, dietician, falls prevention team, community mental health team and palliative care team.

At the time of our inspection, some bedrooms were being used as short stay accommodation for people who were being discharged from hospital but required a further period of nursing care. The manager told us that she would not accept any admissions without first visiting the person in hospital to assess their needs and ensure that the home had all of the equipment the person needed.

Staff we spoke with had good knowledge of people's care needs and were able to describe in detail the support they provided to individuals, Care charts in people's bedrooms were well completed. We observed during the inspection that one person wanted to have a lie down in their bedroom during the afternoon and staff supported them to do this. Another person asked to go to the toilet. A member of staff told the person that they had only recently been to the toilet, however they were happy to take them again and respected the person's request.

There was a 'resident of the day' system and the form used to record this covered all aspects of the service the person received including input from the chef, from housekeeping and laundry, and from activities, as well as reviews of the person's care plan and their medication.

We found that the care plans had improved since our last inspection. The care plans we looked at contained accurate and up to date information describing the care and support people needed. The files had been kept up to date with regular reviews.

A member of the care team had twelve hours a week allocated for organising social activities. She had written a weekly activities programme and this was under review. We spoke with this member of staff and she told us she got good support from the manager and other staff. She was keen to extend her skills and had been finding out about courses she might be able to attend. We observed her doing reminiscence work with people in the lounge and this was very positive. We were informed that staff took people out locally to the shops and to a local coffee morning. A hairdresser visited the home weekly and a visitor read poetry and short stories weekly. There was also a weekly Holy Communion service in the home.

An activities file had been set up with records for each person. These included a 'Who am I?' profile for each person including their likes and dislikes and biographic details provided by the person or a family member.

The home's complaints procedure was displayed in the entrance area. It gave contact details for individuals and bodies that people could approach if they wished to make a complaint or raise a concern. This included contact details for the provider. A relative told us "I'd have no hesitation in making a complaint if necessary."

The manager said that she had not received any complaints since taking up post and did not find any records of recent complaints. CQC was aware of one complaint that had been made earlier in 2016. The deputy manager was able to give us details of how this had been addressed, however we did not see any written records.

Good

Is the service well-led?

Our findings

A visitor we spoke with said "The new manager is lovely." and went on to tell us how the manager had provided support to her as well as to her relative who lived at the home.

The manager had been at the home for two months and had applied for registration with CQC. She was a registered nurse with previous experience as a registered manager. She told us she had a two week handover period with the out-going manager.

At our last inspection we found that there was very little space for the manager to work in as the home had a tiny office which was shared between the manager and the nurses and was full of various files and folders. This did not provide any private space for confidential conversations. At the time of this inspection, a bedroom which was adjacent to the main entrance so did not afford much peace and privacy for a person living at the home, was being used as an office and for some storage. This was a great improvement.

The manager had introduced some new documentation to the home and we saw that the forms and other documents she had put in place were clear and well-constructed. The manager reported significant events to us, such as safety incidents, in accordance with requirements. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.

Meetings for nurses, ancillary staff and care staff had been held in November 2016 in order for all of the staff to meet the new manager. The manager had not yet held any relative and resident meetings, but the small size of the home meant that the manager had got to know relatives well and we saw that they were comfortable talking to her.

A satisfaction questionnaire had been carried out in November 2015 and a summary report written. This recorded a high level of satisfaction with staff and care, but identified improvements needed to activities. The provider may find it useful to carry out a new survey to find out whether people consider that improvements have been made.

A monthly home manager audit covered 17 topics. This had last been completed on 9 January 2017, the day before our inspection. The overall score was 88.8%. Areas looked at included accidents and incidents, medicines and care plans. We saw honest and open reporting by the manager, with areas for improvement identified an action plan written.