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Barn Park Residential Home

Inspection report

Halwill
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Devon
EX21 5UQ

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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 4 and 5 February 2016. Our previous inspection in October 2013, found the standards we looked at were being met.

Barn Park is registered to provide accommodation and personal care to a maximum of 24 people, most of whom are older people living with dementia. It is not a nursing home and health care needs are met through community health care professionals. There were 24 older people resident when the inspection began.

The service is required to have a registered manager. 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. The provider of Barn Park is also the registered manager. They delegate the day to day running of the home to a senior care worker with the title of care manager.

People were treated with kindness, compassion, dignity and respect. They were supported to remain active, interested in life and empowered to bring ideas into fruition. People were enthused with what they had achieved, such as performing for the local community. There was also daily involvement in daily living tasks and the care of pets and animals.

Safety was promoted because risks were assessed and managed. Staff recruitment included checks that the potential staff member was safe to work in a care home environment and took into account the opinion of people using the service.

Community professionals had confidence in the staff's knowledge and skills, one saying, "I trust the care workers". Staff received a broad depth of training and there were enough staff to meet people's needs in a timely manner. Staffing was kept under review and additional staff could be contacted quickly if necessary to meet any staffing shortfalls.

People were protected from abuse and harm. Staff understood how to recognise abuse and respond to any concerns, including reporting concerns to outside agencies.

People received their medicines as prescribed and in a safe way.

People's legal rights were upheld because staff understood people's right to choice, and how to protect people under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People's nutritional needs were met by staff who were trained to promote a healthy, balanced diet.

People's personal care needs were well met. Community nurses praised the home for the standards of care

provided, one saying, "People receive good quality care".

The provider and care manager were innovative and open to ways to improve the service. They engaged with other providers through quality improvement groups.

There were effective arrangements to respond to people's views and risk was understood, monitored and well managed.

The culture at Barn Park was one of respect; open, friendly and forward looking.

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.

Recruitment procedures protected people.

People were protected from abuse and harm.

The risk management procedures were robust and designed to protect people whilst enabling them to be independent..

There were sufficient staff available to meet people's care needs.

People were safely supported with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and supported. Formal supervision was being reviewed toward improvement.

People's choices were consistently respected and staff understood how to uphold people's rights.

People's nutritional needs were being met.

People's health care needs were being addressed.

Is the service caring?

Good ●

The service was caring.

The staff team had developed caring and supportive relationships with people at Barn Park.

People's views were sought and responded to.

Is the service responsive?

Good ●

The service was responsive.

People were actively encouraged to contribute to day to day life

in the home. They were empowered to develop and lead their own activities and engage with the local community.

There were systems in place to receive suggestions and complaints. There had been no complaints.

Is the service well-led?

Good ●

The service was well-led.

The provider and care manager led their well-motivated staff by example.

There were effective quality assurances systems in place designed both to monitor the quality of care provided and drive improvements within the service.

Barn Park Residential 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 4 and 5 February 2016. One adult social care inspector completed the inspection.

Before our inspection, we reviewed information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. A Provider Information Return (PIR) had been requested prior to the inspection. 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.

A number of people living at the service were unable to communicate their experience of living at the home in detail as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We met every person using the service, spoke with four, and four people's family. We looked at the care plans and risk assessments for four people and some medicine records. We spoke with six staff members and the registered provider. We looked at records connected with how the home was run, including training and recruitment records, records of a residents meeting and audits and risk monitoring. We saw video footage of people engaged in community activities. We spoke with two community health care professionals.

Is the service safe?

Our findings

People's family members said Barn Park was a safe place. One person said, "If (family member) is frightened at night there is always somebody to talk to".

There were sufficient staff to meet people's individual needs. People using the service and their family members had no concerns about staffing numbers. The care manager said staffing numbers depended on people's needs at the time. Currently that was four care workers in the morning, three in the afternoon and two at night. She was available to cover any unexpected staffing shortfalls at short notice. There was an arrangement in place to enable her to contact local staff easily, as necessary. An additional member of staff had been recently introduced to help with morning duties including getting breakfasts, cleaning and bed making.

Staff were recruited following checks on their suitability to work with vulnerable people. For example, each person had completed an application form, had references and a DBS check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The care manager had made further checks where information indicated the person might not be suitable.

People were protected from abuse and harm. Staff had received training in how to protect people from abuse. They also had information displayed to inform them how to respond to any concerns, which might indicate abuse had occurred. Staff said they were aware of a safeguarding policy and where it was kept. Staff knew how to respond to any concerns saying, "We would talk to a senior or phone CQC or social services". People using the service, family members and a district nurse said they had no concerns about people's safety at Barn Park.

Medicines were stored safely. Medicines were delivered to people individually and signed for when taken. There were measures in place toward safe management of medicines. These included a photograph of the person to whom they belonged, an audit of medicine use and only changing a person's medicine with written confirmation from the GP. Staff understood the importance of an audit trail of medicine use, such as checking medicines into the building and recording any medicines not used. Care workers confirmed they received training in the administration of medicines and knew where to find the policies and procedures for handling medicines.

People and their family members said they felt the home was a safe place. Risks to individuals were assessed and managed, for example, people's weight and vulnerability to pressure damage. A district nurse said the staff were very proactive with pressure care and, when they were requested to visit, staff had usually taken action already. She said she had no concerns about people's safety. A second district nurse said they trusted the care workers to reposition people and give care, which she described as "all good".

The care manager ensured risks were managed in as unrestrictive a way as possible, for example, a person wanted to attend a social event but have their medicines available as needed. The care manager had liaised

with the person and was consulting the person's GP and others for information and advice.

Servicing and maintenance records showed that the premises and equipment was kept in a safe state.

Where risk existed this was monitored to check whether there were ways it could be reduced. This included looking at the number of urine and chest infections, and any accidents within the home. All aspects of the environment were risk assessed, such as the call bell and fire safety systems.

There were arrangements in place for emergency situations. Each staff member was trained in first aid. Contact details for health care professionals and utilities specialists, such as electricians, were displayed for staff use. A voluntary maintenance person lived in the grounds. A personal evacuation plan for each person and an emergency evacuation chair, were in place. In the event of the need for evacuation of the premises there were arrangements with a local village hall and nursing home to provide a safe space for people.

Is the service effective?

Our findings

People's family members felt staff were competent and skilled in the way they provided care.

New staff received an induction to their work. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. Initially they shadowed experienced care workers. Some were completing the Care Certificate, a nationally introduced system for the induction of staff who had not worked previously in a care role.

Staff said they were satisfied with the training they received, some of which was face to face and some of which was on-line. Records showed the wide breadth of training staff received. This had included all aspects of health and safety, such as infection control, moving people safely, fire safety and first aid. District nurses had provided training in conditions affecting people using the service, such as diabetes and urine infections. The care manager had arranged for the local authority to provide other training, including protecting people from dehydration and constipation.

Staff supervision was predominantly around practical elements of the staff role, such as observing how staff worked and supporting improvements. Staff said they felt supported. However, a formalised supervision system had started, with staff asked to complete an evaluation about their work. The care manager had arranged for the local authority quality improvement team to visit and give advice about developing their formal supervision system.

People were offered choice and consulted about their care and treatment. Care workers checked what people wanted, such as which place to eat, time to rise and retire and how they wanted to spend their day.

Staff confirmed they had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They understood their responsibilities with regard to upholding people's rights where a lack of capacity to consent to care and treatment was known.

The MCA provides a legal framework for making particular decisions on behalf of people who 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's rights were being protected under the MCA. People's capacity to make decisions had been assessed and recorded. There was evidence that best interest decisions were made where this was appropriate, for example the use of bedrails. Relatives (and others) can only give consent where they have the legal authority to do so. This would include through a valid Lasting Power of Attorney or appointment as a Court of Protection 'deputy'. Properly taken and recorded 'best interests' decisions or other valid processes are required in other circumstances. The care manager described how they require people's family to provide evidence of, for example, Lasting Power of Attorney. There was evidence that best interest processes had been followed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS).

The home had a lock on the front door placed there to keep the building secure and people safe. People were not free to leave and most were subject to continuous supervision and control, for their safety and welfare. For example, bedrails were in use. Devices such as these can be helpful when used as part of carefully assessed, individual care planning, which was in place. They were used with consent, and an assessment of the potential to restrict the person's free movement. Authorisation to restrict the person's liberty is required under the MCA and those authorisations had been submitted where the person was unable to consent.

People received the health care they needed to promote their health. A district nurse made daily visits and records showed eye, mouth, hearing and foot care professional advice was sought as required. A physiotherapist visited to assess one person. Another person was under the care of a community psychiatric nurse.

People said they enjoyed the food at Barn Park, one saying, "Excellent and plenty of it. And to drink". Catering staff had received training in diet and nutrition and care staff in how to ensure people received enough fluids. People were provided with any foods they requested, for example, one person asked for a ham sandwich. People had been consulted about the menu, in particular tea time choices. There was fresh fruit available and one person, having asked for a banana, was given one. People's family members said the meals were enjoyed, and this is what we saw.

Staff offered people drinks frequently and monitored what people ate and drank. Where there was a concern, this was addressed, for example with a softened diet or supplements to increase weight, which the care manager monitored.

Is the service caring?

Our findings

People praised the attitude of the staff, one person saying, "You cannot fault the staff". They added that their relative responded to the staff's "friendly, casual approach, as if he had his family looking after him". Another said, "(My parent) is always very happy here, and the staff are happy. There are definitely close relationships with the staff".

People's views were sought and responded to. An activities worker met with people to discuss what they wanted at Barn Park and the care manager said she spoke with people frequently. We saw how quickly people responded with a smile when she engaged with them. One person had told her they wanted a garden view and magnolia coloured walls, and this was arranged. Another person had a specific colour scheme preference and their room accessories met this preference. A third person, whose room was recently changed to meet their preferences said, "It's beautiful. First class".

Staff treated people with kindness, for example, taking the hand of a person and gently encouraging them, asking them where they wanted to eat and helping them get settled. Staff engaged with people at eye level when providing information or listening to what they had to say. Where there was an opportunity for a smile or joke this was taken and people responded to staff, and interaction with other residents, in a positive way.

A district nurse said people at Barn Park were treated with respect and dignity. They gave an example of staff always ensuring treatment was provided in private, through closing curtains and doors. She said, "People with dementia here are always spoken to with respect". The care manager showed how each room wash basin was being enclosed with a curtain. This was to ensure that, should a staff member need to enter, the person's privacy was protected.

People's dignity was upheld. People's family members confirmed the staff ensured the person was dressed and able to present in the manner which they would want. People presented well dressed, with jewellery and adornments as was their choice. One person's family said, "Mum is exactly as she would want to be". A different family member said of the staff, "Friendly staff, always there caring".

Staff opinion of what the home did best was that it was homely. One said, "It's a home. People are relaxed. They treat it as their home".

Barn Park provided end of life care with the support of the community nurses. Two senior care workers were training in the Gold Standard Framework in Primary Care for end of life care. A district nurse said people were always "well kempt and receiving good, quality care". One person, receiving end of life care was said to be "settled and comfortable". Additional medicines were available in case of pain or distress. Staff supported people's family members, for example, providing emotional support in addition to meals and drinks.

Is the service responsive?

Our findings

Barn Park provided person centred care which empowered people. One care worker described this as, "Putting the person first". Some people were involved in management decisions, for example, included in staff recruitment interviews. One person told us, "I am a good judge of character and (the care manager) listens to my opinion". People were also consulted about the menu, home décor and activities.

An activities worker met with people as a group to get their views and help them develop their ideas, and activities of their choosing. She said although seven or eight people were very involved, "once we start other people join in". The meeting record from January 2016 showed that people had 'long and interesting conversation' about their ideas for new activities. This included wanting to do 'another panto', remembering the one from 2014. The activities worker had identified the most difficult aspect, which was helping people to be able to read their lines. People wanted to achieve this level of involvement. One person's family said, "They make every effort with the plays and entertaining".

People had asked to do the 'can-can' and been provided with appropriate can-can outfits. Video of this showed people smiling, laughing and having a lot of fun doing seated can-can tap dancing. People had also organised a community meal in the village hall as a fund raiser, and had invited local people to their carol service, where they led the singing. One person's family member was very surprised to find their father had enjoyed dancing, when he used to just "sit and watch". They said, "He just seems to feel comfortable at Barn Park".

People had written to celebrity gardeners and had entered a gardening competition, in which they came third. They were also writing to members of the Royal family. A letter was received from Buckingham Palace. This thanked people at Barn Park for wishing her Majesty a happy 90th birthday and for the invitation to visit the home. She commented on her pleasure at the pets they kept. Another response was received from Prince Harry. People were enthused by what they had achieved.

There were regular quizzes and shared cross word puzzles, which the residents produced with assistance. The activities worker said that all the people engaged with the sessions to some degree, as was evident from the meeting report. She said each session ended with singing and everybody joined in.

Staff were responsive to each individual person's choices. One person liked to help with the dishes and "be busy". The following day they would sometimes choose to stay in bed and do nothing. Staff understood and supported this chosen way of life. One person was moving to a ground floor room so they could walk to the kitchen to make themselves a hot drink, and build their confidence in this task. This increased their skills, which they had expressed as important to them. A care worker said how people were encouraged to "use their legs". A person's family member said how much their relative had been encouraged to remain active, which they had not achieved when he lived in the family home.

The care manager said, "We try to promote normal daily living" such as helping with daily domestic tasks; one person helped prepare the vegetables for the lunch, and there were baking sessions. A comment

frequently heard from staff, people's family and health care professionals was that Barn Park was a home from home. To that end, some people had their pets live with them. One person's family said the animals reminded their father of the family home from which he moved. Barn Park was awarded five stars by the Cinnamon Trust. This is an organisation which supports older people to stay with their pets.

The garden had been redesigned to provide a dementia friendly environment. This included a pet rabbit, raised vegetable beds and chickens; one person liked to collect the eggs and another liked the chickens, which they had always kept at their family home. Plans for further improvement included a garden shed which could accommodate a wheel chair. The care manager said she wanted to rekindle any love of gardening people might have had.

There were strong local connections and the service was proactive in engaging with the local community. People led events in the village hall and held events for local people in the grounds of the home.

Arrangments were in place for individuals to attend local activities. One person was being supported to attend a social event in the community on one of our inspection days. This was what they had requested and was achieved despite some difficulties relating to risks this event posed. People were not restricted in the way they used the home, for example, some people chose to walk, apparently without purpose. Other people used the stairs, if this was their choice. Staff respected people's choices and did not interfere without good reason, for example, leading a person to the table for lunch or directing them to the lavatory.

Some entertainment was provided, for example, a visitor who sang and provided interactive music and movement. The care manager had recognised that people, who had recently become less able, might become isolated, for example, if they chose to stay in their room. She was looking into providing more 'one to one' time for those people.

People were admitted following an assessment of their needs. This included the care manager visiting them at home or hospital to discuss their specific needs and wishes and establish whether the service was able to meet those needs. One person's family said, "They visited (parent) and had a nice chat with us. They are trying to get (parent) up and about. That is more than we could get him to do at home".

People's care was planned. Care plans are a tool used to inform and direct staff about people's health and social care needs. Each care file had a "quick view" summary of the person's needs in addition to a more detailed account of their needs and how they were to be met. Care plans had been regularly reviewed and, where necessary, changed to reflect the person's current needs and wishes.

Care plans included lifestyle choices, such as food, rising and retiring preferences. How people's needs were to be met at night and details to keep the person safe, such as moving people safely, their risk from falls and pressure damage.

Each person had details of significant events, so staff would understand people's background, which might affect their mood or behaviour. Where possible, the person had signed to say they agreed with their plan. The care manager said they always involved people and, where necessary, the people that knew them best.

Information about people was shared effectively between staff. Prior to each daily shift changes staff met to share information about events or changes to people's needs. Daily care records recorded details of the care and support people had received along with information about how the person had chosen to spend their day. Staff were responsive to people's needs, based on their understanding of each person as an individual. One person's family said how care workers reminded their family member to eat, as they would forget part

way through a meal. They said, "She is happy and settled".

Although the home had received no complaints there were appropriate procedures in place to respond to and investigate any complaints received. Complaints and comments forms were available at the home's entrance and the complaints policy was in each person's room. Staff attributed the lack of complaints to always being available and open to hearing how the service could be improved. A person's family member said, "(The staff) would welcome any feedback". Another said, "You cannot fault the staff. They are very approachable".

Is the service well-led?

Our findings

People praised Barn Park as a friendly and homely place to live. One person's family said, "Mother has always been happy here" adding that she was always welcomed, and made to feel at home when returning from an outing. Another said, "It's a home from home; not clinical." Staff, the care manager and provider emphasised how this was the culture of the home which they promoted.

People benefitted from a stable management at the home, which had been compliant with regulations since 2012. The provider, also the registered manager, delegated day to day running of the home to a senior staff member, known as the care manager. The care manager had an innovative approach to the care of older people, in particular, those living with dementia. They worked in close and effective partnership with the provider and staff.

Staff were supported to develop roles of interest to them where they had shown interest and ability. One was introducing staff to the new Care Certificate using an online system where they were able to monitor and support those staff through the new arrangements. Staff were encouraged to be involved in decisions about the way the service progressed. The care manager said in their PIR: 'We propose to commence monthly meetings with senior care staff when we will formulate action plans to improve services we provide i.e. activity choices, communication issues, mobility issues/needs etc.'

Staff morale was high, one describing the "lovely atmosphere" at Barn Park. Staff said they had the resources needed to do their work well. One said, "We just go to (the provider)" and what they requested was usually provided. The provider was considered to be very approachable. The activities worker said, "(The provider and care manager) are always open to all ideas".

People benefitted from the effective systems used to review the standard of service, for example, monitoring and auditing. Audits included medicines, accidents, the environment, chest and urinary infections. The arrangements identified where risk was present and how improvements could be made. For example, the care manager had found a light pull was difficult for the person to reach, and so they had the pull made more accessible. They had identified that privacy could be improved and had provided wash basin curtains.

There was an on-going review of the home environment which took account of good practice guidelines, for example from the Alzheimer's society. To this end, red signage was used to help people find their rooms, plus pictorial signage for the lounge, toilet and other rooms.

The service had not done any recent surveys. However, staff had regular contact with relatives and health and social care professionals to provide updates and to address any arising issues.

There was financial investment in the service. This included new call bell and fire safety systems, a refurbished kitchen, new flooring, and a new sluice and refurbished toilet facilities. Plans for future changes included coloured toilets and basins, known to benefit people living with dementia. The grounds had been redesigned as a dementia friendly, active space.

Quality assurance arrangements included membership of the Devon Quality Kite Mark in the care of older people with dementia scheme. The provider of Barn Park was a founding member. Members took turns to look at the standards in other member's homes and provide feedback on what was seen as good care, and what might be improved. The provider and care manager were also regular attendees of the Provider Engagement Network, which is a Care Act provider reference group. The home's policies and procedures were based on the CQC criteria for inspecting, so the service could be run in line with relevant standards. Policies and procedures were detailed and under regular review.