Easy Living Care Limited

Barnhaven Residential Care 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

This was the first time the service had been inspected which resulted in a CQC rating. The service was first registered with CQC on 4 February 2016. In July 2016, we received a concern which related to poor care practice at the service. This included how medicines were managed and how decisions had been made for two people, which impacted on their privacy and dignity. As a result we undertook an unannounced focused inspection on 22 July 2016. During the inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to medicines, safe care and treatment, seeking consent, person centred care, dignity and respect and good governance. Following the inspection, we met with the registered manager and the provider in September 2016 to discuss their action plan to address the breaches. We were satisfied they had made improvements.

This comprehensive inspection was unannounced and took place over two days on 22 and 28 June 2017. We judged they were now compliant with the breaches identified from the focussed inspection

There was a registered manager in post. 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.

Barnhaven Residential Home provides accommodation for 17 people, including people living with dementia. There were 15 people living at the home and one person on a respite stay; one person who lives at the home was in hospital.

People said they felt safe and secure living at the home. They were positive about their relationships with staff. People were complimentary about the way the home was run; a person living at the home commented how hard the registered manager worked. Many felt the positive atmosphere was due to the good team work. Staff said they would recommend it to others as a good place to work. People and staff repeatedly used the words "happy" and "friendly" to describe their experience of living and working at the home.
People were cared for by well trained staff who were supported to develop their skills and understanding to benefit people living at the home. People benefited from range of food and drink in a calm atmosphere with staff who supported their individual nutrition and hydration needs.
People told us the home was "friendly and happy", "staff are happy and helpful" and they described the staff team as "a charming lot." Staffing levels met people's emotional and physical needs. People said they knew the staff well as there had been few changes since the home had opened in early 2016. We saw people were at ease with the staff and they shared jokes with each other. Staff spoke about the people they cared for in respectful manner. People looked well cared for. People expressed satisfaction with the standard of the laundry and how their clothes were care for.

A health care professional 'I was left with an overwhelming sense that your staff are kind, compassionate

and dedicated to deliver the best care ... as possible.' Written feedback to the service included comments such as 'thank you all so much for the care, kindness and compassion' and 'Nothing is too much trouble.'

People living at the home spoke positively about the events and activities had been arranged. A group of people were engaged in an art activity during our inspection; the atmosphere was relaxed and light hearted with care staff assisting people to participate.

People received personalised care that responded to their individual needs. Care records were clear and easy to follow. Records showed staff monitored changes in the person's health and worked with health care professionals to reduce risks.

There were effective recruitment and selection processes in place. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. People received their medicines in a safe and caring way. People visiting and living at the home praised the standard of cleanliness and the lack of unpleasant odours. People's legal rights were protected.

Complaints information was on display; people told us they would feel confident to raise a concern if needed. There were no on-going complaints being investigated; CQC has not received any complaints about the service since the last inspection. There were systems to monitor the quality of the service, including responding to suggestions for improvements.

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 practices ensured staff recruited were suitable to work with vulnerable people.
Medicine management was safe; staff continued to look for further ways to improve.
Staffing levels met people's emotional and physical needs.
Staff knew their responsibilities to safeguard vulnerable people and to report abuse.
Risks were assessed and steps taken to minimize them.

Is the service effective?

Good

The service was effective.
People were cared for by well trained staff who were supported to develop their skills and understanding to benefit people living at the home.
People benefited from range of food and drink in a calm atmosphere with staff who supported their individual nutrition and hydration needs.
The environment was well-maintained.
Staff understood the principles of the Mental Capacity Act which was shown in their approach and practice.
People had access to health professionals.

Is the service caring?

Good

The service was good.
People were supported by staff who were kind and caring.
People were involved in decisions linked to their care and daily life.
Staff knew people well and there was a friendly atmosphere.

Is the service responsive?

Good

The service was responsive.
Activities were being developed to meet people's individual preferences.
Care plans were detailed and person centred and showed respect for people's individual care needs and wishes.
People were confident their complaints would be listened and acted upon.

Is the service well-led?

Good

The service was well-led.
Barnhaven was well run by a registered manager and provider who worked together to develop the home.
There were systems to monitor the quality of the service, including responding to suggestions for improvements.

Barnhaven Residential 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 checked 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 22 and 28 June 2017 and was unannounced. One adult social care inspector completed the inspection.

A Provider Information Return (PIR) was completed. 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 reviewed the information included in the PIR along with information we held about the home. This included the previous inspection report and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We spoke with ten people living at the home about their experiences; we also met people in the communal areas and explained our role. We spoke with four relatives. Some 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 spoke with the provider, the registered manager and four staff members. This was to gather their views on the service and to hear how they were supported to undertake their job. We looked at three people's care records, including risk assessments and checked how medicine was managed and administered in the home. We reviewed records relating to staff training and induction, supervision and recruitment. We also reviewed records relating to the running of the home including safety checks, quality assurance, the service

user guide and complaints.

We also contacted health and social care professionals and commissioners of the service for their views. We received a response from five of them.

Good

Is the service safe?

Our findings

When we inspected this service in July 2016, we judged this key question to be requires improvement. We found improvements were needed as some risks to people's health were not being regularly reviewed and medicines were not being managed safely. Following the inspection, we received an action plan to address these concerns and on this inspection we judged these improvements had been sustained.

People had individual risk assessments and care plans were in place to minimise identified risks. For example, staff monitored people who may be at risk of developing skin damage. Staff showed awareness of each person's safety and how to minimise risks for them. For example, they ensured people were provided with appropriate equipment to help reduce the risk of pressure damage, although staff had to be reminded that a new person who used a pressure relieving cushion needed this to be moved with them when they changed seats. Health professionals said staff were good at monitoring people's skin. They confirmed they were quick to report changes so steps could be taken to minimise pressure damage, which records showed. Records of incidents and accidents were kept, such as falls. The registered manager was clear their role was to analyse these for trends and patterns, and take action to try and reduce the risk of further incidents. For example, a person had fallen and the registered manager had reviewed the equipment they used and contacted a health care agency to arrange a review.

People received their medicines in a safe and caring way. People were asked if they needed any medicines that had been prescribed for them on a 'when required' basis, for example pain relief. People had the option to look after their own medicines if they wished, and after it had been assessed as safe for them. Lockable storage was available in every room for people to keep their medicines safely. People had their medicines given by staff who had received training, and had been assessed to make sure they gave medicines safely. The registered manager explained the measures they had put in place to improve staff practice, for example the use of codes for medicine administration. There were completed records of medicines administered to people or not given for any reason. This helped to show that people received their medicines correctly in the way prescribed for them. Care staff also recorded the application of creams that had been prescribed to people for particular skin conditions; this included when and to what area of the body.

Records showed there was an audit of how medicines were managed and handled in the home. Medicines were stored securely and at the correct temperature. There were suitable storage arrangements and records for some medicines that required additional secure storage. We checked these with the registered manager and confirmed that the amounts present were correct.

Safety checks were in place and equipment was serviced to keep people safe. Monthly records were kept of hot water temperatures; some were above those recommended by the Health and Safety Executive guidelines and could potentially put people at risk of scalding. Equipment had been ordered to regulate the hot water temperature. During the inspection, further steps were taken to prioritise this work and risk assessments completed to reduce the risk of scalding. The registered manager and staff responded quickly and provided comprehensive feedback to how our concerns had been addressed. Following this action, water temperatures had reduced to within recommended levels.

We spot checked other safety audits and servicing contracts, for example relating to fire safety and servicing equipment to move people; these were all up to date and if problems had been identified these were addressed. People had a personal emergency evacuation plan showing what support they may need in the event of a fire. This was kept in their care plan with a summary sheet kept in a file for staff to use in the event of a fire. The registered manager and the maintenance person were reviewing their fire practices following a letter from CQC to all service providers regarding fire safety.

People told us the staff team was stable; this gave them reassurance and helped them feel safe. People who chose to spend time in their room showed us their call bell, which were close at hand to ring for assistance. People said they did not have to wait long for staff to answer when they used this system. The call bell system enabled the management team to print out call bell response times to monitor staff practice and to help them assess if there were enough staff on duty. We saw that these print outs had been audited by the management team.

There were sufficient numbers of staff on duty to keep people safe and meet their care needs. The registered manager gave an example of how staffing levels had been increased in response to the changing behaviour of one person in the afternoon. Staff rotas reflected the staff on duty. There was a senior care worker on each day shift. In the morning they were supported by three care staff. In the afternoon, they were supported by two staff members. There were two waking care staff at night. Care staff were supported by kitchen staff, housekeeping staff and office staff. The registered manager explained how they assessed people's dependency levels based on feedback from staff and whether they or the deputy manager were needed to provide additional hands on care. They felt this system currently worked well. They said the provider was responsive to their requests for additional staffing hours but said they would also consider using a more formal tool to help with their assessment.

There were effective recruitment and selection processes in place. The registered manager was committed to ensure new staff were suitable to work with vulnerable people. Information was being gathered for two new employees who had not yet started providing care. Following discussion, the registered manager took steps during the inspection to ensure they approached the most recent care employer for one person who was in the process of being recruited. Recruitment files provided an audit trail of the steps taken to ensure new staff members' suitability, which included references and appropriate checks. All the required Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Training records showed that all staff had completed training in how to safeguard vulnerable adults from the risks of abuse. Staff were able to describe what they would do if they had a concern. This included reporting to senior staff or the registered manager or outside agencies.

People visiting and living at the home praised the standard of cleanliness and the lack of unpleasant odours. The registered manager explained how they were managing an odour issue in one room and how they were gently encouraging a person to replace an item of furniture. A health professional confirmed the registered manager and staff had a proactive approach to manage odour issues whilst respecting people's wish to remain independent with managing their continence. There was clear information for staff regarding maintaining good infection control practice and in a team meeting staff had been reminded to adhere to these guidelines. Staff had completed training relevant to infection control.

Good

Is the service effective?

Our findings

When we inspected this service in July 2016, we judged this key question to be requires improvement. We found improvements were needed in how decisions had been made on behalf of people without ensuring they had the capacity to agree to them and without ensuring the decision was in their best interest. Following the inspection, we received an action plan to address these concerns and on this inspection we judged these improvements had been sustained.

The Mental Capacity Act (MCA) 2005 provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having the capacity to make a decision, a best interest's decision is made involving people who know the person well, such as relatives or friends, and other professionals, where relevant.

Where people are deemed to not have capacity to make a decision about a particular issue, it may be necessary to consider whether they are being deprived of their liberty in relation to the issue. If this is found to be the case, an application for a Deprivations of Liberty Safeguards (DoLS) authorisation must be made. In these circumstances the provider must do all they can to find the least restrictive ways to meet the person's needs. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

Applications had been made for a DoLS for a number of people living at the home but these had not yet been assessed and approved by the local authority. The registered manager knew where someone lacked capacity to make a specific decision, a best interest assessment needed to be carried out. The day to day practice of staff and feedback from people living at the home showed staff had an understanding of the principles of the MCA. People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. The registered manager was clear about their responsibility to protect people's rights by ensuring the relatives who said they were representing their wishes had the correct legal paperwork, such as a Lasting Power of Attorney for health and welfare.

People living at the home said they were confident staff could meet their care needs because they had the right skills. A common theme from their feedback was the staff were "friendly" and put them at ease. They said new staff were introduced to them. They described how staff had the right approach and were confident when they provided care. Relatives told us "nothing was too much trouble" and staff told us how much they enjoyed working at the home; one staff member said how much they had been welcomed and supported in their new role. Compared to a previous job, they said "I am so much happier here."

Visitors to the home praised the skills of the staff group. They told us they had a good relationship with staff. They recognised how all the staff worked together as a team and all contributed to the well-being of their relatives.

The staff group recognised the importance of training and updating their skills. They were supported with training and supervision to ensure they had the knowledge and skills necessary to meet people's needs. Training records showed staff had completed training in courses including fire safety, first aid, medicine administration, manual handling, infection control, food hygiene, safeguarding vulnerable adults, health and safety. Staff were positive about the training available and how they were supported to develop their learning and knowledge.

Training for staff was recorded on a training matrix which enabled the registered manager to monitor staff attendance. The matrix showed when updates were due. For example, on the first day of our inspection a group of staff attended a medicines training update. The registered manager recognised the value of a nurse educator scheme in the area; the health care professional who delivered the training told us the registered manager was proactive in requesting training and the staff group were responsive and open to new ways of working.

Staff were also encouraged to undertake nationally recognised qualifications in care to support their knowledge and understanding. Systems were in place for new and inexperienced staff who undertook induction training in line with the Care Certificate when first in post. The Care Certificate sets out competencies and standards of care that are expected, which enables them to develop the skills they need to carry out their roles and responsibilities. The registered manager had also provided this information to experienced staff to use as a framework to self-assess their skills and areas for development.

People said they had access to health and social care professionals such as GPs, community nurses and dentists, which records confirmed. Staff were proactive in helping to keep people well and took action if they were not. For example, recognising changes and contacting health and social care professionals appropriately. Visiting health professionals who had regular contact with the service praised the staff's commitment to providing a good standard of care, including recognising changes in people's health and well-being. They said their advice was acted upon in a timely manner. People's care plans clearly documented their health needs and were updated when people's care needs changed or increased. For example, when people became frailer and needed increased support.

Staff told us there was good communication between shifts through formal handovers which were given verbally and with key issues recorded as an audit. However, staff felt the value of this handover was undermined by staff coming on shift not being paid for their time to attend. A health professional commented that the quality of the handover helped ensure staff were up to date with changes in people's well-being and this helped them when they visited to review people.

People were positive about the choice of food; they said the food was "very nice" and "very good." Several people said the quality could be variable. The registered manager confirmed they were aware of this feedback regarding variability and described how this was being addressed. People said they were asked about their preferences and individual dietary needs when they moved to the home. People's dietary needs and preferences were documented. A new chef was due to start at the home and was undergoing their induction during our inspection. People's food and fluid intake was monitored effectively and health professionals were contacted if there were concerns. People were supported with their meals if they needed assistance; staff did not rush them and the atmosphere at lunchtime was calm and friendly.

The home was well maintained and the environment was bright and uncluttered. People said they were happy with the quality of the furniture in their room and said their bed was comfortable. Several said they had a "lovely room." Each person's room reflected their tastes and people had brought furniture in from their previous home. Since the last inspection, patio doors had been added to the ground floor lounge, this

enabled people to have direct access to the garden and people told us they enjoyed being outdoors. There was a circular path around the garden with well stocked borders and seating. Two people mentioned that they might prefer to live on different floors of the building; one to be nearer the communal area and another to have more peace. The registered manager said they would discuss this with them.

Good

Is the service caring?

Our findings

When we inspected this service in July 2016, we judged this key question to be requires improvement. We found improvements were needed in how people's privacy and dignity was respected. Following the inspection, we received an action plan to address these concerns and on this inspection we judged these improvements had been sustained.

All the people we spoke with said the staff were caring; they told us they would recommend Barnhaven as a place to live. A number of people commented that the staff worked well as a team and this meant there was a good and friendly atmosphere. For example, people told us the home was "friendly and happy", "staff are happy and helpful" and they described the staff team as "a charming lot." People said they knew the staff well as there had been few changes since the home had opened in early 2016. They said that if new staff started at the home they were always introduced to them. Staff members also wore name badges and a distinctive uniform to help people recognise them. We saw people were at ease with the staff and they shared jokes with each other.

Staff spoke about the people they cared for in respectful manner. They were able to describe how they supported people's dignity and privacy. For example, when supporting people with a bath or a shower. People living at the home confirmed they were assisted in a way which did not embarrass them. They told us they could have a choice of a bath or shower. One person said it was lovely to be given the time to have a proper soak in the bath and not be rushed. People looked well cared for. People expressed satisfaction with the standard of the laundry and how their clothes were care for. All these examples helped support people's dignity.

Staff changed their approach to suit the individual, for example they were reassuring towards a person living with dementia who looked anxious. In contrast, they joked with another person who laughed along with them. A staff member described how the previous life experience of a person living at the home impacted on their view of how care should be delivered. They were respectful of the person's previous profession and adapted their approach to suit the person's priorities. Staff did not rush people when they assisted them to move so people told us they felt safe. Health professionals said staff had the skills to provide end of life care.

A health care professional wrote 'I am impressed with staff attitudes towards residents when discussing sensitive topics during training; they appear to have a good insight into their service users' needs' and 'I was left with an overwhelming sense that your staff are kind, compassionate and dedicated to deliver the best care ... as possible.' Another health professional commented how in their experience of other services, the staff at Barnhaven respected people's privacy and dignity "very well." Written feedback to the service included comments such as 'thank you all so much for the care, kindness and compassion' and 'Nothing is too much trouble.'

Visitors commented the staff were always patient and caring in their approach despite sometimes having to manage difficult situations when people were upset or distressed. They said they had never heard "a cross word" and described the staff team as "pleasant." A staff member contrasted the working atmosphere with a

previous work place and said they felt supported by the team They told us "I absolutely love it here" and said they had recommended the home to other people as a good place to work.

Good

Is the service responsive?

Our findings

When we inspected this service in July 2016, we judged this key question to be requires improvement. We found improvements were needed as pre-admission assessments and care plans were not always completed and did not always contain personalised information. Following the inspection, we received an action plan to address these concerns and on this inspection we judged these improvements had been sustained.

People received personalised care that responded to their individual needs. The registered manager was clear about their responsibility to assess people's care needs to ensure they could meet them. This was demonstrated through the completion of pre-admission assessments before people moved to the home. There was a commitment to offer end of life care where possible. The registered manager also recognised when people's mental or physical health care needs increased and could no longer be met at the home. When this happened the registered manager worked with health and social care professionals to help people move, which records confirmed.

Care records were clear and easy to follow. We met people, read their care plan and then talked with staff about their work. We saw the care plans reflected each individual's care needs and choices. They were written in a respectful manner and focussed on maintaining people's independence. For example, it was noted that one person persevered through chronic pain and therefore might not complain if they were in pain. Staff were advised to read their body language and to encourage them to change their position to help alleviate their discomfort. This was confirmed in our discussion with a staff member. Records showed staff monitored changes in the person's health and worked with health care professionals to reduce risks.

Each care plan contained guidance to staff to help them provide personalised care to the individual. They provided a record of how the person had been assisted and at what time. This demonstrated that people had the help at the time they preferred, which people confirmed. For example, some people chose to stay in bed until later in the morning. Staff were clear there were no set routines and each shift was different depending on people's choices. Reviews of care had taken place and records updated to reflect people's changing care needs and behaviour.

People living at the home spoke positively about the events and activities had been arranged; an activities co-ordinator had begun working at the home in May 2017. They had arranged visits to the home by a local historical group and the museum. A group of people were engaged in an art activity during our inspection; the atmosphere was relaxed and light hearted with care staff assisting people to participate. Other sessions had included making elderflower cordial, planting seeds and pressing seasonal flowers. After lunch some people embarked on a puzzle together with conversations about their childhood.

The activities co-ordinator described how they had got to know people at the home to establish their individual interests and to help them make connections with each other. This included discussing their place of origin and where they had lived in their life. Some people chose not to participate in group sessions but told us they were informed about what was taking place. Their records showed that the activity co-

ordinator visited them in their rooms. Records of these visits showed how the staff member adapted their approach to people's individual interests and wishes. For example, reading poetry, looking at photographs or general conversation. The registered manager said the care staff team also took time to spend time with people and would begin impromptu activities.

Complaints information was on display; people told us they would feel confident to raise a concern if needed. Their responses varied regarding who they would go to within the home to share a concern. There were no on-going complaints being investigated; the registered manager gave an example of where they had met with a person to resolve a concern and the actions that were taken to reassure them. CQC has not received any complaints about the service since the last inspection.

Good

Is the service well-led?

Our findings

When we inspected this service in July 2016, we judged this key question to be requires improvement. We found improvements were needed in how the home was run. Following the inspection, we received an action plan to address these concerns and on this inspection we judged these improvements had been sustained.

People were complimentary about the way the home was run; a person living at the home commented how hard the registered manager worked. Many felt the positive atmosphere was due to the good team work, for example one person said they were happy because the staff were happy as there was no bickering and they were well cared for. Staff said they would recommend it to others as a good place to work. People and staff repeatedly used the words "happy" and "friendly" to describe their experience of living and working at the home. Relatives and health and social care professionals also praised the welcome by staff and the professionalism of the registered manager and staff. The home opened in February 2016; one health care professional said the service had "come on in leaps and bounds" as the confidence of staff grew.

The registered manager and the provider explained how they worked together and how work was delegated. The registered manager was clear on their role to oversee day to day practice, including spot checks on the work of staff, as well being involved in the quality assurance of the service. The provider showed us new quality assurance checks they had completed, including spot checks on the standard of care. This was a new system that had been introduced following work with the local authority quality assurance and improvement team (QAIT). The QAIT team told us the provider and the registered manager were proactive in contacting them and seeking new ways of working to benefit the running of the service.

The provider was in touch with the service on a regular basis, and worked alongside the registered manager for the benefit of the people living at the home. People living at the home knew the registered manager and the provider. People interacted with the provider and the registered manager; they looked at ease with them. Health professionals were complimentary about how the service was run, they said staff were "very well informed" and they praised their compassionate nature. The provider knew their responsibility to provide equipment to meet people's health needs. A health professional said when people were assessed as requiring a specialist piece of equipment, such as a pressure relieving mattress, this was quickly put in place.

People's views were sought to help drive up improvements For example, a survey had been sent out to gain feedback on the quality of the care including people living, working and visiting the home, which people confirmed. The responses were favourable and had been collated in detail by the registered manager. We discussed the collated report with the registered manager and they said they would review the style of the feedback to help make it more accessible to people living at the home. We asked what could be improved, people said "Nothing."

A newsletter had been introduced to update people on events at the home and provide snapshots about people living and working at the home with their agreement. Resident meetings were held and minutes were kept showing people living at the home were consulted. For example, people had the option of

choosing the wallpaper for the downstairs lounge which was decorated when the new patio doors were fitted. People living at the home also met with the applicant for the activities post and were able to ask questions and feedback their views on the person's suitability.

Staff had the opportunity to feedback their views and ideas through supervision and staff meetings. Regular staff meetings were held for staff on different shifts and with different roles, such as day staff, seniors and night staff to ensure everyone had a chance to contribute to how the service was run.