

Miss Sharon Maureen Venton

The Barn and Coach

Inspection report

High Road
North Stifford
Grays
Essex
RM16 5UE

Tel: 01375383543

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 20 December 2016.

The Barn and Coach is registered to provide accommodation for 15 older people who require personal care. People may also have needs associated with dementia. There were 15 people living at the service on the day of our inspection.

A registered manager was in post who was also the registered provider of the service. 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.

Improvements were needed so that staff received training or updates in core areas in a timely way. Staff had attended training on safeguarding people and were knowledgeable about identifying abuse and how to report it. Recruitment procedures were thorough. Staff understood and complied with the requirements of the Mental Capacity Act 2005.

People's medicines were safely managed and they had regular access to healthcare professionals. A choice of food and drinks was available to people that reflected people's nutritional needs and took into account their personal preferences.

People were supported by staff who knew them well. People's dignity and privacy was respected and staff were kind and caring. Visitors were welcomed and people were supported to maintain positive relationships with others.

The provider had a clear complaints procedure in place. People felt able and had opportunity to express their views on the service and to be listened to.

People knew the manager and found them to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. Systems were in place to regularly assess and monitor the quality of the service provided.

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.

Staff knew how to recognise and report abuse. There were systems in place to manage risk for the safety of people living and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs safely.

People's medicines were safely managed and people received their medicines as they should.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were not consistently provided with suitable training. Staff were supported with ongoing supervision that enabled them to meet people's needs well.

Staff obtained people's agreement and consent before care and support was provided.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet. People were supported to access appropriate services for their on-going healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff knew people well and what their preferred routines were. Staff encouraged people's independence and treated people with dignity and respect.

People's visitors were welcomed.

Is the service responsive?

Good ●

The service was responsive.

People, or their representatives, were included in planning care to meet individual needs. Staff understood people's care needs and responded appropriately. People had activities of their choice and which met their needs.

People were confident that they could raise any concerns and that they would be listened to.

Is the service well-led?

Good ●

The service was well led.

The atmosphere at the service was open and inclusive.

People, their relatives and staff were very positive about the registered manager and how the service operated.

There were systems in place to monitor and continually improve the service.

The Barn and Coach

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 December 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 people who used the service, three relatives, three members of care staff and the registered manager.

We reviewed three people's care plans and medicines records. We looked at the service's staff support records for three members of staff. We also looked at the service's arrangements for the management of medicines, complaints, compliments and safeguarding information and quality monitoring and audit information.

Is the service safe?

Our findings

People told us they felt safe living at The Barn and Coach. One person said, "Well, you hear the horror stories about care homes on the news, I did feel a bit of trepidation, but it is not true here, not a bit." Another person said, "I have always been an anxious person by nature, but I am fine here. I feel safe."

The registered manager and staff had good knowledge of how to keep people safe from the risk of abuse and had attended training in safeguarding people. The registered manager told us there had been no safeguarding concerns raised in the service; however they were clear on their responsibilities relating to this. Staff knew how to recognise different forms of abuse, were clear on how to report any concerns and confirmed they would definitely do so if they had any concerns so as to safeguard people.

People had their individual risks assessed and reviewed including, for example, in relation to nutrition and preventing pressure ulcers. The assessments gave staff guidance on how to support people safely. One person said, "I have my frame all the time. I had had some falls. Staff always remind me to use it." The registered manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included the environment, fire safety and dealing with emergencies.

People were protected by the provider's staff recruitment process. Records showed and staff confirmed that references, criminal record and identification checks had been completed before staff were able to start working in the service. Staff told us they had had a detailed interview to show their suitability for the role. This showed that care and attention went into recruiting staff with the right skills and abilities to care for people in the service.

People were supported by sufficient numbers of staff to meet their needs safely. All the people we spoke with told us that there were always enough staff available and one person said, "Staff are always here if I need them." The registered manager told us that they assessed staffing levels on a daily basis as they often worked as part of the staff group, enabling them to ensure that staffing levels were always suitable to meet people's needs. A review of rotas confirmed that the stated levels had been maintained. Staff confirmed that staffing levels were suitable to meet people's needs. We saw that staff monitored communal areas routinely, were available when people needed them and that call bells were answered promptly.

People received their prescribed medicines in a timely and safe manner. One person said, "They look after my medicines which is fine as I might forget. I am fussy about my medicines being on time though and they always bring them when they should." Another person said, "I can ask for pain relief when I need it and I get it." We observed staff administering people's medicines and saw this was done safely and with respect.

Medication administration records were consistently completed and tallied with the medicines available. A signatory list was in place to confirm which staff completed people's records. The service had procedures in place for receiving and returning medication safely when no longer required. While a system to check the temperature of the medicines storage area was in place, the registered manager confirmed they would vary the time it was completed each day as we found the temperature in the evening to be higher than that

routinely recorded each morning. Assessments of staff competence to administer medicines safely were completed. Medication audits were carried out to ensure safe management of medicines.

Is the service effective?

Our findings

Improvements were needed to ensure staff had completed training and suitable updates. The PIR told us that the service kept up to date with good practice by making sure that staff were well trained in all aspects of care. Records showed and the registered manager confirmed that some aspects of staff training were not evidenced as in place or as recently updated for all staff. The registered manager told us that they had not realised that evidence of current up to date practical moving and handling training was not in place for one staff member and that they would take immediate action to address this.

People were complimentary about the staff working at the service. One person said, "The staff are very good, they really do know what they are doing." A recent letter of compliment noted, 'This is an excellent care home with first class staff.' Records showed and staff confirmed that they received a suitable induction when they started working in the service. This including shadowing experienced staff and completion of an industry induction programme. Systems were in place to provide staff with support through one to one supervision meetings and annual appraisal. Team meetings and daily handover meetings also provided staff with opportunity for learning and support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took action to protect people's rights and ensure people received the care and support they needed. Staff had received training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. We saw assessments of people's capacity in care records, an improvement from the last inspection, although these needed to be reviewed in some cases. We saw that people had signed documents to confirm consent to the care plans and to their care and treatment. Where people did not have capacity to consent, decisions were made on their behalf by advocates and relatives who had legal authority to do so. The registered manager told us they were going to apply to the local authority for an assessment of one person where this was now indicated. Staff knew to check that people were consenting to their care needs during all interactions. One person said, "There are no restrictions here, you can go out when you like."

People spoke positively about the food and drinks served. One person told us, "The food is jolly good. You don't have an actual choice of main meal but there is always an alternative and they will get you something you like." Another person said, "I always have plenty of drinks available. The food is very good. What other care home will send out for chicken chow mein for you for your tea."

People received suitable foods and fluids to meet their needs. One person said, "I have difficulty eating and they cater for me and I have mash instead." We saw that where food was pureed it was well presented to maintain colour, flavour and appeal. Where staff supported people to eat, they sat with the person and assisted them in a calm and unhurried way to allow the person to enjoy their meal.

Nutritional assessments were completed to provide a baseline to support effective nutritional monitoring for people. People's weight was checked routinely and records showed that referrals were made to appropriate healthcare professionals as needed. These records were not always easy to follow, however we found no evidence that this had impacted on people in any negative way. The registered manager confirmed that they would address this without delay. We saw that people were offered a range of snacks during the day, to boost both nutritional and calorific intake and provide people with a choice.

Records indicated that people's health was well managed within the service. One person said, "They take me to the hospital regularly for my appointments and always get the doctor for me if I am not well." People's care records showed that they were regularly attended to, for example, by the visiting chiropodist or by the GP where this was needed. The registered manager told us of a very supportive relationship with their GP practice, with people's medicines being reviewed regularly and a GP attending promptly if the service request a home visit.

Is the service caring?

Our findings

People told us they were satisfied with the care they received and that staff were caring and kind. One person who was leaving the service said, "It has been really nice here. I shall miss the staff, they are very nice. Staff really get to know us all." Another person said, "The care is fantastic and the staff are friendly and obliging. [The registered manager] is like a mum to me, they are very caring and look after me very well." Another person who was leaving the service said, "I have been very happy here, there is a great atmosphere. The staff are very good and looked after me very well. I would really like to have stayed on a bit longer."

People and their records confirmed that people and their relatives where appropriate had been involved in the assessment, planning and review of their care. One person said, "My [relative] took part in the review of my care plan with me." A relative told us, "There was an assessment before [person] came in to ask what [person] was able to do and what things they needed help with."

People were involved in making day to day decisions and their needs and preferences were taken into account. One person told us that they could choose to spend time in their own room and have meals there if they chose too. Another person told us, "It is very relaxed and nice here. I was able to bring my own things to make my bedroom nice. I spend time in my own room, go to bed and get up as I wish. They will fetch your tea up for you if you like, you only have to ask." One person's care records showed their preferred name. We noted that staff were aware of this and used it in their interactions with the person throughout the day.

All the interactions observed between staff and people were positive. Staff interacted with people in a caring way and spoke with them in friendly tones. Staff engaged people in conversations about everyday things and listened to what people had to say. Staff clearly knew people's likes and dislikes and people and staff chatted easily together in an appropriately familiar way. Most of the staff had worked in the service for a number of years which enabled relationships with people to develop.

People confirmed that staff respected their dignity and privacy. Staff spoke to people in a respectful way, for example we noted a staff member ask a person if they could wipe their mouth for them and wait for agreement before doing so. People who needed support with personal care were assisted discreetly. Staff spoke quietly with people about matters relating to personal care to respect their dignity. People confirmed that staff closed doors when people were receiving support with personal care. One person told us that staff always knocked and waited to be invited into their bedroom and said, "I insist that people do knock and they always do."

People were supported to maintain skills and independence. We noted that care plans guided staff on how to support people to maintain their skills and abilities, for example, [Person] likes to brush their own teeth however staff to be there as [person] may lose their balance. We also heard staff encouraging people to complete tasks for themselves. One staff member encouraging and supporting a person to have a drink said, "Please take the straw, you can do it."

One person told us they enjoyed having visitors and said, "Visitors can come anytime, day or evening."

Visitors told us they felt welcome to visit anytime.

Is the service responsive?

Our findings

People received care and support that was individually planned and appropriate to their needs. One relative said, "This place is the best. The care here is excellent." People's individual needs were assessed as they moved into the service and this was used to inform their plan of care. Care plans showed regular review to ensure that that staff had up to date information on people's current needs and how to meet them. People were involved in the reviews to ensure the care provided was responsive to their needs and had signed their confirmation of this. We noted that a detailed care plan was not in place in relation to one aspect of a person's medicines needs. The registered manager amended this immediately during the inspection.

People received care that was responsive to their needs. Staff knew about the people they cared for and their needs, personalities and preferences. One person asked to go to the kitchen however staff checked with the person quietly and supported the person to the bathroom. Staff explained to us that they knew the person occasionally mixed up some words and knew what the person meant still checking with the person so that their needs were met. One person had a sight impairment and staff responded to this appropriately when providing assistance. Staff explained to the person what was happening during all interactions and, for example, advised the person where to put their hand on the hoist and guided them to do so. Staff knew which people were at risk of falls. We saw that staff responded to this by monitoring people carefully and being there to walk with and guide the person when the person chose to move around.

People were provided with suitable social opportunities both as individuals and as a group. People's records contained a 'life story' which identified other people and events of significance that mattered as well as life interests and pastimes. This gave staff information on which to initiate conversations. We saw that staff sat and chatted with people about plans for the Christmas season and which family members they would see as well as favourite drinks they planned to enjoy. Planned entertainment was also available. One person told us, "There are plenty of activities going on, there is something every day and lots of outside people come in. There is a guitar player or a singer or a person who does exercises with us. I am a reader so I go into the other room as I don't want to take part." Another person told us that a church service was held in the service regularly which they enjoyed attending."

People told us they felt able to express their views about the service and felt they would be listened to. One visitor told us, "[Person's] needs are met here, you only have to let the manager know of any concerns and they act." The provider had a system in place to manage complaints and information on how to access the complaints procedure was displayed. The registered manager told us that no complaints had been received. This meant we were unable to assess the effectiveness of the complaints procedure at this time.

Is the service well-led?

Our findings

The service was well led. A registered manager was in post who demonstrated that they were fully aware of all aspects of the service. We saw that the registered manager spent time in the service talking to people and staff. They knew the people who lived there, their current individual needs and the staff supporting them, well. People and staff told us they had confidence in the registered manager and in the way the service was managed. The registered manager told us that they always had a waiting list for places in the service with a very low turnover of staff and that it filled them with pride as they made real efforts to make the service a homely place for people.

People and staff told us that the registered manager was visible in the service and readily available to them. One person said, "The manager comes around every day and you can talk to [them] and tell [them] anything you wish." The registered manager told us that each person's relatives had been given the registered manager's personal phone number so that they could contact them at any time. An evening surgery was available one day each week whereby relatives could meet with the registered manager if daytime appointments were not convenient for them.

Staff told us they felt well supported in the service, both by the manager's leadership and the stability of the staff team. Staff were clear about their roles and responsibilities and the atmosphere in the service was calm and organised. We observed that staff were supportive of each other and shared information between shifts so that staff were aware of people's plans and any concerns. The registered manager told us of plans to provide the deputy manager with a supernumerary day each week to support the registered manager to ensure that records could be kept up to date and well managed.

People told us they could express their views and felt listened to. People's views were sought through resident meetings where people's suggestions for the menu and outings were noted and planned for. We saw, for example, that one person had said they found their mattress to be lumpy. The registered manager confirmed that a new mattress had been provided to the person's satisfaction. Relatives' views and those of professionals involved with the service had been gathered in a survey during 2016. The registered manager had not yet analysed these so a summary was not available. We saw that all the responses were positive and included the comment from a healthcare professional, 'People here are exceptionally well cared for'.

The registered manager had a number of systems in place to monitor the standard of care people experienced. The registered manager and the deputy manager had carried out a range of audits and checks to assess the quality and safety of the service and to ensure continuous improvements. Where audits showed that improvements were needed, action plans had been produced. These had been reviewed and updated to ensure that the actions were completed and the improvements achieved.