

Barchester Healthcare Homes Limited

Juniper House

Inspection report

Candleford Close,
Brackley,
NN13 6JZ
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Website:

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on the 21 August 2015.

Juniper House provides personal and/or nursing care for up to 60 older people including people with dementia care needs. There were 57 people in residence when we inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People were cared for by sufficient numbers of professional nurses and care staff that were experienced and had received the training they needed to do their job safely. People were protected by robust recruitment procedures from receiving unsafe care from staff that were unsuited to the job. Staff knew what was expected

Summary of findings

of them when caring for older people, including those with dementia care needs, and/or nursing needs and they carried out their duties effectively and with compassion.

People's nursing and/or care needs had been assessed prior to admission and they each had an agreed care plan. Their care plans were regularly reviewed, reflected their individual needs and provided all staff with the information and guidance they needed to provide person centred care.

People were safe. They were safeguarded from abuse and poor practice by care staff that knew what action they needed to take if they suspected this was happening.

People's individual preferences for the way they liked to receive their care and support were respected. People were enabled to do things for themselves by friendly care staff that were attentive to each person's individual needs and understood their capabilities.

People's individual nutritional needs were assessed, monitored and met with appropriate guidance from

healthcare professionals that was acted upon. People had enough to eat and drink. People who needed support with eating and drinking received the help they required.

People's healthcare needs were met and they received timely treatment from other community based healthcare professionals when this was necessary. People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People, and where appropriate, their representatives or significant others were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

People received care from staff that were supported and encouraged by the provider and the registered manager to do a good job caring for older people. The quality of the service provided was regularly audited by the registered manager and the provider and improvements made when necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received their care from sufficient numbers of staff that had the experience and knowledge to provide safe care.

People's care needs and any associated risks were assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received the timely treatment they needed and their medicines were competently administered and securely stored.

Good



Is the service effective?

The service was effective.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

People's healthcare and nutritional needs were met and monitored so that other healthcare professionals were appropriately involved when necessary.

People benefitted from being cared for by staff that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People were individually involved and supported to make choices about how they preferred their day-to-day care. Staff respected people's preferences and the choices they were able to make about how they received their care.

People's dignity was assured when they received personal care and they were treated with kindness and compassion.

People received their care from staff that encouraged them to do what they could for themselves and retain their sense of self-respect.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People had care plans that reflected their individual needs and how these were to be met by the staff.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good



Summary of findings

Is the service well-led?

The service was well-led

People’s quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefitted from receiving their care in a home that was appropriately and conscientiously managed.

People benefited from receiving care from staff that received the managerial support and guidance they needed to do their job well.

Good 

Juniper House

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 unannounced inspection was carried out by an inspector and took place on the 21 August 2015.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is

required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We took into account people's experience of receiving care by listening to what they had to say.

During this inspection we spoke with eight people who used the service, as well as four visitors to the home. We looked at the care records of six people. We spoke with the registered manager, a nurse, an activity organiser, and four care staff. We looked at six records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider.

We undertook general observations throughout the home, including observing interactions between staff and people in the communal areas. We viewed four people's bedrooms by agreement.

Is the service safe?

Our findings

People's care needs were safely met by sufficient numbers of experienced and trained staff on duty. People received timely care when they needed it. Staff had the time they needed to focus their attention on providing people with safe care. Staff were attentive and responded quickly to ensure people's safety when the need arose.

People's needs were regularly reviewed by staff so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work. In instances where agency staff were used to temporarily cover for staff vacancies, sickness, or holidays, checks were made to ensure agency staff had the necessary experience and were capable of providing safe care,

People were kept safe. People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by the nurse-in-charge for each of the two floors.

People were assured that regular maintenance checks were made on essential equipment used by staff throughout the home to ensure people received safe care.

Is the service effective?

Our findings

People received care and support from staff that had acquired the experiential skills as well the training they needed to care for older people with a range of needs, including those with dementia care needs and/or nursing needs.

People's needs were met by staff that were effectively supervised and had their job performance regularly appraised. Staff had received induction training that prepared them for their duties.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The registered manager and staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. Staff were mindful that they needed people's consent, or where appropriate their representative's consent, when they provided care and they acted upon that.

People received timely healthcare treatment from the nurses on duty or from other pertinent community based

professionals. Staff acted upon the advice of other professionals that had a role in people's treatment. Suitable arrangements were in place for people to consult their GP and receive treatment when they needed it.

People's nutritional needs were met. Staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements.

People enjoyed their meals, had enough to eat and drink. People's diet was varied and the choice of meals was appetising and catered for a wide range of tastes. We saw that portions of food served at lunchtime were ample and suited people's individual appetites. The menu for the day was displayed for people to see and they were asked if they preferred something else. Where people were unable to express a preference staff used information they had about the person's likes and dislikes. One person said, "The meals here can't be faulted. Plenty of choice. If I fancy something that's not on the menu I just ask and they [kitchen staff] will get it for me if they can." Anyone that needed assistance with eating or drinking received the help they needed and were not rushed and had the time they needed to savour their food. One visitor said, "My [relative] struggles a bit when eating but they [staff] always make sure [relative] gets help so [relative] enjoys the meal."

Is the service caring?

Our findings

People were supported by care staff that were compassionate and attentive. A visitor said, “They [Staff] always smile and appear cheerful even if sometimes their job can be difficult at times. That brightens their [people’s] day. I know it does for [relative]. [Relative] thinks they [staff] are all so kind.” One person said, “If I’m a bit ‘under the weather’ they [staff] always pick up on that and get me feeling cheerful again. You couldn’t wish for better.”

People’s dignity and right to privacy was protected by staff. People’s personal care support was discreetly managed by staff so that people were treated in a dignified way. Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people’s personal care needs. They responded promptly when people needed help or reassurance and they knew when people were in pain or suffering discomfort and acted to alleviate that in a timely way. A visitor said, “Whenever I’ve been here I’ve never heard people crying out who weren’t attended to quickly. They [Staff] keep a good eye on them [people] so they [people] are not kept waiting a long time for someone to help them.”

People’s individuality was respected by staff that directed their attention to the person they engaged with. Staff used people’s preferred name when conversing with them. People were approached by staff that took time to explain what they were doing without taking for granted that the person understood what was happening.

People’s visitors were made welcome. Staff said that people’s relatives and friends were always welcome. A visitor said, “We [family] come and go whenever we like. There’s never any feeling that they [staff] don’t want you around or that you are getting in their way. We usually get asked if we want a cup of tea when we sit and chat with [relative].”

People’s bedrooms were personalised their belongings and mementos they valued and had chosen to have around them. A member of staff said, “It’s important to them [people] to have their room looking they way they like it. It’s really hard to have given up their home and to have to come and live communally. Their [people’s] rooms are their private space and that’s precious.” One person said, “I don’t like too much clutter but I like having my pictures [photographs] around me and they [staff] chat with me about my good memories. Makes me feel I’m still someone.”

Is the service responsive?

Our findings

People's ability to care for themselves was assessed prior to their admission to the home. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed.

People that were still able to make some decisions about their care had been involved in planning and reviewing their care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted.

People had a range of activities that were organised or on offer on a daily basis. These activities suited people's individual likes and dislikes. People could freely choose to join in with communal activities if they wanted to. Staff were employed to engage people in activities and coordinate and organise outings. People were encouraged and enabled to participate in meetings to express what they liked to do so that could be provided.

People were encouraged to make choices about their care and how they preferred to spend their time. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. People that preferred to keep their own company were protected from social isolation because staff made an effort to engage with them individually. One person said, "I'm not one for joining in but they always come and ask me and let me know what's going on. If I want to get involved I do, if not I don't, and that's the way I like it."

People, or their representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. One visitor said, "I'm not expecting perfection; it doesn't exist, but it's good to feel that you can go to any of them [staff] and feel confident that they will listen and do something about it if that's what's needed. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Is the service well-led?

Our findings

People were assured of receiving care in a home that was competently managed on a daily as well as long term basis. The registered manager has had extensive experience of running and managing the home with the conscientious support of the staff team. They had the necessary knowledge and acquired experience to motivate the staff team to do a good job. Staff said there was always an 'open door' if they needed guidance from any of the senior staff.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People's care records were fit for purpose and had been reviewed on a regular basis. Care records accurately

reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been routinely updated when required.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and provider. These audits included, for example, checking that staff were adhering to good practice guidelines and following the procedures put in place to protect people from poor care.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.