

Realmpark Health Care (Petworth) Limited

Barlavington Manor

Inspection report

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Ratings

| | |
|---------------------------------|-------------------------|
| Overall rating for this service | Inspected but not rated |
|---------------------------------|-------------------------|

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|--------------------------|--------------------------------|
| Is the service safe? | Inspected but not rated |
| Is the service well-led? | Inspected but not rated |

Summary of findings

Overall summary

About the service

Barlavington Manor is a residential care home providing personal care for up to 57 people aged 65 and over. At the time of our inspection, 53 people were in residence. The home consists of two parts: residential care in the 'Main House' and specialist dementia care in the 'North Wing'. For the purpose of this inspection, we focused on only the North Wing.

People's experience of using this service and what we found

People received kind and compassionate care. We observed people being well-supported, happy and engaged in a variety of activities.

Risks to people were managed safely. We saw risk assessments were in place and provided guidance to staff as how best to support people. For example, risk assessments around falls were in place alongside measures to minimise this risk. These risk assessments and measures were effective in reducing the number of falls people experienced. Staff knew people well and demonstrated a good knowledge of how to keep people safe. Suitable quality assurance systems were in place to identify and address any areas of concern.

Staff were appropriately trained in administering medicines. We saw a specific system was used to monitor the use of as and when (PRN) medicines. The service had good working relationships with external services, e.g. the GP, to ensure that people's needs were met.

The service was clean and tidy, including people's bedrooms. There were good infection control measures in place and staff were seen to be using Personal Protective Equipment (PPE) appropriately.

People, relatives and staff spoke positively about the leadership in the service. One relative told us, "I always get updates. The manager is proactive and a good communicator. I'm 100% happy and wouldn't want [relative] to be anywhere else." One staff member told us, "I feel very supported here, the registered manager is really approachable."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 25 October 2019).

Why we inspected

We undertook this targeted inspection in light of some specific concerns we received about people's care and cleanliness of the home. Concerns included assessment of risk around falls, use of as and when (PRN) medicines and personal and oral care. We also had concerns around quality assurance and management oversight of the service.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. Due to this, the overall rating for the service has not changed following this targeted inspection and remains Good.

We looked at infection prevention and control measures under the key question, Safe. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Barlavington Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a targeted inspection to check on a specific concerns we had about people's care and cleanliness of the service. Concerns included assessment of risk around falls, use of as and when medicines (PRN), personal and oral care, and the general cleanliness of the service. We also had concerns around quality assurance and management oversight of the service. As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Barlavington Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short notice period of the inspection, announcing shortly before our arrival at the service. This was because of the COVID-19 (Coronavirus) pandemic. We wanted to check if anyone was displaying any symptoms of the virus and to be aware of the provider's infection control procedures.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included the concerns that we had received, the provider's response to them and the action plan they put in place to address these concerns. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, a deputy manager, a senior care worker, the activity co-ordinator and two housekeepers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medicines records. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policy documents, including those on medicines, infection control and falls. We spoke with a professional from the community dementia nursing team and one from the local GP surgery, both who work alongside the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific concerns we had about people's care and the cleanliness of the service. Concerns included assessment of risk around falls and the response of the service following a person having a fall. We also received concerns about the use of as and when medicines (PRN), quality of personal and oral care, and the general cleanliness of the service. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

- Prior to our inspection, we received concerns about over-use of as and when (PRN) medicines, especially those used to reduce anxiety and manage people's behaviour. At this inspection, we found that there was appropriate person-centred guidance in people's care plans about their 'as and when needed' medicines. This helped ensure PRN medicines were used appropriately and given in a consistent way for each person. We were assured that PRN medicines were used safely and only when needed.
- Medicines were managed safely by trained staff. Medicine Administration Records (MARs) were complete and accurate. A new system was in place whereby two staff had to agree the need for PRN medicine prior to giving the medicine to the person. As this was a new system, at our next inspection we will review it to make sure it is embedded and sustained over time.
- We observed staff administering medicines sensitively, including sitting with the person until they were sure it had been taken correctly.
- Appropriate medicine audit processes were in place. The service had a designated member of staff who was responsible for undertaking monthly audits. This was seen to be effective with issues identified and addressed in a timely manner.

Assessing risk, safety monitoring and management

- Prior to our inspection, we received concerns about falls risk management. At this inspection, we found that care plans contained risk assessments, including around people's mobility and their risk of falls. Effective measures had been put in place to minimise risk and protect people from harm. For example, one person was having falls from bed. Staff acted by using a sensor mat and lowered bed to reduce the risk of falls and injury. Since these measures were implemented, the person had not had any further falls.
- Staff knew people well and understood the risks associated with their care. For example, a staff member was able to tell us how to recognise signs of whether a person was becoming distressed and what action to take. Care plans reflected this and were clear and concise around how to support people and help make them comfortable and reassured.
- People told us they felt well looked after at the service. A relative added, "I am happy with the care. I know needs can change but I want my relative to stay at Barlavington Manor."
- People were well-cared for, including their personal care and oral hygiene. The service had adopted an

"oral health assessment tool" in order to monitor people's oral well-being. For example, one relative told us staff noticed immediately on admission their relative was missing their dentures. This was then quickly addressed to maintain the person's health and well-being.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to demonstrate a good knowledge of safe practices. One staff member told us, "I know how to recognise the signs (of abuse). I've never had to report anything but I would feel confident in doing so."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean and tidy throughout.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. The purpose of this inspection was to check on the governance at the service, especially around quality assurance measures and how management ensured continuous learning. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Prior to our inspection, we received concerns over how the service monitored and responded to falls. We reviewed audits carried out by the service, including those related to falls. These were effective in showing where themes or issues had arisen, and enabled staff to take action to respond to risk and improve the service.
- The registered manager and deputy had taken prompt action to address the areas of concern because these had been shared prior to the inspection. They had introduced additional measures to strengthen the checks in place and to improve care for people. For example, staff beginning a medicine round checked the MAR and addressed any missing signatures or concern to management. This meant concerns were addressed in a timely way and any omissions could be quickly rectified. This system was working effectively.
- Management and staff were clear about their roles and responsibilities. Management of the North Wing was provided by a deputy manager of the service, and the registered manager had general oversight. Quality assurance responsibilities were shared across the staff team. For example, there were designated staff members assigned to specific audits. Any concerns identified were reported to the deputy manager for action to be taken. There was further oversight in the audits of the service performed by the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture in the service was positive and inclusive. We observed staff interacting and caring for people in a calm and respectful manner. It was clear from our observations staff knew people well and that people were at ease in the company of staff. One staff member told us, "I love it, it is really friendly and so much fun. Considering we've been in lockdown everyone is so happy and jolly."
- The management team were visible and they engaged with people throughout our time at the service. They clearly knew the people well and worked in an open and person-centred way. One relative told us, "Without a shadow of a doubt, the manager is very good. They all have a very good understanding of dementia."