Barchester Healthcare Homes Limited

North Park

Inspection report

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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

We inspected North Park on3 May 2017. When we last inspected the service in November 2014 we found that the registered provider was meeting the legal requirements in the areas that we looked at and rated the service as good. At this inspection we found the service remained 'Good'. At the time of our inspection there were 48 older people using the service.

The service had a registered manager in place. 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.

We found the top floor which catered for people living with dementia needed a review of the environment as the communal corridor looked tired. We noted improvements could be made to the design features and adaptations to support people who were living with dementia and we made a recommendation to the registered provider to this effect.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people and the home environment were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked.

There were sufficient staff employed to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A comprehensive training plan was in place and all staff had completed up to date training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain good health and had access to healthcare professionals and services. People received the support they needed from the G.P and community matrons. Where needed, referrals were made to dietician or speech and language therapy.

People's care plans described the care and support they needed. Care plans detailed people's needs and preferences. People we spoke with were not always aware they had a care plan in place and we noted some care plans could be improved to reflect a more person centred approach consistently across the service.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views and the registered manager was a regular presence around all areas of

the home.

The staff team were motivated and enthusiastic and committed to ensuring people were well cared for. All staff informed us they were happy working at the home and morale was good. There was a clear management structure in place and oversight from the registered provider. There were systems in place to monitor the safety and drive the continuous improvement of the quality of the service.

The provider was meeting the conditions of their registration. They were submitting notifications in line with legal requirements. They were displaying their previous CQC performance ratings at the service and on their website.

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 remained safe.	**Good**
Is the service effective? The service needed environmental improvement to be effective. The first floor area for people living with dementia lacked décor and adaptations to meet the needs of the people living there. Staff were supported by training and supervision to carry out their roles effectively. People's healthcare needs were well supported.	**Requires Improvement**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well-led.	**Good**

North Park

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 comprehensive inspection took place on 3 May 2017 and was unannounced.

The inspection was carried out by one adult social care inspector and an Expert by Experience who was a family carer of someone living with dementia

Before the inspection we reviewed all the information we held about the service which included notifications submitted to CQC by the registered provider.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included five people's care records including care planning documentation and medicines records. We also looked at three staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with ten people who used the service and two visiting relatives. We spoke with nine members of staff which included the registered manager, deputy manager, two senior carers, the cook, housekeeping staff and three care staff. We also contacted health professionals involved with the service to seek their views. Their comments can be read in the main body of this report.

Good

Is the service safe?

Our findings

People told us they felt the service was safe. People told us, "The staff make me feel safe", "The windows have restrictors on and the doors have codes." And "If we go out with family we have to sign in and out so they know where we are" and "Staff are always checking on me to see if I'm ok." One person discussed a recent fall. They informed us they had got their foot caught in the bedspread, Staff had responded by moving the position of her bed to reduce further incidents. All people we spoke with recalled recent fire drills.

A project called 'Kaizen' (Japanese for continuous improvement) had been implemented for over a year and had led to a marked decrease in the number of falls at the home. We saw a prevention plan, equipment such as bed sensors, training and working with families and healthcare professionals had led to a 50% reduction in the number of falls in 2016 compared to the previous year. The registered manager told us the service would be working on another project topic for 2017.

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff had an understanding of the policies and how to follow them. Staff told us they were confident the registered manager would respond to any concerns raised. Two staff we spoke with had both undertaken training approximately two weeks earlier. They were aware of what actions they would take if a safeguarding incident was identified. One staff member gave examples, "It could be something like staff using a resident's deodorant, stealing money or physical abuse." They were able to say how they would respond to any allegations or incidents of abuse. One staff member commented, "I would have no hesitation in reporting any incidents I was aware of, it would not be acceptable."

A staff member recalled when there were issues of safety identified they have worked with external agencies such as specialist community nurses to reduce risks. For example, one person with dementia was displaying behaviours that challenge and an agency worked with the staff to offer guidance and advice in managing these behaviours. Behaviour charts were also used to identify triggers and staff completed an 'All About Me' document to get to know the person's life history. They identified the person's previous employment as a train driver and used conversations around this to distract them when they became anxious.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks (DBS). These are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with people.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. Risk assessments had been personalised to each individual and covered areas such as falls, choking, moving and handling and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe. We found detailed environmental risk assessments of the home.

Arrangements were in place for managing accidents and incidents and preventing the risk of reoccurrence.

We saw that regular analysis was undertaken on all accidents and incidents in order to identify any patterns or trends and to put measures put in place to avoid re-occurrence.

We saw that staff carried out their duties in a calm unhurried manner. Nurse call buzzers were answered promptly. We did not observe any instances where people's needs were not met by the number of staff on duty on the day of the inspection. People who used the service told us they felt there was enough staff and that they spent 1:1 time with them.

All those who lived in the home and their relatives thought the home was clean and hygienic. No one reported any difficulties with laundry. One person commented, "My room is cleaned daily, I have no problems with the cleaning." We spoke with a member of housekeeping staff who said, "We complete the cleaning rotas every day, we put our initials on. We also have out weeklies and our monthly [deep cleaning duties]."

The registered provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) that we looked at were completed correctly with no gaps or anomalies. We observed the senior care staff administering medicines in a safe and caring manner.

Four people we spoke with stated they received medication on time and when required.

Requires Improvement

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care and support. One person said, "The staff here all know what they are doing, they are good carers." A visitor we spoke with told us staff were, "Nice, helpful and caring."

The top floor of the premises had few design features or adaptations to support people who were living with dementia. For example, doors to bedrooms were painted white so it was difficult for people to differentiate between different rooms. Toilet seats, light switches and handrails were white as was the crockery. The handrails were interrupted by wall display fixtures which could affect mobility and which now were looking shabby with tactile items missing. We recommend that the service finds out more about adaptations to the environment , based on current best practice, in relation to the specialist needs of people living with dementia.

Staff told us they were well supported in their role. The registered manager had an annual planner in place for staff appraisal and supervision. We found records to demonstrate staff received their appraisal every 12 months and had supervision on a regular basis. Supervisions provided staff with the opportunity to discuss any concerns or training needs. Staff felt they were well supported by management and the registered manager and the deputy were approachable and responsive. One staff member discussed how they had been flexible with her shifts, the other stated, "They know I lack confidence and have experienced depression, I've had time off but feel supported". Staff members had worked at the home however recalled a robust induction and valued being mentored by senior staff. Team meetings were reported as regular and we were told the registered manager also had meetings just with care staff to enable them to speak freely without seniors being present.

Records we looked at showed staff had received the training they needed to meet the needs of the people using the service. This training included health and safety, safeguarding, emergency aid, infection control, people movement, medication and fire training. Staff complimented the training and told us they had enough training to enable them to support people and meet their needs. One staff member discussed how the registered manager was innovative when undertaking training. For example in recent fire training the registered manger had laid out potential hazards in the home which they had to find. This she felt kept "staff motivated and interested". Staff we spoke with had NVQ Level 2 and one staff member was working towards her Level 3.

Staff told us and records confirmed that they undertook induction training when they first started working at the home. New staff had completed the Care Certificate. The Care Certificate is a set of nationally recognised standards to be covered as part of induction training of new care workers.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements.

Staff we spoke with stated one person currently had an independent advocate and others used family members if required. Staff understood people's right to make decisions and understood some people may be able to make simple decisions but not more complex ones. When staff spoke with us they told us how they supported people to make choices and decisions. For example, one staff member told us how they showed a person a choice of clothes to enable them to decide what they wanted to wear.

People we spoke with said staff knew their likes and dislikes. One stated, "They know I like coffee, not tea and I love our chats". Another stated, "If I want something they do it, they try their best". The cook knows I prefer savoury dishes to sweet."

We observed the lunchtime meal on the middle and top floors of the home. The menu was on a printed poster outside the dining room, alternatives were available should people not like what was on offer. One person we spoke with confirmed this was the case and said she had recently requested and been given an egg sandwich. Staff were observed offering people choices of the main meals by plating them up and taking them to the resident to enable a visual choice. All the residents were served at the table by staff and addressed by their names.

All except one person were able to eat independently; they were encouraged to eat through verbal prompts to support their independent living skills. The one person who needed assistance to eat was fed at their own pace in a caring encouraging way.

Staff were able to tell us the dietary requirements of people including people on soft food diets and with what consistency. Where required, referrals were made to the Speech and Language Therapy team and regular reviews undertaken. We saw food and fluid charts were completed where necessary. This meant people's nutritional needs were supported.

On the day of the visit lunch was delayed as there was a problem with the gas. This resulted in some people becoming unsettled. Staff managed the situation very well. Their knowledge of people's life history, friends and family was used to create conversations and discussions which distracted and settled people.

The registered manager and staff we spoke with during the inspection told us they worked closely with other healthcare professionals to support people's healthcare needs. This included the G.P. community matron, occupational therapists and physiotherapists. Regular meetings took place to discuss the individual support people needed and how they were improving or if there had been any deteriorations. They also worked closely with GP's, the district nursing service, home care agencies and social workers. If needed, appropriate referrals were made to dieticians or speech and language therapists. Staff spoke with knowledge and understanding people's individual healthcare needs. One person told us following a stroke that a physiotherapist has visited and they had an exercise plan to complete which staff supported them with. This meant that people were supported to maintain good health and had access to healthcare services.

Good

Is the service caring?

Our findings

Throughout the visit we saw numerous examples of kind and caring support. For example, we saw staff supporting a person to move down a corridor. They did this at the person's own pace and were having a friendly and relaxed conversation with them as they did. One person was repetitively asking about when they were going home and becoming agitated, staff were able to distract the conversation and the person quickly became settled. We saw numerous friendly interactions between people and staff during the day, often involving jokes and laughter.

Everyone we spoke with felt their privacy and dignity was promoted, comments included, "Staff knock on my door before they come in," and, "They try and keep me covered when helping to get washed." Throughout the visit we saw staff behaving in the way people described, by knocking on their doors and waiting for a response before entering. One staff member said, "There are occasions when residents can become disinhibited, we ensure we cover them as quickly as possible to maintain their dignity."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One staff member said "I love my job and the people who live here," and another stated "I love the team - everyone genuinely cares."

To maintain independence staff encourage personal care and recently purchased cleaning items for people to use i.e. feather dusters. One person had a fall recently and staff had followed guidance from the physiotherapist and encouraged exercises. A staff member discussed visitors were welcome to eat with their relatives and join in the activities. The visitor we spoke to felt their visiting was not restricted and staff were accommodating.

Staff recognised the importance of interacting with people and told us that it, "Reduces isolation and they enjoy the chats." Staff advised an interfaith service was held regularly and we saw people were supported to attend events such as coffee mornings in the local community to maintain their relationships.

The floor for people living with dementia has recently introduced "All About Me" a document that records personal information. We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people's life histories which had been developed with people and their relatives. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life. When we spoke with people who used the service all of them said they were not aware that they had a keyworker. Equally no-one was aware they had a care plan nor had contributed to a plan. We raised this with the registered manager who confirmed they would raise this through forthcoming resident's meetings and on a 1:1 basis with people who used the service.

Good

Is the service responsive?

Our findings

People told us they felt the service provided personalised care. Comments included, "They are a good staff team and all know me and my needs very well," and "There's always staff available to talk to and they give you time."

Each person had a care plan for their individual daily needs such as mobility, personal hygiene, nutrition and health needs. These gave staff specific information about how the people's needs were to be met and gave staff instructions about the frequency of interventions. They also detailed what people were able to do to take part in their care and to maintain some independence. People therefore had individual and specific care plans in place to ensure consistent care and support was provided. The care plans were regularly reviewed to ensure people's needs were met and relevant changes were added to individual care plans.

Emergency health care plans (EHCP) were in place for some of the people living at the home. An EHCP is a document that is planned and completed in collaboration with people and a health care professional to anticipate any emergency health problems.

A staff handover procedure was also in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs.

All of the people we spoke with discussed that they were aware of how to make complaints if they needed to. The visitors and staff all felt they knew the process of how to complain and spoke about speaking to the registered manager or deputy manager. A staff member recalled a visitor recently complaining razors were missing from her relative's room. It had now been agreed these were kept in a safe place and the visitor was happy with the outcome. One person stated, "Staff always listen and help." The registered manager explained that wherever possible they would attempt to resolve complaints informally.

'Residents and relatives' meetings' were carried out and feedback systems were in place to obtain immediate feedback about all aspects of the service. We noted that feedback from the management team about any issues raised during meetings was displayed in the foyer of the home.

There were two activity coordinators employed in the home. People discussed activities of singing, dominoes, animals visiting, and outings to the Kings Centre for coffee and cakes, park walks, coffee mornings, bingo and dancing. One person discussed their previous hobby "I used to like gardening but I can't manage that now so I help with the flower arranging instead." A new in post activities co-ordinator was designated to the top floor of the home for people living with dementia. We spoke with the registered manager regarding seeking more specific training and support in relation to dementia friendly activities. We saw evidence the registered manager had requested support to improve the environment in relation to dementia along with training and strategies to increase the expertise of staff in this area from the registered provider.

Good

Is the service well-led?

Our findings

There was a manager in place who was registered with CQC. People and relatives were complimentary about the registered manager. Comments included, "[Name] is always around and is a steady pair of hands, he is always calm and very pleasant." "He listens and gets things done, if something is bothering me he sorts it out straight away."

Staff said they were supported by the registered manager and deputy manager and said the service was well-led. Staff told us, "The manager is very approachable and responds to suggestions, for example we suggested getting cleaning items like feather dusters for the dementia residents to engage them in an activity and help independence. He listened and provided funding." We saw incentive schemes run by the home such as employee of the month and a weekend working bonus were available to staff members and they told us, "It's a laugh to win some of the prizes, its all good fun."

Staff told us that they enjoyed working at the home and felt morale was good. We observed that this positivity was reflected in the care and support which staff provided throughout the inspection. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

There was a clear management structure in place at the service. The registered manager was supported by a deputy manager and seniors. Each member of the team played an effective part in the running of the service. The registered manager recognised individual skills of staff and utilised these through effective delegation. For example, we saw the deputy manager carried out a recorded daily walk around the service to ensure documentation was completed and actions were met, they had recorded, 'tomorrow will consist of checking scripts for monthly medication ordering and incontinence pad order to be completed.' The registered manager empowered staff by sharing responsibilities whilst monitoring their performance. The management team worked hard to ensure people who used the service and relatives were involved in how the service developed and delivered care. Staff members we spoke with were aware of the area manager's contact details should they have reason to speak to them.

People told us, "It's a home from home," and "It's pleasant and nicely run." We saw people were involved in meetings were issues such as new staff members were introduced and activities, events, and the environment were discussed. We saw feedback from these meetings about equipment for the outside garden area had been addressed by the registered manager.

Staff confirmed that staff meetings took place regularly and said these were useful for raising and discussing any support needs they had. They also had daily meetings at 11:00am which reviewed any issues arising on the day, appointments and actions needed which were attended by representatives from across the service including care, catering, housekeeping and maintenance.

Accidents and incidents were recorded electronically. Staff recorded accidents and incidents which were immediately transferred to the registered manager to review. Depending upon the accident or incident,

other departments or management staff were notified such as the registered provider's health and safety manager. Each accident or incident was reviewed and where necessary, action was taken to reduce the likelihood of reoccurrence.

The provider had submitted notifications to CQC in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service. They were displaying their previous CQC performance ratings at the service and their website in line with legal requirements.