

Barham Care Centre Limited

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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

We carried out this unannounced inspection on 30 August 2017.

Barham Care Centre is a nursing home which provides accommodation and support to older people and those living with dementia. The service can accommodate a maximum of 44 people. On the day of our inspection there were 27 people using the service and two of those people were in hospital.

Our last inspection of 13 May 2016 we rated the service as requiring improvement overall. This was because we found the service was not meeting the requirements in relation to safety, providing an effective service and we had concerns about how the service was led. We received an action plan from the service explaining how the service would resolve these issues which we used to plan this inspection and check that the improvements had been made.

At this inspection we found the service had taken the necessary action to resolve the issues identified in 2016.

The service had 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.

Since our last inspection the registered manager had established themselves into their management position. They had addressed the issues identified with medicines administration and recording, safe recruitment practice, standards of cleanliness in the kitchen and ensuring quality and safety systems were established and operated effectively.

The registered manager used a dependency tool to identify the number of staff required to be on duty to meet the assessed needs of the people using the service. We found there were sufficient staffing of qualified nurses and care staff to meet people's identified needs. Nursing staff with the support of the team leaders organised the care to be provided to each person by the staff team.

Risks to people's safety were identified and managed. Staff had received training in managing risk and how to provide a safe environment for people.

Staff received training in safeguarding and were aware of what actions they should take to safeguard people from potential, actual abuse and knew what actions to take to promote people's safety and well-being.

There was now a robust staff recruitment policy and procedure in operation. This was operated to ensure only suitable staff were employed. Once employed staff were supported by an induction and regular supervision and appraisals were provided. Training was organised to develop and maintain staff skills

including the nursing staff who had all revalidating their qualification. The management team were supported by regular visits from the company director.

There were suitable arrangements for the safe storage, management and disposal of medicines. There was a process and procedure in place for the recording of topical creams and lotions. All of the staff administering medicines had received training in the administration of medicines.

The service had been extended and refurbished since our last inspection including the renovation of the kitchen. There were regular environmental checks in place in operation for the entire service.

Staff were knowledgeable with regard to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had made referrals and worked with the local authority to support people who used the service with regard to MCA and DoLS.

People had their nutrition and hydration needs met through effective planning and delivery of nutritious menus. Menus were varied and took into account people's dietary preferences.

The service had built up an effective and supportive relationship with the general practitioner service.

People's privacy and dignity were respected by staff who were familiar with their needs and took into account how people wanted to be cared for.

Prior to coming to the service people and their families were given information about Barham Care Centre. Each person had a recorded needs assessment and a care plan which was regularly reviewed in order for the staff to provide personalised care.

The service had a complaints procedure which was available for people to use if so required. There were a range of activities organised from discussions with the people and their families.

Surveys were carried out by the manager to identify how the service could continue to be improved. Staff meetings were arranged to listen to the views of the service staff. The service had a statement of purpose focussed upon living with dignity and supporting independence.

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.

There was a medicines policy and procedure in place. Staff had received training in how to administer and record medicines including the topical creams and lotions.

There was a policy and procedure in place for the recruitment of staff and the staff involved with this process had received training in the safe and effective recruitment of staff.

People had risk assessments and care plans in place to advise staff how to deliver care according to people's needs and wishes.

The staff had received training in safeguarding adults and were aware of how to report safeguarding concerns they might have.

A dependency tool was in use to identify the number of staff required to provide care to the people who lived at the service.

Good ●

Is the service effective?

The service was effective.

Staff received supervision and knew people well and were aware of their individual care needs.

There was a training programme in place for all staff which included understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 and training in Deprivation of Liberty Safeguards.

People's nutritional needs were monitored.

The service had built relationships with other professionals to support the people using the service and was receiving support from the GP service.

Good ●

Is the service caring?

The service was caring.

Good ●

People were treated with dignity and compassion.

Staff were understanding and attentive to people needs.

People's privacy was promoted and respected by the staff.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and this information was used to construct their care plan.

The service had a complaints policy and procedure and people told us they would have no problem of using it if the need arose.

Is the service well-led?

Good ●

The service was well-led.

There were effective systems and processes in place to ensure the quality the service was effectively monitored.

The service had a positive culture and the manager walked around the service when on duty to address any issues identified at the time.

People, their relatives and staff were confident in the management of the service.

Barham Care Centre Limited

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.

The inspection was unannounced and carried out by one inspector and an Expert by Experience on 30 August 2017. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a provider Information Return (PIR). This is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We reviewed the previous inspection report and the action plan sent to us by the service with regard to the previous inspection to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about the service including statutory notifications. This is information providers are required to send us by law to inform us of significant events.

We carried out a Short Observations Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not express their views and experiences with us.

We spoke with six people who were able to verbally express their views about the quality of the service they received and three people's relatives. We observed the care and support provided to people and the interactions between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with the company director, the head of

human resources, the registered manager, a qualified nurse, a team leader and two care assistant staff.

We looked at records relating to the management of medicines, staff recruitment, staff training, complaints and compliments and systems for monitoring the quality and safety of the service.

Is the service safe?

Our findings

At our last inspection of 13 May 2016 we rated this key question as 'Requires Improvement'. Due to improvements the rating for this key question is now 'Good'.

At our last inspection of 13 May 2016 we found that when people were prescribed topical creams and lotions there were gaps in the Medication Administration Record (MAR). This meant it was not clear if the prescribed medicine had been administered. Following our visit the provider sent to us an action plan which described the action they would take to address this shortfall identified. At this inspection we found the MAR charts were clear and we knew when people had received their prescribed medicines from the MAR.

Staff administering creams and lotions had been provided with easy access to the people's body maps and MAR charts which would guide staff where and when these medicines were to be applied and recorded.

Where people were prescribed medicines on a 'when required' basis, for example pain relief, or when they were prescribed variable doses, for example 'one or two tablets', we found that staff had recorded the number of tablets administered.

One person told us, "No problems, the staff do all medicines for me." Another person told us, "I get all my medications as needed, around the same time each day, and no longer have to worry about taking them at the right time, or forgetting to take one." We found each person had a detailed medicines profiles which included an up to date photograph of the person, any allergies, a protocol for the administering of medicines as required and descriptions of how people chose to receive their medicines.

The clinical room was well stocked with equipment and was checked weekly to ensure it was working effectively. The temperature of the room and fridge were checked everyday to determine that the temperature for the environment was within acceptable limits for the medicines stored there. The registered manager had arranged for all medicines to be checked on a weekly and monthly basis to ensure that the number of medicines in stock agreed with the medicine records. We also noted that the registered manager carried out spot checks on occasions to check the stock and records were in agreement. This meant that the registered manager was checking that people received their prescribed medicines and the records were accurate.

At our last inspection of 13 May 2016 we found the service was not always safe because people were not protected from the risks associated with the unsafe management of food and ineffective cleaning regimes in the kitchen. The local authority environmental health, food and safety team had also inspected the service in May 2016 and had highlighted areas of concern which required urgent attention.

The kitchen had been totally refurbished and the staff trained regarding the safe management of food, cleaning and infection control. The registered manager sent to us an action plan detailing the improvements regarding the management of food and cleaning. The Local Authority Environmental Health, Food and Safety Team had visited the service on 8 December 2016 and noted the improvements made. They

rated the service as good with a score of four out of five.

The registered manager told us that due to the refurbishment and re-organisation of the kitchen no staff other than kitchen staff went into the kitchen at anytime. We observed during our inspection that only designated kitchen staff were working in the kitchen. There were daily audits of cleaning and temperatures being recorded of fridges so that food was stored within acceptable limits. Aprons and gloves required by the care staff were available outside of the kitchen further enforcing there was no need for non kitchen staff to enter the kitchen. This meant that action had been taken for the safe management of food and effective cleaning of the kitchen.

At our last inspection of 13 May 2016 we found that the service did not always operate a safe and effective recruitment procedure. This was because two staff had started working at the service prior to the provider having received satisfactory disclosure and barring checks (DBS) and satisfactory references.

We received an action plan detailing how the service would address this issue. We spoke with the Director of Human Resources and they informed us that since their appointment after our last inspection. They had written a number of new policies and procedures having discussed safe recruitment with the senior staff. They had also provided training to the senior staff and had also involved after training people that used the service into the interviewing process for potential new staff.

We saw that the new recruitment policy and it clearly stated the need for DBS checks and satisfactory references to have been completed prior to any new member of staff commencing work at the service. We saw the most recent staff file and other staff files to check there was evidence of DBS checks and other safe recruitment practices in place such as the checking of references and enquiring about any gaps in the staff member's employment history. A member of staff informed us about the recruitment process and confirmed that they had supplied references and completed the DBS declaration form for the service to send to the DBS for checking. This meant the service had a policy and procedure in place which was used for the safe recruitment of staff.

We saw that for each care plan a specific risk assessment to address the individual person's needs was in place. The staff we spoke with were knowledgeable about the people they supported and were aware of the risks such as which people had diabetes or were at a higher risk of falling. The staff knew what actions to take to keep people safe this included the nursing staff checking upon people with a diagnosis of diabetes at agreed regular intervals their blood glucose levels. This meant that risks to people's health and well-being had been identified and actions put in place to keep people safe.

Staff had received training into how to safeguard people in their care. From the questions we asked the staff they were able to demonstrate they had knowledge about abuse and actions they would take to safeguard people. A member of staff told us, "The safeguarding training is very good and we have been told at every training session what to do if we have any concerns."

People, and their visitors, informed us that they felt safe at the service. One person told us, "There are always staff here and they look after me well." A relative told us, "They have looked after [my relative] very well no faults or complaints to make, they always contact me when there is anything out of the ordinary that has happened with their health."

We noted that staff were present in the lounges of the service to support people throughout our inspection and other staff regularly visited the communal areas to talk with people and to ensure they were comfortable. There were people on permanent bed rest living at the service and other people only got up for

short times of the day due to either their choice or physical condition. Some people would not be able due to their physical or mental ill health be able to summon assistant through the call bell system. The staff we spoke with were aware of this and we observed staff regularly visiting people in their room on bed rest during the time of our inspection. This meant that staff were checking upon the well-being of the people in their care and providing the necessary support as required.

There were emergency plans in place for the evacuation of people in the event of an emergency. Members of staff informed us they were reminded of this at team meetings and supervision. We saw that the service tested the fire alarms weekly and records for the maintenance of equipment were up to date. Staff recorded any falls that people sustained, incidents and accidents were discussed with members of the staff team and what lessons if any could be learnt. This meant that the service had identified risks and plans were in place to reduce the impact.

Staffing levels were sufficient to people's needs. One person told us, "If I am ever concerned about anything I find someone, including the manager and they always help, no problems." A relative told us, "There are always staff here, this lounge never seems to be unattended." A member of staff told us, "I like working here because there are enough staff so you do not get rushed or stressed and we work as part of team."

We discussed with the registered manager the staffing compliment regarding qualified nurses on duty at any one time, staffing skills and the numbers and skills of staff. They explained to us how the dependency scores were carried out for each person to determine the number of staff required to be on duty and any one to one care. They further explained that the staffing compliment was kept under regular review to ensure the number of staff on duty was sufficient to meet people's individual needs. Some people needed one staff member to assist them and others two. Some people required intensive nursing care and this information was used to determine the skill mix and number of staff required to be on duty.

We examined the staffing rota for both days and nights and saw that it was stable with regard to the same regular staff working at the service. The rota was also in line to meet the assessed needs of the people.

Is the service effective?

Our findings

At our last inspection of 13 May 2016 we rated this key question as 'Requires Improvement'. Due to improvements the rating for this key question is now 'Good'.

Staff had been provided with training in order that they had the knowledge and skill to carry out their roles to provide personalised care to people. One person told us. "They know me very well, and they look after me very well."

We saw from records that all staff received an induction when first commencing at the service and then on-going training. Care staff had regular supervision with a senior member of staff and in turn they were supervised by the registered manager. All staff had an annual appraisal. One member of staff told us, "At my appraisal, we had a double check all my training was up to date and then discussed how I could develop my career."

All of the qualified nurses working at the service had been supported to revalidate their professional registration with the Nursing and Midwifery Council. All qualified nurses wishing to continue to practice as qualified nurses need to revalidate every three years to demonstrate their skills remain up to date and fit for purpose.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions and authorisations to deprive a person of their liberty were being met. The registered manager confirmed that they and the staff had received training and further training was planned. We saw that the service had considered and involved family members in the decision making process. We saw appropriate and completed use of the mental capacity forms to record information required to support people. Also the service had applied as assessed and deemed necessary to restrict people's liberty for their own well-being and had applied appropriately to the correct authority by use of a DoLS document.

People were supported to have sufficient to eat and drink. One person said. "The food is very good and it's got spring onions, lovely." Another person told us, "Super breakfasts here, real choice." We saw that one person had their meal pureed. The staff were aware of why this was to ease with swallowing and preventing choking. There was a care plan in place which included this information. A nurse explained to us how

information about people's dietary needs was raised and discussed via handovers. This was recorded and the care plan would be reviewed if necessary and altered.

Our observations during and after lunch showed that staff supported people with their assessed needs. Staff spoke with people at eye level by sitting next to them and helping them to enjoy their meal. People had a choice to eat where they wished and staff supported people to eat their meal in their room if this was their choice. When staff had a concern about the person's diet and fluid intake this was recorded on food and fluid charts. This information was reviewed by the nursing staff to determine any further action required.

People's health care needs were met. People had input from the GP and other professional staff such as dentists and opticians as required. The service had built up a positive relationship with the GP's and the service was visited once a week as a matter of routine by the GP's of the local practice. We saw that visits from other professionals were recorded and information shared at handover so that the staff were aware of the care to be provided and kept up to date. A relative told us, "The service staff have worked really well with the doctors and I have been kept informed of what is going on."

Is the service caring?

Our findings

At our last inspection of 13 May 2016 we rated this key question as 'Good' and the rating remains 'Good'.

Positive caring relationships had been developed between the people using the service and the staff. One person told us, "The staff are lovely and caring people." A relative told us, "The staff have been nothing but kindness." From our discussion with the staff, we became aware that they knew people well. People were addressed how they wished. Some people's names were used in full whereas others were shortened. This was explained to us and confirmed in the care plan this was how people wished to be addressed.

A relative told us, "Staff always ask us if everything's okay when we visit and have always kept us informed, they certainly care." Another relative told us, "What impresses me is that [my relative] is always relaxed and dressed how they would want to be dressed." This confirmed to us the training staff had received regarding treating people with dignity and respect and checking with friends and relatives about the person's well-being and choices.

Following an initial assessment to determine if the service could meet the person's needs. A care plan was developed detailing the care, treatment and support needed to ensure personalised care was provided to the person. There was evidence that people's wishes and preferences were included in their care plans wherever possible. A relative told us. "Before [my relative] came here the manager did a thorough assessment and asked us all sorts of questions."

Whilst observing staff interacting with those in their care, it soon became very obvious that staff had a good understanding of the needs, abilities and difficulties experienced by the people using the service. Staff appeared very flexible in their dealings with people, knowing how to divert attention when people became distressed or hostile in their manner. This was always handled in a kind, and caring manner.

A member of staff explained to us how and when they were going to deliver care in the afternoon and evening to the people to which they had been assigned to care for at the staff handover. The staff member knew the people well with regard to what each person's needs were and how they were to be achieved. They had provided care to each of the people before and had developed a positive rapport with the people. When providing care to a person such as giving them a drink the staff member engaged in conversation with them and offered the person choices about the drink and where they were sitting where they wished and what did the person wish to do later in the day. This meant the member of staff had sought the person's views and supported them to make decisions from the choices offered.

Throughout our inspection we noticed many examples of staff showing kind and compassionate support to people. We saw staff use non-verbal communication to support the spoken voice to explain what they were saying to people. We observed one person struggling to explain something to a member of staff. The member of staff smiled and said, "Let me go and find your board." The staff member returned with a board which contained written phrases. The person was able to point to the phrases to assist with their conversation with the member of staff.

People's privacy was respected and as we observed staff closing people's room doors and bathroom doors prior to administration of personal care. The staff we spoke with explained that they had received training in how to respect people and promote dignity and choice.

Is the service responsive?

Our findings

At our last inspection of 13 May 2016 we rated this key question as 'Good' and the rating remains 'Good'.

The registered manager informed us about the red coloured folder in each person's room. This was where daily records and care plans were kept that the staff required each time they provided care to the person. We looked closely at five of these at different times during the day to understand the personalised care that each person required and how this was recorded.

We noted that for each person there were records of food and fluid intake and outputs. There were also positioning charts for those people that required staff to help them to change position in bed. This is promoted for comfort and the prevention of pressure ulcers. We saw that risk assessments were in place and accordingly people were supported with the appropriate mattress inflated to the correct pressure for their body weight.

Following an initial assessment to determine if the service could meet the person's needs. A care plan was developed detailing the care, treatment and support needed to ensure personalised care was provided to the person. There was evidence that people's wishes and preferences were included in their care plans wherever possible. A relative told us, "Before [my relative] came here the manager did a thorough assessment and asked us all sorts of questions."

We saw the pre-admission assessment used by the service and saw that in each of the care plans that this process had been completed and related to the care plan. This meant that people's care was individual to them. The assessment identified how the person liked to be addressed; identified their needs and what was important to them. We saw that discussions had been held about items the person wished to bring with them to the service.

As well as the red daily folders of information which were checked by senior staff during the day. This was to ensure they were up to date. The service also had a care plan updated and stored on the computer system. The registered manager showed us a selection of these care plans and how they related to the daily folders stored in the person's room. We saw the care plans in place for people with diabetes, epilepsy and various nursing interventions to support people with their nutrition needs. The care plans were reviewed monthly or when a significant event had occurred. The staff were informed of any changes to the person's condition and care needs at handover. This meant the staff were aware of people's needs from both verbal and written communication and this overseen by regular audits to keep the information up to date.

We noted in the care plans that time had been taken to record individual preferences, which included favourite television programmes, newspapers and times people liked to get up and go to bed. A person told us, "I cannot fault the staff, this is a nice place." A relative told us, "They could not do enough for [my relative], they can be difficult and the staff are marvellous."

A person told us, "We play bowls or skittles (on the carpet), we have exercises and play bingo. There is

always something to do here." During the afternoon of the inspection there was a planned sing along which some people obviously from their engagement enjoyed. Another person told us, "We recently went out to Felixstowe for the day. That was great, had a lovely fish and chip lunch." A relative told us, "I was really surprised, how much goes on here and how nice this place is, nice company, nice staff, really very nice indeed." Another relative told us, "With [my relative], the staff have made an album of recent and important events with them, this has become very valuable to all of us."

The people we spoke with told us they did not have any complaints. One person informed us, "If I had a complaint, I would speak to one of the staff." Another person told us, "I have never had to make a complaint, sometimes thought the food could be better but not a complaint and the new chef seems good to me." A relative told us, "The nurses and manager are approachable, no complaints but I am sure they would sort things out if there were any issues."

There was a complaint policy and procedure and the registered manager showed us the complaints log. Complaints had been carefully recorded and the procedure followed. As well as dealing with the complaint there was also an action section to consider if there were any lessons to be learnt which could be shared with the whole staff team.

Is the service well-led?

Our findings

At our last inspection of 13 May 2016 we rated this key question as 'Requires Improvement'. Due to improvements the rating is now 'Good'.

At our last inspection of 13 May 2016 we were not assured that systems and processes had been established and operated effectively to assess, monitor and mitigate the risks relating to the health, welfare and safety of people who used the service. In particular these were with regard to the monitoring of risk assessments, the management of medicines, and the safe recruitment of staff and cleanliness of the kitchen.

We discussed the action plan of how the above had been addressed with the registered manager. They informed us the kitchen had been refurbished but they had also worked with the kitchen staff to install cleaning regimes and auditing to check the cleanliness was effective. The registered manager had only recently joined the service at the time of the last inspection and had worked with the senior staff in particular to bring into operation an auditing process for peoples risk assessments and the management of medicines. We saw during our inspection and from examining the risk assessments, medicine records and the audits that these were effective in promoting the well-being and safety of the people using the service.

Since our last inspection, a person had been employed to manage the human resources. We spoke with them and the registered manager to learn they worked closely together and had consulted upon new policies and procedures being written and introduced. This included addressing the issue identified at the last inspection with regard to no staff commencing employment until a DBS check and references check had been carried out satisfactorily.

The registered manager told us an external auditor had been appointed to carry out checks upon the service and provided reports of their findings. These would then be discussed by the company director and senior staff to consider any improvements that could be made to the service.

The service provided a culture that was open and empowering people to remain independent and support them to determine how their care was delivered. A person told us, "I can honestly say this is my home." They explained the staff were good to them and friendly and they had some personal possessions which they valued with them in their room. A relative told us that they would recommend the service.

The registered manager held meetings with senior members of staff both individually and collectively to discuss issues including clinical to plan the smooth running of the service and learn from events. There was also a monthly care review system in place for the monitoring of care. The manager or senior staff having carried out the review then identified actions to be taken either by themselves or delegated them to other staff members. They then checked this had occurred within a reasonable time period.

The staff informed us the registered manager provided visible leadership within the service. A member of staff told us, "They roll their sleeves up and help us." The staff we spoke with told us that they felt well supported by the registered manager, deputy manager and all of the nursing team. One member of staff

said, "I think it is important that the manager's office has been moved, so the manager is available and knows what is going on." Another member of staff informed us that they would feel happy to discuss any concerns with the registered manager or deputy manager, and they had confidence that any issues would be dealt with promptly and efficiently.

There was an auditing process in place that monitored the safety of the environment. We looked at the fire records and saw the fire-fighting appliances had been checked and fire alarms were checked weekly. Records for checking that smoke alarms were working were carried out monthly. There were cleaning audits in place which supported by the clean appearance of the service.

There was an on-call procedure in place so that staff in charge of the service could contact a senior colleague at any time for support. Nursing staff told us they felt supported by the registered manager and that there was a culture for them to continue to learn and develop their skills.

The registered manager had implemented and carried out many of the audits themselves since they joined the service. A new unit had been built and it was expected to admit people in the next few months and recruit additional staff to provide nursing care to potentially 44 people. The registered manager spoke with us about the plans for this development. This included overseeing and continuing to seek the views of the people and relatives. There was a suggestion box in the reception and regular meetings with relatives and staff as well as planned reviews of people care. The registered manager was aware that the roles of staff particularly the senior staff would develop further with their support to assist with the monitoring and auditing of the service. This was so they could implement quickly and effectively any actions required.